

P H Y S I C I A N I N F O R M A T I O N



DEPARTMENT OF MATERNAL/FETAL MEDICINE

MISSION STATEMENT

Our fundamental aim as perinatologists is to improve the outcome for childbirth. To that end we, the Perinatology Service at Bronson Methodist Hospital, are committed to the following:

- To act in a supporting capacity for the referring physician.

The perinatologist's proper role is to anticipate pregnancy problems and formulate a plan for appropriate management in conjunction with the referring physician.

- To sustain the entire continuum of perinatology services from pre-conceptional counseling to post-partum follow-up. Within that continuum, we will strive to offer the latest diagnostic and therapeutic methods available.

- To educate both the general public and health professionals involved in obstetrics and perinatal medicine. We will endeavor to share information with and offer educational programs to those in the region we serve.

A Center for High-Risk Obstetrics and Genetic Counseling

The Perinatology Service at Bronson Methodist Hospital has served as a referral center for southwestern Michigan and northern Indiana since 1984 for mothers with high-risk pregnancies and for those needing genetic counseling. We also provide pre-conceptional counseling to women at risk for complications.

The Michigan Department of Public Health has designated Bronson as a Level III perinatal center, the highest designation possible. Our service's four full-time specialists have extensive perinatal expertise and experience. Since its inception, the service has served more than 9,000 mothers.

Supporting Referring Physicians

Our primary role is to support you in the care of your patient. All of our patients come to us through physician referral. We invite you to consult with us at any time, even if a referral may not be necessary.

Of the patients referred to us, the vast majority return to the care of the referring physician along with our findings and recommendations. On some occasions—especially when severe complications are involved—physicians choose to have us manage care completely all the way through delivery. When complications are less serious, physicians may wish to share the care with us.

In all cases, we consult with you to make decisions about care that will meet your needs and the needs of your patient.

Indications For Referral

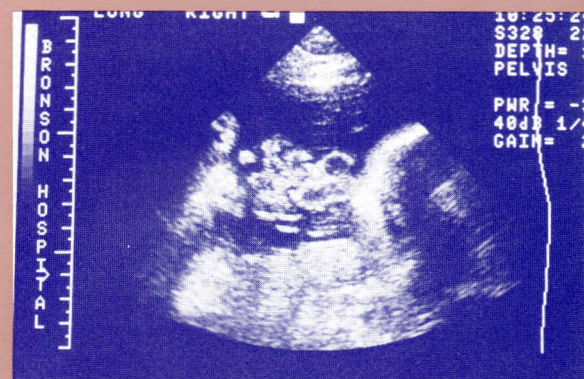
Physicians often choose to refer patients to us for the following reasons:

- pre-term labor or history of pre-term labor
- premature rupture of membranes
- pregnancy-induced hypertension
- insulin-dependent or gestational diabetes
- medical complications such as lupus, chronic hypertension and renal disease
- blood group incompatibility
- bleeding problems
- multiple pregnancy
- fetal health assessment
- congenital abnormalities
- pre-conceptional counseling because of poor obstetrical history, previous pregnancy loss, or chronic medical conditions such as diabetes, renal disease, hypertension and others

If you are not sure whether the problem your patient faces is cause for referral, we encourage you to consult with us. Even if no referral is made, we may be able to give you some guidance concerning care.

A majority of fetal anomalies can be seen by ultrasound examination. Elevated maternal serum AFP screening has lead to the early discovery of fetal gastroschisis as well as neural tube defects. This diagnosis was confirmed (by sonography) in a patient referred to us because of a very high MSAFP.

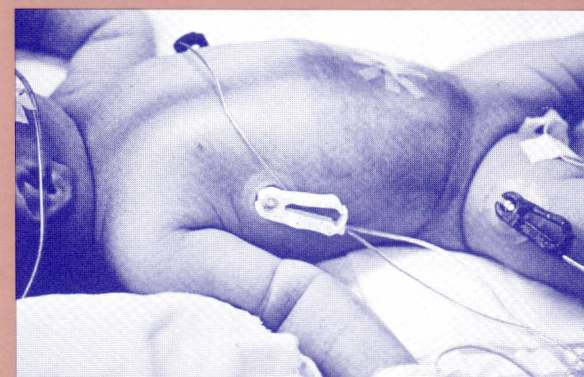
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The fetal small intestine is shown within the amniotic cavity. The characteristics were consistent with fetal gastroschisis—no sac, free loops of bowel, paraumbilical cord insertion.



The baby is shown at delivery, confirming the diagnosis of fetal gastroschisis, with preparations being made for immediate surgery.



The baby is shown in the intensive care nursery following surgery with repair of the abdominal wall defect done in one-stage procedure.

Communication With Referring Physicians

We believe in frequent, timely and complete communication with the referring physician. Within 24 hours of the time we see your patient, we send you a letter detailing our findings and recommendations. If there is anything particularly urgent or unusual, we also contact you by telephone. If a patient is hospitalized, you will, of course, be notified and you will receive a complete discharge summary.

We encourage you to call us at any time for information concerning your patient. Any member of our staff will be glad to help you with your inquiry.

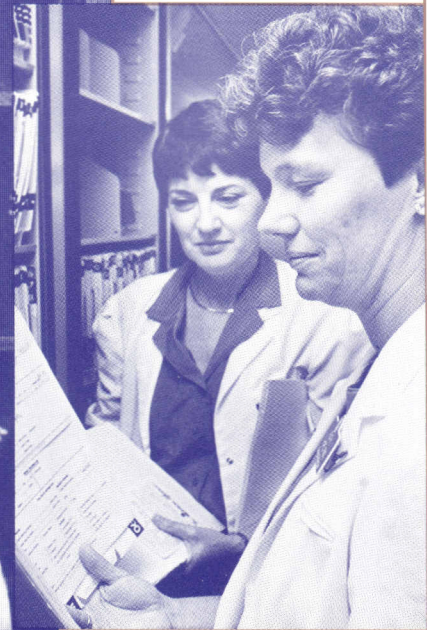


(LEFT)
Phyllis Gruizenga, RN,
MSN, speaks with a
patient. Our nurses
play an especially
important role in
counseling patients
and maintaining
communications with
them.

(FAR RIGHT)
Phyllis Gruizenga (l.)
and Ruth Hope, RNC,
(r.) review patient
records.

Our Approach To Care

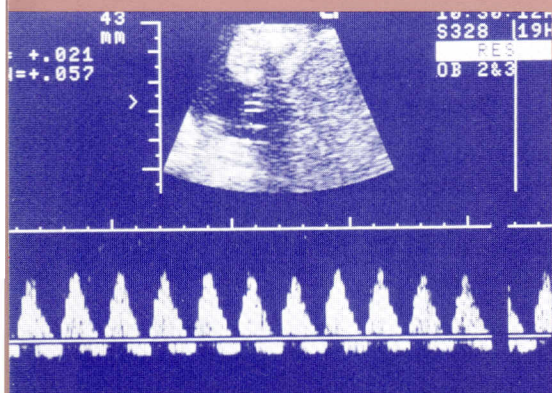
We can step in to help you with your patient at any time, from before conception until after delivery. We draw on our broad range of experience in evaluating your patient, and we have sophisticated testing methods available to us. Our physicians work as a team to formulate a plan of management. Because we believe in a team approach, we always seek to involve the referring physician in the management of his or her patient.



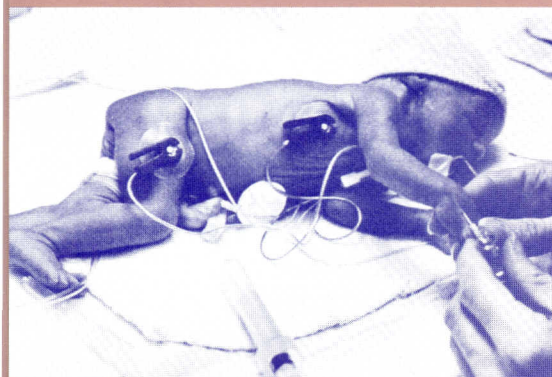
(CENTER)
Perinatology Service specialists confer with each other about their cases regularly. The service is committed to a team approach which includes the referring physician in the diagnosis and care of high-risk patients. Pictured are (l. to r.) Dr. Donald Schaefer, Dr. J. Patrick Lavery, Dr. Silvio Aladjem and Dr. Robert J. Austin.

Fetal assessment for growth retardation has advanced dramatically in the past few years. The use of Doppler flow studies on the umbilical cord can show changes in placental resistance. This may be related to inherent damage and poor function. This was seen in this baby referred because of growth impairment. This sophisticated assessment of function lead to prompt therapeutic intervention.

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A reversal of diastolic flow in the umbilical cord is shown. Other fetal measurements confirmed the intrauterine growth retardation recognized by our referral colleague, and in this compromised situation, delivery had to be expedited.



An 800-gram infant is shown. The infant is approximately 5 weeks behind its estimated gestational weight, suffering from intrauterine growth retardation secondary to maternal hypertension and chronic uteroplacental insufficiency.

A Wide Range Of Diagnostic And Treatment Methods

Consistent with our role as perinatal specialists, we offer a wide range of diagnostic and treatment methods. The studies and procedures we perform include the following:

- ultrasound
- amniocentesis
- fetal anomalies studies
- fetal echocardiography
- cordocentesis
- intrauterine fetal transfusions
- intrauterine fetal shunts
- fetal thoracentesis

Most of the patients referred to us require only testing and consultation. We develop management plans for more than 2,000 of these patients annually.

For those who require hospital care, our facilities at Bronson include an intensive care area devoted exclusively to high-risk obstetrical patients. More than 500 patients are admitted to this area each year.

In addition, we maintain links with other major perinatology centers throughout the United States to assure that our patients have access to those experimental or therapeutic procedures not currently offered at Bronson.

Neonatal Service

High-risk mothers often deliver infants needing special care. Bronson has the only Neonatal Intensive Care Unit in southwestern Michigan. We work closely with Bronson's neonatal specialists whenever necessary to render complete maternal and fetal care.

These neonatal specialists offer many services including a follow-up clinic to ensure that graduates of intensive care develop normally. They also operate a SIDS/apnea clinic for children with disorders of respiratory control and a genetics clinic for families with known or suspected inheritable diseases. To obtain more information about neonatal care at Bronson, call the Neonatology Service at (616) 341-6469.

Acute Referrals

A physician from our service is available 24 hours a day. It is important that you talk with one of our physicians before a transfer is initiated. Please call us at (616) 341-7887 before referring a patient. After regular hours, you may call (616) 341-6433.

Acute patients come to us both by ground and by air transport. Our on-call physician will meet your patient when she arrives at Bronson.

We routinely utilize other Bronson subspecialists, who cover nearly every major discipline, to assist us in diagnosing and treating your patient.

Regular Referrals

To refer patients for regular consultations, please call our office at (616) 341-7887. We will arrange an appointment time when you call.

We have patient information brochures available and will be glad to provide you with a supply for your office. These brochures include a map and information about a visit to our department.

Educational Services

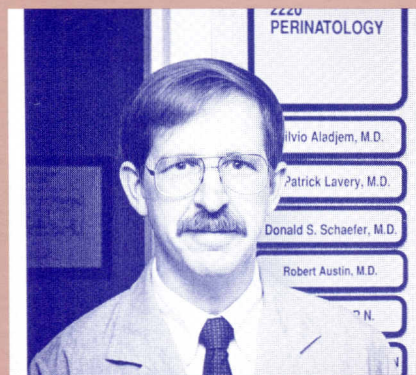
We in the Perinatology Service maintain a strong commitment to the education of all professionals who work with obstetrical patients. Our academic appointments give us the opportunity to train medical students, but we are also very active in continuing education programs throughout our region.

Our activities include chart reviews, seminars, and lectures on topics requested by area physicians. Linda Root, RN, is the Regional Perinatal Coordinator in charge of these activities. If you have a special request or want more information on upcoming lectures and seminars, please contact her at (616) 341-7887.



Silvio Aladjem, MD

Dr. Silvio Aladjem is the director of the Perinatology Service at Bronson Methodist Hospital. He came to Kalamazoo from Chicago where he was a professor and chairman of the Department of Obstetrics and Gynecology at Loyola Stritch School of Medicine. After receiving his medical degree from the University of Uruguay in Montevideo, he trained in obstetrics and gynecology at Cleveland Metropolitan General Hospital, Case Western Reserve University. He is board certified in obstetrics and gynecology and in maternal/fetal medicine. Currently, he is a clinical professor of obstetrics and gynecology at Wayne State University Medical School. Dr. Aladjem has had more than 100 scientific papers published in the obstetric literature. He has edited five textbooks on obstetrics and perinatal medicine. Dr. Aladjem is a member of the American College of Obstetricians and Gynecologists, the American Fertility Society, the Society of Perinatal Obstetricians, the Society for Gynecologic Investigations, the American Medical Association, the Michigan State Medical Society, the New York Academy of Science and several other groups as well. He is a past examiner of the American Board of Obstetrics and Gynecology. He was the recipient of the McDowell Award of the American College of Obstetricians and Gynecologists and of the Carl Hartman Award of the American Fertility Society. He has also been awarded honorary membership in the Spanish Academy of Perinatology, the Uruguayan Society of Biology, and the Latinoamerican Society of Perinatology among others. Dr. Aladjem is past president of the International Association for Maternal and Neonatal Health headquartered in Geneva, Switzerland.



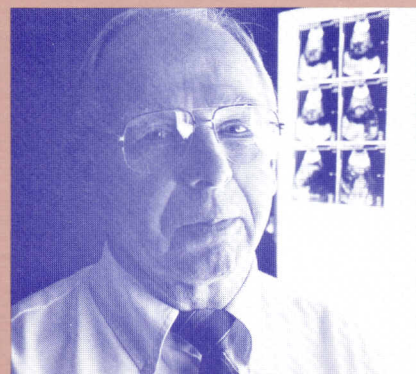
Robert J. Austin, MD

Dr. Robert J. Austin received his medical degree from Wayne State University. He served his internship and residency in obstetrics and gynecology at Providence Hospital in Southfield, Michigan. He also served a fellowship in maternal/fetal medicine at the Chicago Lying-In Hospital of the University of Chicago. Dr. Austin is board certified in obstetrics and gynecology. He is a member of the American College of Obstetricians and Gynecologists, the American Medical Association, the Wisconsin State Obstetrics and Gynecology Society, and the Michigan State Medical Society.



J. Patrick Lavery, MD

Dr. J. Patrick Lavery received his medical degree from the State University of New York at Syracuse. He served his internship and residency in obstetrics and gynecology at St. Vincent's Hospital and Medical Center in New York City. After serving two years in the U.S. Army, he accepted a fellowship in maternal/fetal medicine at the University of Louisville where he served on the academic faculty for 12 years. Dr. Lavery is currently a clinical professor in the Department of Obstetrics/Gynecology and Reproductive Biology at Michigan State University. He has published more than 40 academic articles and he has edited two textbooks on high-risk obstetrics. Dr. Lavery is board certified in obstetrics and gynecology and in maternal/fetal medicine. He is a member of the American College of Obstetricians and Gynecologists, the Society of Perinatal Obstetricians, the American Medical Association, the Michigan State Medical Society and the New York Academy of Sciences as well as many other groups.



Donald Schaefer, MD

Dr. Donald Schaefer received his medical degree from the University of Michigan. He served an internship at Bronson Methodist Hospital in family medicine. He practiced family medicine in Kalamazoo and then served a residency in obstetrics and gynecology at Wayne State University. He subsequently returned to Kalamazoo where he practiced obstetrics and gynecology for 19 years. Dr. Schaefer has been active in perinatology at Bronson for many years, and in 1986 he left his private practice to devote all his time to high-risk obstetrics at Bronson. Dr. Schaefer is board certified in obstetrics and gynecology. He is a member of the American College of Obstetricians and Gynecologists, the American Medical Association, and the Michigan State Medical Society.