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Hospital and Medical Center Records.

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may-june 1977

dimension in health

St. Paul Ramsey Medical Center

A New Dimension to SR

With this issue, St. Paul-Ramsey Medical Center (SPR) and the Medical Education and Research Foundation (MERF) initiate a new bi-monthly publication. Our aim is to present a closer look at the SPR/MERF role as it relates to health services and current health issues. We also hope to familiarize you with our philosophy and future directions, particularly as they affect the people of Ramsey County.

Within the next few pages you will learn about two relatively new approaches to health problems. In the first area, state and federal legislation, coupled with the beliefs of educators, health professionals and others who work with the hearing impaired population, are creating new opportunities for this often disadvantaged minority. During the past couple of years, a group of SPR personnel, through the support of MERF and members of the deaf community, have begun a number of services, including an inpatient/outpatient psychiatric program for hearing impaired individuals.

Our second story, we can accurately say, begins even before life. It is an account of SPR's Perinatal Center, a medical specialty devoted to the care of both the high risk mother throughout pregnancy, and her newborn during the first 28 days following birth. And since there are only a handful of these special care units in the State, it is a referral center for surrounding communities.

We hope that you will enjoy reading "Dimensions in Health." Perhaps as a result you will take a greater interest in your health and that of your family.

After all, your health is our primary concern.

dimensions in health

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"Our aim is to present a closer look at the SPR/MERF role as it related to health services and current health issues."

MHHI: A Winning Team for the Hearing Impaired

Imagine, for a moment, a world without music, voices, and laughter. Now think about learning to read and write without hearing the words. It becomes apparent quickly how many daily events depend on our ability to hear.

In Minnesota, there are 37,000 people who have hearing impairments — and consequently special needs — which are related not only to health care services, but circumstances of daily living. This article takes a closer look at one response to those needs, particularly in the area of mental health care.

Origin

The impetus to develop services for the hearing impaired at St. Paul-Ramsey Medical Center occurred a couple of years ago when the St. Paul Technical-Vocational Institute (TVI) Program for Deaf Students requested mental health services for a student. Dr. John Scanlan, then Medical Director of the Community Mental Health Center was involved, and, along with Ms. Kathleen O'Connor, Mental Health Worker, began a program in sign language and orientation to deafness at the St. Paul TVI.

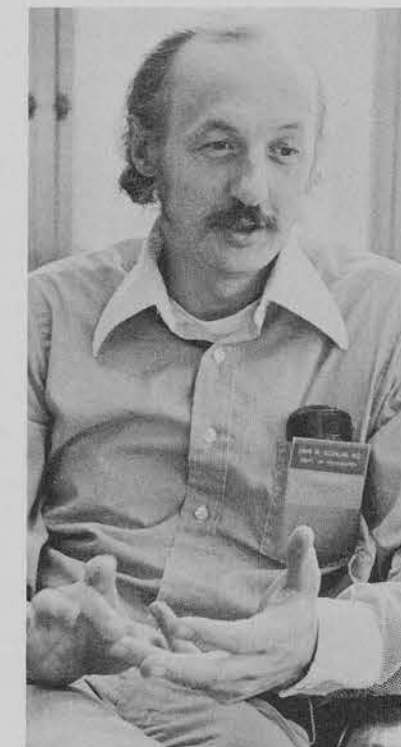
Ongoing services at St. Paul Ramsey Medical Center were initiated early in 1975, under Dr. Scanlan's direction, and with the invaluable support of the Community Mental Health Center, the Medical Education and Research Foundation, and the hospital.

Today the Mental Health for the Hearing Impaired program at the hospital includes in- and outpatient psychiatric care, medical and diagnostic services, provided by specially trained employees in sign language and deaf services. The eight-member staff, with Dr. Scanlan as Director, serve as consultants for community agencies, schools, and individuals. Although there are approximately 13 other U.S. hospitals with services for the hearing impaired, none is presently as comprehensive as St. Paul-Ramsey's.

Communication is Key

Minnesota is fortunate, Dr. Scanlan explained, to have a number of community and advocacy services as well as government support for hearing impaired individuals. Still, this minority population faces many social difficulties; and it is no wonder that social/psychological disturbances can result. Dr. Scanlan is quick to point out, however, that the instance of mental health problems is no greater among deaf people than in the hearing community.

continued



One of the prime reasons for the success of St. Paul-Ramsey's Hearing Impaired Services . . . Dr. John Scanlan, Department of Psychiatry.



Need . . .

Perhaps the greatest problems are communication problems. "Sign language, not English, is the first language of the deaf," Dr. Scanlan reminded. He added that coping with language barriers can sometimes lead to behavioral problems, and social and/or vocational isolation.

Indeed, many deaf people are frequently separated from relationships with the hearing community. For example, only two out of the first 40 hearing impaired patients admitted to St. Paul-Ramsey's psychiatric unit had lived anywhere where they could freely communicate. Also, deaf people are generally undereducated and underemployed.

Ms. Roanne Rowan, a member of the St. Paul-Ramsey staff, has had extensive involvement with the hearing impaired, including teaching young students in Atlanta. She has Master Degrees in teaching and counseling from Gallaudet College, where all undergraduates are hearing impaired.

Sign Language

According to Ms. Rowan, one of the obstacles to learning has been the stigma of sign language. "It is only within the past 10 years that educators have encouraged the teaching and utilization of sign language with parents and hearing impaired children," she said. When you discover that 90 per cent of hearing impaired children are born to hearing parents, Dr. Scanlan added, you can better appreciate the difficulties in communication. Add to that the "old school" idea that signing is unnatural



help?

and socially embarrassing, and it becomes clear why deaf children and later deaf adults have particular communication problems.

Even those individuals who know how to sign can suffer, since most hearing individuals do not understand sign language. Thus two-way communication between the hearing and non-hearing is most difficult in the general community. At St. Paul-Ramsey, hearing impaired mental health inpatients have both separate and integrated sessions with other inpatient psychiatric patients, which one staff member said, "helps to further understanding by both hearing and non-hearing patients and staff members."

Another key member of the Mental Health for the Hearing Impaired staff is Ms. Molly Jo Hanson, a senior clinical interpreter. In addition to working with mental health inpatients, Ms. Hanson is called frequently to interpret for other hearing impaired patients throughout St. Paul-Ramsey. She has also teamed with Mrs. June Allen and Ms. Rowan to teach sign language to the hospital staff. As the daughter of hearing impaired parents — her father is an instructor at the Minnesota School for the Deaf — Ms. Hanson has some strong opinions, and interesting observations.

"The general public is often shocked by the fact that deaf people can read," Ms. Hanson said. She also indicated her disturbance by the fact that the limited language skills of the deaf are often associated with mental retardation. And although the abilities of some



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will . . .

hearing impaired individuals are underestimated, she said, others are overestimated. Ms. Hanson emphasized the importance of using interpreters, particularly in the medical, legal, and business environments. The need is obvious when you think about a hearing impaired person visiting a physician or hospital, seeing an attorney, or filling out welfare papers. Ms. Hanson, as well as Ms. Rowan and Dr. Scanlan praised the entire SPR staff for their cooperation and recognition of the need for their services. They emphasized the excellent cooperation and teamwork of the medical and nursing staffs related to mental health services.

Like Ms. Hanson, Mrs. June Allen's job allows her a great deal of variety. Mrs. Allen, who is an interpreter on the Mental Health for the Hearing Impaired staff, serves the outpatients but is most often involved with two hearing impaired staff members, Robert Harris, Ph.D., Clinical Psychologist, and Ms. Linda Nelson, Mental Health Worker. Much of Mrs. Allen's time is spent interpreting in counseling situations with Dr. Harris and patients, and in professional meetings, staff meetings, etc. She is also called to other clinics and departments within the hospital. A portion of Mrs. Allen's work is devoted to interpreting in the hospital's Alcohol and Drug Unit.



interpret . . .



for . . .



you . . .

*Ms. Molly Jo Hanson,
Interpreter.*

"Ours is not the silence that soothes the wary senses. It is an inhuman silence which severs and estranges. It is a silence which isolates, cruelly and completely."

Helen Keller

continued

As for the future, Dr. Scanlan sees an increased emphasis on the delivery of services to the hearing impaired community. He cited the strong relationship between the hospital's program and the Minnesota State Association of the Deaf. Plans indicate a larger staff at St. Paul-Ramsey, with "a more comprehensive mental health delivery system for hearing impaired individuals and their families."

Among others, these plans include a high risk register to facilitate early identification of hearing impaired children; supportive home health care services to families with young children; the identification of the incidence of emotional disturbance among hearing impaired school-age children; development of facilities for treatment of severely disturbed hearing impaired children and their families; special chemical dependency treatment programs for the hearing impaired; and evaluation and assessment of existing services for senior citizens who have hearing impairments as well as providing the services where gaps exist.

If it sounds like a big undertaking, it is. But considering the ongoing dialogue with the deaf community, the active Advisory Board composed of deaf adults and parents of hearing impaired children, the support of the hospital and the Medical Education and Research Foundation, and the skills of the staff, the Mental Health for the Hearing Impaired Program at St. Paul-Ramsey has a winning team.

"Hearing is the deepest, most humanizing, philosophical sense man possesses."

Helen Keller



The teletypewriter permits typewriter-telephone hook-ups, allowing typewritten messages to be transferred via the telephone line. Messages are received in typewritten form on either end of the line.



Ms. Roanne Rowan has had considerable experience working with hearing impaired adults and children.

To understand the Perinatal Center at St. Paul-Ramsey Medical Center (SPR), you need to know the basic philosophy of obstetrical-neonatal care at the hospital.

"Mother and child, particularly the high risk baby, need to be together. Touching is not only encouraged, but maternal contact, especially with a sick baby is extremely important in the treatment process and long term outcome," said Dr. Norman Virnig, Associate Chief, Department of Pediatrics, who is a Pediatrician and Neonatologist (newborn specialist). Rules regarding visitation are flexible. Siblings, for example can visit mother and baby. "Mother and baby as a family unit is a concept we hold dear," Mrs. Marianne Horner, R.N., Perinatal Coordinator, added.

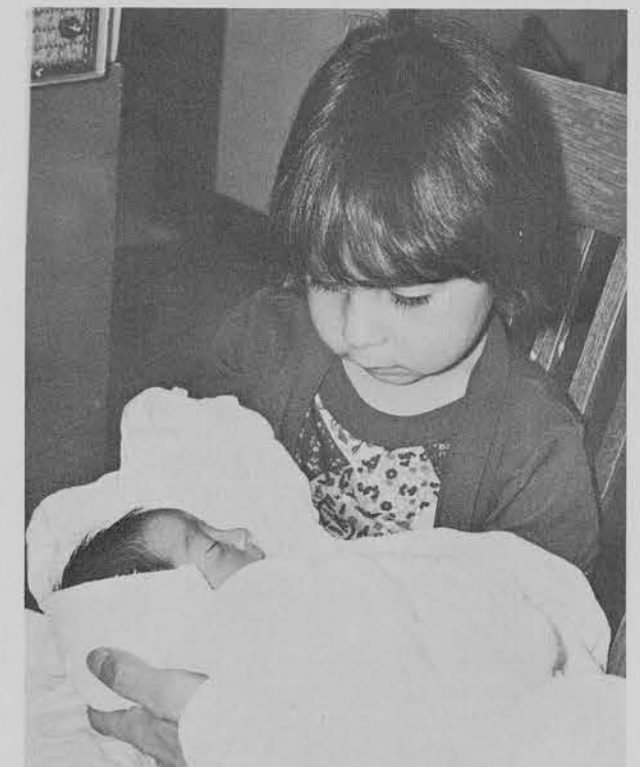
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Mrs. Christina Aguilera of Blue Earth said she was grateful for the Perinatal Center — and for her new twins, Lennie Frank and Connie May.

221-3575

Perinatal Care is a Phone Call Away



Getting used to a new sister is not too difficult when you can visit.



Psychologically it is important for a mother to understand why she is high risk, according to Dr. Ismail Barrada.

Recent studies, Dr. Virnig explained, show that lack of touching can have an effect on the incidence of child neglect and abuse. Thus every effort is exerted at St. Paul-Ramsey to encourage "bonding" between the high risk mother and her high risk baby. Efforts to normalize this contact help to establish a firm and healthy mothering relationship.

"The safest way to transport a high risk baby is inside the uterus," Mrs. Horner explained. Psychologically it's important for a mother to understand why she is high risk and when she delivers her high risk baby it is vital that they be housed in the same institution, according to Dr. Ismail Barrada, an obstetric high risk specialist at SPR.

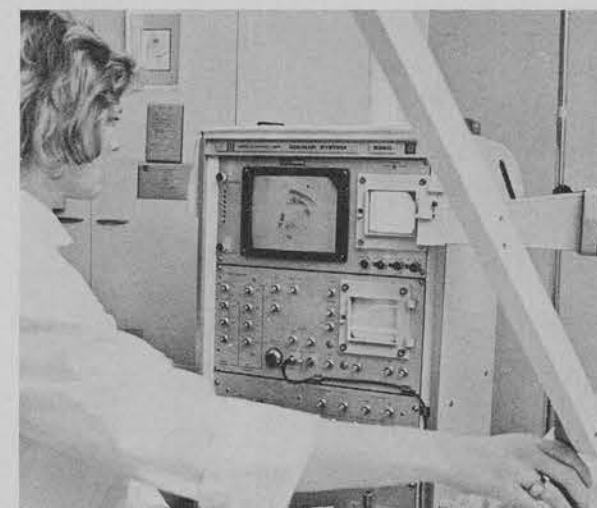


A Friday afternoon teaching session with Dr. Norman Virnig, Associate Chief, Department of Pediatrics.

Perinatal care means care of the mother during pregnancy, ensuring the best possible medical, social, and emotional environment for her and her newborn baby, and care of the baby during the first 28 days after birth. Although the Perinatal Center is aimed at mothers and babies in the high risk category, the Center cares for anyone who is pregnant. "Every pregnancy is potentially high risk and is managed as such," Dr. Barrada said. Dr. Barrada developed the SPR Perinatal Center's outreach program with Dr. Virnig about five years ago. The Perinatal team involves a number of medical and paramedical personnel, including such specialties as obstetrics, neonatology, internal medicine, surgery, nursing, social service, chaplaincy, laboratory, and pulmonary function.

Dr. Barrada is also the co-author with SPR's Dr. Laura Edwards, another obstetric perinatologist, of a high risk scoring system for pregnant women. This system, which is initiated at the mother's first visit to her SPR obstetrician, is also used at 36 weeks and upon admission to labor and delivery. Based upon the answers to some 50 questions, as well as other tests and risk indications, each mother-to-be is given a numerical score which helps to predict the outcome of the newborn. The anticipation of potential problems prepares the neonatologist for the unexpected, thereby avoiding possible damage to baby.

A few examples of high risk factors in mothers are diabetes, high blood pressure, too much weight gain, poor nutritional habits, history of obstetrical problems, age (very young or very old mother) or twins. At times, Dr. Virnig said, a mother can become high risk during or after delivery. And high risk mothers do not necessarily have high risk babies. As for high risk babies, at this time approximately 50 per cent can be predicted before labor, Dr. Virnig said.



Ultrasound, a remarkable machine, draws a three dimensional picture of the contents of the womb.

Although there is no guarantee against problems, women should seek early pre-natal care and maintain regular checkups throughout pregnancy in order to avoid being high risk. Moreover, mothers who possess high risk factors, such as diabetes, or high blood pressure require much closer and more frequent observation during their pregnancy, as well as the benefit of experienced personnel.

continued on page 11



Mrs. Marianne Horner, R.N., Perinatal Coordinator, chats with a new mother about some practical concerns.

Flying AF hospital to start Robbie's takeoff into life

By VIRGINIA RYBIN
Staff Writer

The Air Force will be sending a plane soon for Bobbie Caranto.

No, he isn't a government bigwig or a foreign dignitary.

Robbie, about 5 months old, currently is a resident of the neonatal unit at St. Paul-Ramsey Hospital's perinatal Center.

His parents are in the Army, and he will be moved by specially-equipped jet from the Twin Cities to Brooke Army Medical Center at Ft. Sam Houston, Texas, where Daniel and Kathleen Caranto have been transferred. (The exact date for the move has not been set.)

It will be a fitting addition to the story of the premature infant, whose case has been unusual from the start. Dr. Norman Virnig, neonatal division director, said he has seen few infants with such severe lung disease in his four years at the center. Hyaline membrane disease, the inability of the lungs to expand properly, is fairly common among premature infants, he added.

Robbie weighed two-pounds, two-ounces when he was born 14 weeks early on Nov. 17 of last year — while his mother was on leave in St. Paul. He now weighs four pounds 11 ounces.

Mrs. Caranto said she feels fortunate that she happened to be in St. Paul. In Korea, where she and her husband were stationed at the time, modern intensive care facilities probably would not have been available, she said, and airlifting the tiny infant elsewhere would have been dangerous at that point.

Robbie had a series of problems in the ensuing months.

"Probably a dozen times, I told the parents, 'Don't get

your hopes up. He may die,'" Virnig said. Ten years ago, he added, the infant's chances would have been extremely slim.

The complications included scar tissue on the lungs from the extensive respiratory treatment required by the disease and rickets (soft bones) because of a Vitamin D deficiency, the doctor said. The latter resulted in three arm fractures, all of which have now healed. Three bloodstream infections added to the touch-and-go situation, Virnig added.

All of this added to his stay in the intensive care unit. The doctor said six weeks is typical for an infant who weighs about two pounds at birth, and the overall average is seven to ten days.

Virnig said the infant is in good shape now, though he has some trouble breathing. He is sending Dr. Michael Coomes, a St. Paul-Ramsey family practice resident, along on the flying hospital to assist an intensive care nurse provided by the armed forces.

Robbie probably will spend another six weeks to two months in intensive care in Texas before his lung size has increased sufficiently to make it safe for him to live in the world outside the intensive care unit, Dr. Virnig said.

Mrs. Caranto was visiting her mother, Mrs. Eugenia McInnis, 633 S. Robert St., when she went into labor on Nov. 16. The Army gave the couple special duty at Ft. Snelling during the time it was unsafe to move Robbie. The Carantos, who met in the Army, will be instructing pharmacy technicians at Ft. Sam Houston, Robbie is their first child.

Mrs. Caranto said she arrived home only a day before she went into labor. But she said doctors have assured her that the plane trip from Korea was not related to the child's premature arrival.

Perinatal Care cont. from p.9

"Such occurrences as multiple pregnancies, abnormally shaped babies, position of the placenta, and the baby's heartbeat can be assessed early in the pregnancy."

"There is a phenomenal swing in thinking," Dr. Barrada said. "Formerly a fetus was considered inaccessible. Today we think of the fetus as a human being with the privileges of a physical examination, assessment of possible problems, and treatment of these problems whenever possible." One important test, ultrasound, uses high frequency sound waves (not x-ray) which draws a three dimensional picture of the contents of the womb. Such occurrences as multiple pregnancies, abnormally shaped babies, position of the placenta, and the baby's heartbeat can be assessed early in the pregnancy. Also, the capability of measuring the baby's head at different stages of the pregnancy helps to establish a growth curve for the baby and the detection of deviation in the growth pattern.

The St. Paul-Ramsey Perinatal Center provides congruous, continuous care for patients of SPR obstetrician-gynecologists, and patients of the Ramsey Health Plan, Maternal and Infant Care, Family Practice Clinic, and Group Health Plan. In addition, approximately 20 to 25 per cent of Perinatal Center high risk patients are referred from outstate and Western Wisconsin. These patients — mothers, babies, or both — are recognized by their private physicians as high risk and are transferred to St. Paul-Ramsey for delivery and post-partum care by their own physician or the staff of the Perinatal Center.

continued



Dr. Norman Virnig looks over his charge, five-month old Robbie Caranto, at SPR's Perinatal Center. Robbie's mother, Kathleen Caranto, joins the doctor for a peek at her son. Mother and baby are scheduled for transfer to Ft. Sam Houston, Texas on Monday, April 18.

*—St. Paul Pioneer Press
staff photo by Craig Borck*



St. Paul Ramsey Medical Center
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St. Paul, Minnesota 55101

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Perinatal Care **cont. from p.11**

Once they are in the hospital all patients are carefully monitored. "We have the potential to deal with any life-threatening situation," Mrs. Horner explained. Indeed, as a major teaching hospital, with the advantages of a host of specialists and sophisticated equipment available 24 hours daily, St. Paul-Ramsey offers the highest quality care possible. Once labor begins, intensive care monitoring is begun by a team of highly trained physicians and nurses, with continuous monitoring of vital signs, uterine contractions, fetal heart rate, oxygen, and pH of the fetus. Once the baby is born, a team of specialized neonatologists and nurses takes over the care of the baby, who is less than one minute away from an equally sophisticated neonatal intensive care unit.

At the same time, the Perinatal Center staff has not neglected the opportunity for the personalized care of patients and family. For example, natural childbirth, if preferred, is encouraged. Fathers may participate in delivery; or mother may choose delivery by a nurse-midwife. Immediately following delivery babies remain

with their mothers to promote attachment. The initial newborn examination is now being done in the delivery room by a nurse. Deliveries may also take place in the labor or "birthing room." The idea is to make birth a natural and comfortable process. No restrictions are placed on a father's visiting hours; and siblings may also visit mother and baby.

In the case of patients referred from outstate Minnesota or Wisconsin, families who are separated from their newborn receive calls daily from the Perinatal Center. The hometown physicians of these patients also receive personal progress reports on a daily basis.

Although the Perinatal Center has made great strides toward the improved care of mother and infant, these individuals interviewed agreed that "we still have a way to go."

Efforts thus far to fully develop the Perinatal Center concept indicate that St. Paul-Ramsey is indeed on the right path.