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Leaving the NICCU for the Institute for Maternal-Fetal Health was as strange, abrupt and in many ways as disorienting as Alice falling down the rabbit hole. I loved the NICCU, including caring for neonatal patients, the technology, the cutting edge care, and being part of a sort of nursing and medical "A" Team that offered miracles to babies and families, the sickest of the sick. Arriving within the IMFH, it took some time to adapt to the unfamiliar world of perinatology, where the patient was the parents, literally, although the plan of care was focused on the fetus. Things seemed backwards, focused on the mother, aimed toward the baby, with maternal well-being the foremost consideration at any time. Answers were few, anxiety high, and very seldom could a definitive miracle be enacted before our eyes.

Through the first several months some landmarks emerged. Families arrived at the IMFH with the entire spectrum of understanding. Some had no idea something might be wrong, only to be devastated with bad news, some arrived knowing bad news existed, only to have their worst fears confirmed. Some fell in between, and struggled with accepting-or completely rejecting the news altogether. I was told during my orientation that my role as Care Manager was to support and guide mothers and families through the continuum of care, from the time of fetal diagnosis, throughout the high risk pregnancy, managed delivery and later admission to Children's. Our mission was to provide multidisciplinary, integrated care, in a single location, in an atmosphere of compassion and respect. All well, but how to proceed?

A natural method of processing and understanding my new role was to compare it to my past role in the NICCU, mentally highlighting the differences. As the differences were as many as the similarities, and there seemed to be no discernible pattern, it was a stroke of fortune that I was blessed with an added layer of insight, brought about by my participation as our unit's Magnet Champion. I worked alongside others identifying examples of the components of Magnet status, proud of the many examples, and inspired by the excellence that surrounded me. It wasn't until I entered the IMFH where suddenly I was thrust into what seemed a deeply responsible, somewhat intangible, and altogether intimidating level of expected patient care and service that the concept of Magnet really became clear. The components of Magnet became my benchmark for understanding, but most of all drew the concept of the IMFH mission and our respective roles therein into clear focus.

The IMFH is a partnership between perinatology and pediatrics. The perinatologist, and possibly the IMFH OB are the primary care physicians, with each of more than 18 pediatric sub-specialists involved in each patient's care. This all takes place in a single location, with the exception of the Fetal Cardiology program which provides care in two. Each fetus has the potential of becoming a patient of CHLA, a fact which begins in whatever stage of pregnancy the diagnoses are made. An IMFH patient requires two or more sub-specialties, perinatology, and any of the many pediatric partners, with the most frequent being cardiology, cardiothoracic surgery, urology, pediatric surgery, neurosurgery, genetics, radiology and neonatology. The physicians focus on their piece of the plan, and work together exceptionally well.

At the core of this program is nursing. I am told that when the program began in 2003 to 2005, there were enough patients to count on both hands. With the arrival of nursing in 2005, the program took off. Nursing had the autonomy and the responsibility to identify and develop every aspect of the IMFH that is not the practice of medicine. The very process of moving from fetal diagnosis to delivery and admission is both a result of nursing program development and

facilitation. Each patient arrives with anywhere from no information, to internet fueled misinformation, from knowing clearly what their innermost hope for an outcome might be, to being asked to make decisions and choices they fear they cannot. Some trust, some run and try to hide. Each family arrives with at least one major decision to make, that is whether to continue the pregnancy or not. My job first and foremost is to teach and support. The next is to coordinate, facilitate and communicate. How we enact out mission mirrors the epitome of Magnet ideals. We create the structure, the program; we identify the non-medical standards for patient management. Each family is to have as much information, as much understanding of their unborn babies condition, as their level of education, sophistication, and ability to cope will allow. Once that goal is reached then they are supported in decisions. Whatever decision is best for their unique family and situation becomes the right decision and is supported as such. Thereafter, flow of care, support, understanding, compassion, and drawing together all the components of a complex, mult-faceted program through one individual, the RN Care Manager.

This was what Magnet meant, and continues to mean to me. Understanding our mission, and my role within it in the context of Magnet excellence allowed me not only to grasp the larger picture, but to function at the highest level of capability. The RN Care Managers provide an integral, highly autonomous role in a complex, integrated, multidisciplinary program, providing care of the highest standard, while functioning within a scope of practice that defines nursing. Our Medical Director looking for a way to represent our program in a slide uses the picture of a large tree with many branches. On each branch are the many sub-specialties of the IMFH. The trunk and roots of the tree is the RN Care Manager. Our Administrator uses a similar analogy; that of a wheel with many spokes. Each spoke represents a medical specialty. The hub of the wheel is where the patient resides, and the hub itself is the RN. The wheel turns because the RN drives the process, from beginning diagnosis, through the fear, the hope, up to the time of finally standing beside a mother in the delivery room, holding her hand.

Looking back, I'm grateful for the ability to work in a program that demands so much, and dictates so little apart from commitment, excellence, collaboration, and service. I'm grateful to our hospital for fostering so many programs that live up to Magnet values. Looking to the future once seemed a little overwhelming. Our program has continued to grow and our resources have not kept pace. Nonetheless, with the perspective gained in the beginning, I have every confidence that we shall meet the challenges and the needs. We have the basis of Magnet components to guide and define what we do and the team in place who share the same values and intentions. The future always resembles the past, no matter what is said, and in this case, we can look forward with confidence and a sense of pride.