SECURING THE PROMISE

PRING 2021



- Thriving Not Just Surviving

 NICU patient receives life-changing care
- The Tiniest Miracle

 Four years later, former NICU baby flourishes





Le Bonheur Children's Hospital in Memphis, Tenn., treats more than 250,000 children each year through community programs, in regional clinics and a 255-bed hospital that features state-of-the-art technology and family-friendly resources. Our medical staff of more than 240 physicians provide care in 45 subspecialties.

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Support Le Bonheur

For more information about ways to support Le Bonheur Children's by volunteering, attending events, developing partnerships and giving financially, please visit www.lebonheur.org/ways-to-help or call 901-287-6308.

www.lebonheur.org/secure











MESSAGE FROM THE PRESIDENT

Dear friends.

We are honored to treat the thousands of children who come to us for care every day. From the tiniest babies to robust teenagers, your gifts allow us to always be here when kids and their families need us most.

Speaking of babies, we want to introduce you to a few of our tiniest miracles – babies who you are helping save every day. As the only Level IV Neonatal Intensive Care Unit (NICU) in the region, we care for hundreds of infants from across our region each year. Last year alone, our 60-bed NICU treated 535 patients from seven states and changed 157,680 diapers! Your investment helps fund state-of-the-art equipment and research, ensuring patients receive the highest quality of care from our nationally-ranked NICU.

Having a child in the hospital can be stressful. The average NICU family will stay at Le Bonheur for almost four

weeks, a stay that parents don't plan for. With your help, we work to treat not just the baby but help the whole family cope with the unexpected. In the following pages you'll read about the ways our NICU team cares for patients and their families.

You'll read about our Child Life and Music
Therapy teams, who deliver comfort and resources to
parents and their babies — from singing and reading
to neonates to aide their development, to educating
parents on what to expect from medical procedures.

You'll also read about ways we're seeking to improve care with research, with the ultimate goal of improving health outcomes for neonates.

This is work that you have enabled with your generous gifts. You are a hero to so many families.

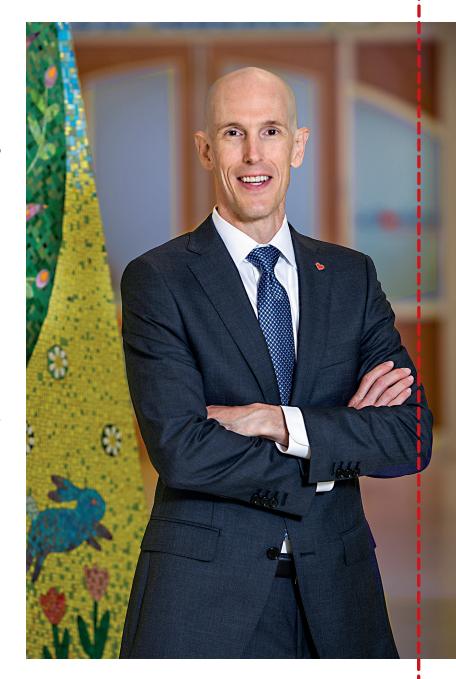
It's a privilege to care for our tiniest patients and your generosity makes this important work possible. Because of you, babies from across the region can receive the expert care they need. Thank you for your continued support.

Sincerely,

Michael Wiggins, MBA, FACHE

President

Le Bonheur Children's Hospital







Abijah Smith was born at only 29 weeks and 4 days gestation, weighing 2 pounds, 1 ounce. The size of a small loaf of bread.

He spent the first three months of life at his birth hospital on a ventilator that helped him breathe until his body was big enough to do so on its own. And then, he was transferred to Le Bonheur Children's Hospital to receive the specialized care he needed for breathing and feeding issues.

SPECIALIZED CARE

Abijah needed what Le Bonheur, the region's only Level IV Neonatal Intensive Care Unit (NICU), could offer. Founded in 2004, the unit has provided that highest level of care to thousands of tiny infants throughout the years.

Like Abijah, most Le Bonheur patients are transferred from another NICU because they need the coordinated care of multiple specialists. Many patients come to the NICU for surgery, chronic lung disease, genetic disorders or other complex illness.

"No parent plans to have a baby in the NICU. Many expectant parents are focused on baby names, nursery decorations, and finding the right stroller," said Mark Weems, MD, associate medical director of Le Bonheur's NICU. "The anticipation is shattered when a baby is born premature, and it is especially shocking to have a baby who suddenly needs to be transferred to the Le Bonheur NICU."

Le Bonheur Children's Hospital's 60-bed Neonatal Intensive Care Unit was founded in 2004. Nationally ranked as one of the country's best neonatology programs by U.S. News & World Report, Le Bonheur serves as the region's only Level IV Neonatal Intensive Care Unit — the highest level of neonatal care, handling the most complex medical cases.

Abijah required serious care and his mom, Delecia Bain, was fearful of what would happen to her son. Weems put her at ease.

"When Dr. Weems walked into Abijah's room for the first time, he asked me what I thought Abijah needed," said Delecia.
"He was a doctor who was ready to listen to the

parent and not just dictate what he thinks."

When Abijah came to Le Bonheur, he already had severe bronchopulmonary dysplasia (BPD), a form of chronic lung disease that is a result of prematurity and long-term mechanical ventilation, said Weems.

After a breathing tube helped him breathe for four months, Abijah still required high oxygen. Relying on the

"No parent plans to have a baby in the NICU. Many expectant parents are focused on baby names, nursery decorations, and finding the right stroller. The anticipation is shattered when a baby is born premature, and it is especially shocking to have a baby who suddenly needs to be transferred to the Le Bonheur NICU."

Mark Weems, MD, associate medical director of Le Bonheur's NICU

tube left him constantly fussy and agitated. His care team worked hard to optimize his growth and comfort — but surgery was the next step.

Delecia was advised that her son needed surgery to help him breathe and eat. Abijah's doctors recommended a tracheostomy, a procedure to create an opening in Abijah's

neck to insert a tube that allows air into his lungs, and the insertion of a G-tube, a surgically-placed device to give access to his stomach for feeding and hydration.

But Delecia was scared. Surgery was her biggest fear.

Outside of her C-section to deliver Abijah, she had never undergone surgery before. How would her tiny baby survive surgery and what kind of care would he need

Le Bonheur NICU patient Abijah Smith works with Certified Child Life Specialist Anne Elizabeth Hattier on tactile skills through developmental play. Since surgery, Abijah has learned to sit up, smile and reach for objects.



post-operatively, she wondered.

Abijah's pulmonologist, anesthesiologist and G-tube doctors explained the processes to her along the way and helped convince her the surgeries would be what's best for him. "Abijah became a different baby after the surgery.

He is smiling, happy and eating baby food. His development has been wonderful to witness — he has changed right before my eyes."

Delecia Bain, Abijah's mother

PARTNERS IN CARE

Prior to surgery, Delecia spent time with Certified Child Life Specialist Anne Elizabeth Hattier, CCLS, learning about the procedures and the care Abijah would require afterwards.

"When Anne Elizabeth knew
I was afraid of the tracheostomy
surgery and the risks of anesthesia,
she helped me get over being scared,"
said Bain. "She came in with a
medical teaching doll and showed me
what the trach and G-tube looked like
to help me feel less anxious."

Finally in late November, Abijah had two surgeries performed concurrently, receiving both his tracheostomy and G-tube.

"Over time, his oxygen requirement has improved and we were able to wean him off most of his medications. Getting a tracheostomy, is a step that is very scary to many parents," said Weems. "Once Abijah got his tracheostomy, he really began to thrive. It was so exciting to see him do things for the first time: smiling, sitting up and interacting with his parents!"

Today, Abijah is sociable and loves people.

Abijah became a different baby after the surgery," exclaimed Delecia. "He is smiling, happy and eating baby food. His development has been wonderful to witness — he has changed right before my eyes."



Abijah is treated by Mark Weems, MD. "When Dr. Weems walked into Abijah's room for the first time, he asked me what I thought Abijah needed," said Abijah's mom, Delecia. "He was a doctor that was ready to listen to the parent and not just dictate what he thinks."

The NICU medical team has been very informative in Abijah's care, advising his mom on how to care for him and allowing her to be hands on — taking care of his tracheostomy and G-tube cleanings, and bathing him.

NICU by the Numbers for 2020

Number of Babies Cared for in 2020: 535
Areas Served:

Tennessee: **31** Counties, **278** Babies Mississippi: **31** Counties, **174** Babies Arkansas: **12** Counties, **100** Babies

Missouri: 1 County, 4 Babies Florida: 1 County, 2 Babies Louisiana: 1 County, 1 Baby Michigan: 1 County, 1 Baby

Average Length of NICU Stay: 27.5 Days

NICU Capacity: **60** Beds NICU Occupancy: **87**%

Number of Diapers Used in a Year: 157,680

Total Number of Patient Days: 19,190

Number of Hospitals that Referred Babies to

Le Bonheur: 37

Lowest Patient Birthweight: 460 grams

Youngest Gestational Age: 22 weeks

Most Common Diagnoses:

Respiratory: 27%

Surgical or Surgical Evaluation: 19%

Cardiac: **15%**Neurologic: **11%**

NICU Staff Members: 180

NICU Physicians:

- **15** board-certified or board-eligible neonatologists
- **6** neonatology fellows
- **13** full-time neonatal nurse practitioners
- **1** part-time neonatal nurse practitioner



14-pound Le Bonheur NICU patient, Journee Kinkle.



Delecia has received guidance and resources from the Le Bonheur medical staff on how to care for Abijah's medical needs.

"When I first saw him when he was born, I thought there is no way he will survive, but thanks to the amazing NICU care Abijah has received at Le Bonheur, he is thriving."

Delecia Bain, Abijah's mother

The social work team has been a sounding board when she has had questions and concerns.

Like Delecia, many parents have never been in the NICU before. The people, equipment, alarms and technology can be overwhelming

to parents who are only worried about the health of their baby. The Le Bonheur NICU team reminds parents to ask about anything they are unsure of.

"We know there is nothing in the world more important to the parents than the health of their baby, and I want them to be partners in caring for the baby by understanding everything the medical team is doing to help," said Weems.

Today, Abijah weighs 17 pounds and counting — he has come a long way from the tiny 2-pound baby his mother welcomed into the world.

"When I first saw him when he was born, I thought there is no way he will survive," said Delecia. "But thanks to the amazing NICU care Abijah has received at Le Bonheur, he is thriving."

From the Experts:

"Besides taking care of critical patients at the bedside, our team is also very focused on improving the quality of care and team communications. We collaborate with several NICUs across the country as a part of the Children's Hospitals National Consortium to exchange ideas for improving patient care. Several of our faculty are involved in clinical research that would ultimately lead to better patient outcomes."

Ajay Talati, MD, medical director, Le Bonheur Neonatal Intensive Care Unit

"Having a baby in the NICU is like riding a rollercoaster.

Some days feel like a slow uphill grind and some feel like coasting, and there are always unexpected twists and turns. I always try to tell parents what usually happens for any given disease, and that we will be watching closely in case there are unexpected changes. But it is rewarding to help guide new parents through the chaos of having a sick newborn and exciting to send a family home with a healthy baby after months in the NICU."

Mark Weems, MD, associate medical director,



Kyisis Addison was born at only 26-weeks gestation and requires the specialized care that only the Le Bonheur NICU can provide, including cardiac treatment, a feeding tube and oxygen monitoring.



2-month-old NICU patient, Martin Rodriguez, was born at 31-weeks gestation. He is receiving digestive system treatment.

"Everything we do in the NICU is to provide support for our families. We provide private rooms for all of our patients to allow for privacy and bonding — encouraging parents to participate in rounds and in the plan of care for their baby. We also have our own chaplain, three social workers, child life specialists, a music therapist and a licensed clinical psychologist on the unit to meet all of the various needs of our families. We have dedicated pharmacists, dieticians, lactation consultants, occupational therapists, speech therapists and physical therapists to provide the most expert care for our patients. We are so blessed to have an amazing team."

Mary Gaston, RN, MSN, clinical director, Le Bonheur Neonatal Intensive Care Unit



The Tiniest Miracle

----- Four years later, -----former NICU baby flourishes

verett Williams has come a long way from the fragile 1-pound, 12-ounce baby born at just 24-weeks gestation. At just 34 days old, Le Bonheur Interventional Cardiologist Shyam Sathanandam, MD, successfully closed it

Today at almost 4 years old, he loves to play with his sister and read books with his parents.

All this from a child who had less than a 50% chance of survival at birth.

"He was the tiniest miracle I've ever seen," said his dad, Landon.

Everett was moved to Le Bonheur's Neonatal Intensive Care Unit in 2017 where a team of pediatric specialists were ready to do whatever it took to give Everett a chance at life. Every day was a battle — Nicole and Landon even prepared to say goodbye to their son.

Tiny Everett faced a number of obstacles: ruptured blood vessels in the brain, breathing issues and severe bowel and intestinal issues.

The neonatologists at Everett's delivery hospital had also discovered a PDA, a medical condition

Everett Williams was born at just 24-weeks gestation, weighing 1 pound, 12 ounces and spent 272 days in the Le Bonheur NICU.

with a transcatheter device — performing a delicate cardiac procedure on the 2 ½-pound baby.

During Everett's months in the NICU, his parents were very involved in the process and developed a great comfort level with their nursing team. They knew Everett just as well as us, said Landon.

"We felt the family-centered care focus," said Landon.
"The medical care team wanted to hear our input, questions and concerns and that has been so important to us."

Today, Everett has made great strides from the tiny NICU baby that Neonatal Intensive Care Unit Medical Director Ajay Talati, MD, treated.

"It is really exciting to see Everett today, growing up to be a happy, expressive and interactive boy," said Talati.

in which a part of the heart — the ductus arteriosus — fails to close after birth.



Everett at home in fall 2018 with his family. Due to spending a lot of time at Le Bonheur during Everett's life, Le Bonheur is a second home for the Williams family.

"He has come a long way from the very critically ill pre-term baby I treated, who needed multiple surgeries and was even discharged home with a planned surgery in a few weeks."

Everett endured 11 more surgeries in the NICU for other conditions and spent 272 days at Le Bonheur, before being cleared to head home with several medical lines to help him eat, receive fluids and collect waste in his body.

Everett has continued to receive care at Le Bonheur,

"Le Bonheur is truly the upper echelon of care for Everett and so many others. To be able to receive quality care from a variety of specialists who understand our son's medical history — in one location — is truly a blessing for our family."

Landon Williams, Everett's father

undergoing 17 total surgeries including two to correct vision issues. Today, he still relies on a G-tube for feeding and is closely monitored for his Short Bowel Syndrome.

Everett receives comprehensive care from several hospital specialists; he visits his gastrointestinal team every two months and has regular speech, physical and occupational therapy sessions. He also sees the palliative care team and has weekly home visits from a nurse.

"Le Bonheur is truly the upper echelon of care for Everett and so many others," said Landon. "To be able to receive quality care from a variety of specialists who understand our son's medical history — in one location — is truly a blessing for our family."



Ajay Talati, MD, medical director Le Bonheur Neonatal Intensive Care Unit, treated Everett during his time in the Unit in 2017.



Everett has come a long way from the tiny baby treated in the NICU by Ajay Talati, MD, (pictured with Everett today).

More than Medicine

Child life specialist and music therapist provide comfort and care for NICU patients and their families



Accompanied by a symphony of beeping medical machines, Board Certified Music Therapist Taylor Brown, MT-BC, NICU MT, serenades babies in Le Bonheur's Neonatal Intensive Care Unit.

Using her guitar, Brown soothes crying NICU resident 6-month-old Journee Kinkle — her tears stopping as she is mesmerized by the soft strumming and singing.

Board Certified Music
Therapist Brown works with
babies like Kinkle, who are
32-weeks gestation and older
— neonates younger than
32-weeks gestation require a
dark and quiet room.

"Babies born prematurely have difficulty processing stimulation," said Brown, "so I use music to help them acclimate to their new world."

Thanks to the generous support of donors — including the Le Bonheur Club — Brown is able to help babies through Multimodal Stimulation, a neurologic enhancement process focusing on auditory, tactile, and vestibular



Taylor Brown reads and sings to Na'Stylja Thompson, a NICU patient since her premature birth in November.



Music Therapist, Taylor Brown, soothes 14-pound NICU patient Journee Kinkle.

stimulation. This process introduces and familiarizes babies with new sounds, touch, and movements.

Brown is also able to utilize donor-funded cd players, sound machines, books, guitars and other instruments to help babies meet developmental milestones and adapt to new stimulation.

"I notice a difference when Taylor spends time with my baby," said Breanna Bland, mother of patient Na'Stylja Thompson. "She is more alert and active."

With different needs across the board, Brown

addresses each individual patient based on their gestational age and current medical status.

"When I work with NICU babies, I watch for signs of overstimulation," said Brown. "We want to avoid any agitation with our tiniest patients. Eye contact, relaxed behavior, or stable vitals are all good signs that the patient is tolerating stimuli."

Brown works alongside
Certified Child Life Specialist Anne
Elizabeth Hattier, CCLS, one of 21
at Le Bonheur. Hattier helps families
adjust to having a baby in the NICU
and works to promote positive
coping.

As a Level IV NICU, Le Bonheur treats the most critical neonate cases, including babies weighing less than a pound. Hattier demonstrates how to safely interact with the babies so parents feel comfortable participating in their child's care.

"I don't just work with patients, I also help parents learn how to engage and bond with their baby in an unfamiliar environment," said Hattier. "I monitor patients' medical status in order to appropriately support their developmental growth, as well as celebrate medical milestones met by patients."

With each patient and family having varying needs, Hattier seeks to identify specific resources to support individual needs.

In many cases, families face barriers to being able to visit their baby in the NICU as often as they would like — due to a transportation issue, a challenging work schedule, or they might have another child at home — so Hattier offers secure video chat opportunities for parents to interact with their baby or provide bedside education.

Hattier also works in conjunction with the medical care team to answer parents' questions about procedures, support their involvement in their child's treatment plan, and help educate them in advance of surgeries — including using a teaching doll to increase coping

"When I work with NICU babies, I watch for signs of overstimulation. We want to avoid any agitation with our tiniest patients. Eye contact, relaxed behavior, or stable vitals are all good signs that the patient is tolerating stimuli."

Taylor Brown, MT-BC, NICU MT, Le Bonheur music therapist

and understanding through demonstration and desensitization of medical equipment.

Prior to her son Abijah's tracheostomy surgery — a procedure

that creates an opening in the patient's neck so a tube may be inserted to allow air into the lungs — Delecia Bain spent time with Hattier learning about the



Anne Elizabeth Hattier works with 3-month-old NICU patient Sadie Branch. Born a few weeks prematurely, Branch has been under the NICU's care for a genetic condition causing several organs to be formed in a sac outside her body.

"I've spoken with child life specialists at other hospitals and I have found that what Child Life offers at Le Bonheur is very special. We are fortunate to have a multitude of resources and a close working relationship with the NICU medical care team."

> Anne Elizabeth Hattier, CCLS, Le Bonheur child life specialist

procedures and care he would require afterwards.

"Anne Elizabeth is wonderful," Bain exclaimed. "When she knew I was afraid of the tracheostomy surgery and the risks of anesthesia, she helped me get over being scared. She came in with a medical teaching doll and showed me what the trach and G-tube looked like to help me feel less anxious."

While there are many happy



Anne Elizabeth Hattier demonstrates bedside preparation and education prior to gastrointestinal tube surgery on a teaching doll via telehealth with a parent.

stories and outcomes in the Le Bonheur NICU, when the need arises, Brown and Hattier also work with parents to provide bereavement support at end of life. From bereavement gowns, to hand and foot molds, embossing, and locks of hair, as well as special heartbeat

recordings made by Brown, they ensure parents are able to honor their baby and celebrate their memory, while supporting family

Le Bonheur supporters help make many Child Life resources possible, making a difference in the lives of countless babies and their families.

"I've spoken with child life specialists at other hospitals and I have found that what Child Life offers at Le Bonheur is very special," said Hattier. "We are fortunate to have a multitude of resources and a close working relationship with the NICU medical care team."



Brown and Hattier also work with parents to provide bereavement support at end of life. They offer hand and foot molds (pictured at left) in memory of the baby's life.

Rest and Recharge

Mississippi family finds much-needed respite at FedExFamilyHouse

Since he was less than 24 hours old, Jesse Schrock has called Le Bonheur Children's Hospital his home. Born with pulmonary hypertension and a myriad of major health issues, he has required around-the-clock care since birth, and parents Esther and Joseph are thankful for the compassionate and expert care their son receives.

"Le Bonheur has been amazing, and I would not have wanted my son to be treated anywhere else," says Esther.

While the family is beyond grateful for Jesse's care, the hospital is located nearly 150 miles from their home in Mississippi, and the thought of a 2 ½ hour commute to visit their infant son is simply unfathomable.

The first day they arrived at Le Bonheur, a social worker arranged for Esther and Joseph to lodge at FedExFamilyHouse, where they've been staying since June

of 2020. While their son is being cared for at the hospital, the couple has a comfortable place of respite just nearby.

"The best thing about FedExFamilyHouse is being able to sleep in a real bed without worrying about being two hours away if something happened. I can get right across the street quickly if I'm needed," says Esther.

Jesse's life has not been an easy one. He was transferred to Le Bonheur immediately after he was born, where he stayed in the hospital's Pediatric Intensive Care Unit for a week until he was stable enough to move into the NICU. Although his pulmonary hypertension has resolved itself, he was left with multi-systematic effects from a neuropathic disorder that has resulted in severe weakness that affects his breathing, swallowing and heart.

While they know his condition is complicated, scientists



don't know much about it. Because he was born with little to no control over his muscles, doctors initially thought he suffered from Spinal Muscular Atrophy — the most common hereditary neuropathy of infants. But since that screening was negative, broader testing occurred. Following genetic testing, he was found to have a gene mutation found in only 10 other kids worldwide, Hereditary Sensory Autonomic Neuropathy Type VI (HSAN Type VI).

"FedExFamilyHouse has been so great! The rooms are amazing, and the service is wonderful. If we need something the staff is always there to help, and they are super friendly."

Esther Schrock, Jesse's mother

Jesse lacks muscle tone, battles neuropathy and is unable to sleep with his eyes closed. He's been on a feeding tube since he was 2 months old, and he could be dependent on the ventilator forever.



Jesse Schrock receives the expert care for his neuropathy that he needs at Le Bonheur — 2 ½ hours away from his Mississippi home — and his parents stay across the street from the hospital, free of charge, at FedExFamilyHouse.



Esther Schrock has found a place of comfort and hope at FedExFamilyHouse.

Despite these challenges, Jesse has already overcome and met milestones that no one ever expected. He is now being cared for in the Intermediate Care Unit for vent and trach training, which are the steps needed to finally go home to Aberdeen, Miss.

Without FEFH, Esther and Joseph could not be as actively involved in Jesse's care as they are now, and for that, the family is extremely grateful. Not only is FEFH logistically beneficial, but it also allows the parents to rest and recharge so they can mentally stay focused and positive about their son's care.

"FedExFamilyHouse has been so great! The rooms are amazing, and the service is wonderful.

If we need something the staff is always there to help, and they are super friendly," said Esther.

FedExFamilyHouse

A SHOULDER TO LEAN ON

Doctors and social work team develop NICU screening program to connect parents with mental health support



Neonatologist Jennifer M. Davidson, DO (far left), and social workers (second from left to far right) Toya Pride, LCSW, Tanekia Jones, LMSW, Jacqueline Thomas, LCSW, and Barbara Williams, LMSW, created the NICU Perinatal Mental Health Screening Initiative to help to identify parents in need of mental health intervention. The goal: help parents and the neonate.

One in seven new moms experience postpartum depression or anxiety. One in 10 new dads have parallel symptoms.

And knowing the effect that parental mental health has on the physical health of a neonate, Neonatologist Jennifer M. Davidson, DO, realized that Le Bonheur's Neonatal Intensive Care Unit (NICU) had a chance to intervene early in a child's life.

"We have always acknowledged the stress in a stay in the NICU," said Davidson. "The NICU has a unique opportunity to provide mental health support for parents to the benefit of the children in the unit."

Mental health struggles can be a driving factor that keeps parents from visiting their child in the NICU. The more a parent is present during a NICU stay, the better the long-term outcomes for the child. Davidson believes that by intervening in a parent's mental health, Le Bonheur can

positively affect the physical health of a child for years to come.

Working closely with nurses, child life specialists and lactation consultants, Davidson and the NICU social work team developed the NICU Perinatal Mental Health Screening Initiative to identify parents in need of intervention and to provide needed mental health support with the ultimate goal of improving health outcomes for neonates.

BUILDING A PROGRAM

Le Bonheur's Social Work team consists of professionally trained and licensed master social workers who help patients and families with a variety of issues that may arise as a result of a child's illness. Prior to the implementation of the formal program, social workers provided mental health screening throughout the hospital — but only if the parent was referred. They noted a trend: The vast majority of referrals were coming from the NICU.



Jennifer Davidson, DO, and the NICU social workers meet weekly to discuss mental health screening results and parents who may need to be referred to a higher level of mental health support.

Common Challenges and Stressors for NICU Parents:

- Lack of transportation or child care for other children at home, inhibiting visits with patient
- Work schedule
- Shock of unexpectedly having a critically ill or preterm baby
- Lack of understanding of medical terminology or baby's diagnosis
- Uncertainty on how to bond with baby or participate in their care
- Postpartum mental health issues

In 2020 alone, social workers screened 115 neonatal parents.

"Parents with newborns in the NICU face unique challenges and stressors including, but not limited to, postpartum mental health struggles. We knew that we needed a formal structure to provide these parents with the best support we could offer," said Davidson.

Licensed Psychologist Carlos Torres, PhD, The NICU Perinatal Mental Health works with NICU parents to help them cope during their child's care at Le Bonheur. Screening Initiative was implemented in February 2020, and social workers now screen all mothers who have a baby in the NICU with a stay in the hospital longer than two weeks, using a standardized depression screening tool. This screening identifies possible mental health diagnoses, what interventions would be most beneficial and whether the parent is open to receiving help.

"On top of all the stressors of having a baby in the NICU, we see families from different backgrounds who may have other life stressors or mental health issues that metastasized with having a NICU baby," said Tanekia Jones, LMSW.

Subsequent interventions and support fall on a three-tier continuum. Parents who need the lowest level of support are provided with typical NICU support such as social work and child life to cope with stressors present at home or related

to the birth of their child. The second tier consists of more focused social work support and education. Parents have a brief consultation with Le Bonheur Licensed Psychologist Carlos Torres, PhD, where they are given coping strategies to apply to their situation.

And the highest level is clinical support which includes one-on-one counseling and frequent follow up with a psychologist. Medication support is provided when needed, and the team continues to track any cognitive or behavioral symptoms.

"We are always asking the question 'Does this mom have good support?'' said Davidson. "Social support is key for parents with mental health struggles. We can ensure

> that parents who need it are connected with others whether through individual counseling or parent support groups."

Support doesn't end when a child is discharged from the NICU. Social workers create a discharge plan for parents to ensure continuity of care including connecting

parents to a community provider for counseling when needed.

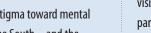
"We have a lot of families from rural areas and we work to find community resources close to their home," said Jones.

LASTING CHANGE

One of the roadblocks that Davidson and her team uncovered was the stigma toward mental health that still exists in the South - and the

unique issues that Memphis families face in that regard.

"For a lot of parents, I might be the first mental



The NICU in Numbers (2020)

519 total NICU patients

199 parents eligible for screening

115 parents screened

families referred for mental health support

health professional they have ever spoken to," said Torres. "Trying to upend a cultural stigma in a hospital setting is hard and requires a listening ear to judge the situation."



Mental health intervention for parents can directly improve the health of the neonate. By improving parental mental health, neonatologists hope to decrease the length of hospital stays, increase parent visits and increase bonding between parent and child.

Success in the fight to provide mental health support leads to more than just improved parental mental health — it's a chain reaction delicately interconnected with the child's physical health.

"For a lot of parents, I might be the first mental health professional that they have ever spoken to. Trying to upend a cultural stigma in a hospital setting is hard and requires a listening ear to judge the situation."

Carlos Torres, PhD, Le Bonheur psychologist

The better the parent's mental health, the more often they visit their child in the NICU. And the more time a parent spends in the NICU with their child, the better the child's long-term outcomes.

Over time, Davidson hopes to effect change in the physical health of NICU babies by decreasing the length of hospital stays and increasing parent visits thereby increasing bonding between a parent and child.

> "We're trying to help parents be present more often," said Davidson. "Integrated behavioral health is embedded in what we do at Le Bonheur, and the NICU strives to start this chain reaction from a baby's first days of life."

BIG IDEAS FOR TINY PATIENTS

Le Bonheur Research Impacts the Lives of Babies

Improving the care our Neonatal Intensive Care Unit offers is a driving force for nurses and doctors at Le Bonheur. Two studies recently conducted by Le Bonheur scientists are doing just that. to find a way to help both mother and child in this unique situation by introducing the process of sham feeding to a group of 15 patients who qualified for this initial study. Sham feeding is the process of offering an oral feeding followed

SHAM FEEDING: A SOLUTION FOR MOTHERS, BABIES AFTER SURGERY

Newborns who've undergone bowel surgeries can have a significant delay in recovering their ability to suck, because they are unable to consume food by mouth, postoperatively. While this creates a physical challenge for the baby, not feeding their baby - whether by bottle or breast - can also take a toll on mothers, leaving them feeling helpless and unable to nourish their baby.

Doctors at Le Bonheur set out



A Le Bonheur patient participates in sham feeding after surgery. This unique feeding can offer benefits for the health of the baby and lower a mother's stress levels.



by the removal of the feed before digestion. Gastrointestinal suction takes place during the feed and for an additional five minutes after the bottle or nursing is complete.

In this pilot study, 15 patients were able to safely sham feed with a total of 312 feeds, and all mothers reported a reduction in stress. All the mothers said they would recommend sham feeding, and 86% felt that feeding their child improved the bonding relationship.

EARLY PDA CLOSURE MAY IMPROVE OUTCOMES IN PREMATURE BABIES

Le Bonheur Cardiologist Ranjit Philip, MD, and Medical Director of Interventional Cardiac Imaging and Interventional Catheterization Laboratory Shyam Sathanandam, MD, recently completed important research on patent ductus arteriosus (PDA), a medical condition in which a part of the heart — the ductus arteriosus — fails to close after birth.

Their research shows that premature infants with extremely low birth weights (ELBW) may benefit from a heart procedure to close the PDA earlier in life than previously thought.

A study performed by Philip and his team followed 100 premature infants with significant PDA. Infants in the study were separated by age. The grouping included babies younger than 4 weeks old (Group 1), babies 4-8 weeks old (Group 2) and babies older than 8 weeks (Group 3).

While all of the patients required ventilator support at the time of the surgery, the smallest babies (Group 1) were able to breathe without assistance significantly faster than those who had the procedure later in life



Le Bonheur research has shown that babies requiring PDA closure surgery, like the patient pictured above, benefit from surgery earlier in life than previously thought.

(Groups 2 and 3). The study also found that babies who had the heart procedure done earlier gained weight more rapidly.

"Growth during the four-to-eight-week period is important for the overall outcomes of these ELBW infants," said Philip. "This further supports the notion that earlier PDA closure would be beneficial for ELBW infants."

HOW YOU MAKE THIS HAPPEN?

Every day research teams at Le Bonheur make discoveries, hypotheses and decisions that further advance medical care for children across the world. These experts take their passion for science and medicine to significantly improve and save the lives of sick children.

Without donors like you, this would not be possible.

Generous giving and steadfast support provide Le Bonheur with the resources, equipment and tools needed to undertake these major studies. Your support truly saves lives.

Please continue to help through giving, as your donations allow Le Bonheur to make this critically necessary research possible.



Mom joins the NICU team after receiving great care

ed linens crisp. Spotless
floors sparkling. Le Bonheur
Environmental Services (EVS)
worker, Waynecia Williams, takes pride in
keeping the Neonatal Intensive Care Unit
(NICU) clean and tidy.

For Waynecia, the NICU is not just where she does her job, but also the place her son spent six months of his life.



MJ Williams was born at only 24-weeks gestation and required a six-month stay in the Le Bonheur Neonatal Intensive Care Unit.

Born at
24-weeks
gestation,
Marquavius
Williams, Jr.
(MJ), weighed a
tiny 1 pound,
6 ounces.

MJ had a problem with his heart and needed a surgery to close

the hole in his heart. His birth hospital transferred him to Le Bonheur for the procedure.



Le Bonheur Environmental Services attendant Waynecia Williams, takes pride in keeping the NICU clean and welcoming, especially Room 448, where her son MJ spent several months as a patient.

He stayed for six months while he gained weight and had a G-tube inserted. He was also treated for pulmonary issues — relying on a ventilator for several months — and stage 4 brain bleeds.

During their stay Waynecia and her husband, Marquavius, grew close to MJ's care team and thought of them as family.

"They were so wonderful, giving me more information about what was happening with my son," said Waynecia. "It was more than just a job to them, it was something they genuinely wanted to do."

After six months of expert care in the NICU, MJ was able to leave Room 448 and go home. A few weeks later, his mom brought him back for a followup appointment at Le Bonheur and ran into a former co-worker who was serving in an EVS supervisory role at Le Bonheur.

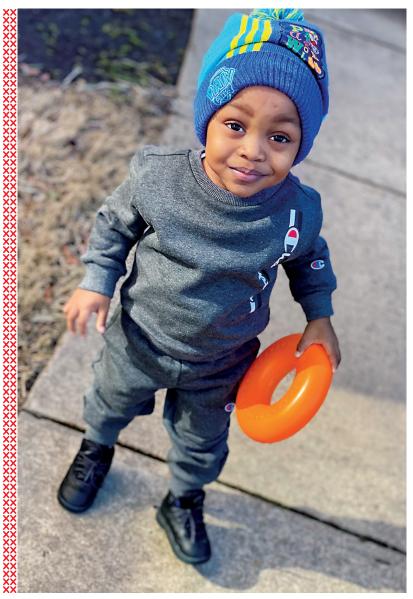
"I loved seeing how the NICU team interacts with the parents. There are no strangers, everyone is family and I knew I wanted to be a part of that."

Waynecia Williams, Le Bonheur Environmental Services



MJ Williams' parents, Waynecia and Marquavias, became close to his care team during their son's time in the NICU and thought of them as family.

They are grateful for the expert care their son received at Le Bonheur and for the miracle they say God worked in their son's life.



3-year-old MJ Williams loves playing outside and spending time with his family.

At the time, Waynecia was working as an EVS attendant at Methodist Germantown. Waynecia learned that there was an opening at Le Bonheur and quickly applied when she got home.

"I loved seeing how the NICU team interacts with the parents," said Waynecia. "There are no strangers, everyone is family and I knew I wanted to be a part of that."

Following interviews, she received word she had gotten the job at Le Bonheur. As fate would have it, she was assigned to the NICU floor

Today, MJ is an active and thriving 3 year old and Waynecia is part of the NICU family that was so welcoming to her when her son was a patient. Knowing how stressful it can be as a NICU parent, Waynecia always goes the extra mile to provide a compassionate ear and a clean environment on the fourth floor.

"My job is so rewarding, I love getting to see the babies go home," said Waynecia. "I enjoy bringing a positive attitude to the NICU team."

You can help kids like MJ by leaving a gift to Le Bonheur in your will or trust.

You can leave a specific amount of money, a specific asset, or a percentage of your estate to Le Bonheur. Should circumstances change, you are able to revoke this gift and you also maintain control of the assets during your lifetime.

Cathy Wilson, Le Bonheur Foundation's Director of Planned Giving, can join you and your advisors to discuss and choose the gift that works best for you, your loved ones and the children who need Le Bonheur today and in the future.

To learn more, please contact Cathy at: 901-287-5575 or catherine.wilson@lebonheur.org



Le Bonheur Pumpkin Run Virtual 5k &10k

The 16th annual Le Bonheur Pumpkin Run 5k & Family Walk was held virtually from Oct. 16-19, 2020, with a 10k option offered for the first time. Our 1,723 participants raised more than \$141,000. Save the date of Oct. 16, 2021, and join the fun!



Gurus of Golf

This year's event looked a little different, but the 12th Annual Gurus of Golf still managed to raise more than \$250,000 for Le Bonheur Children's Hospital.

If you are interested in participating in the 2021 tournament, please contact, Nellann.mettee@lebonheur.org.





Enchanted Forest Festival of Trees

Visitors to this year's Enchanted Forest enjoyed time with Santa in his snow globe as we kept the tradition alive while following COVID-19 safety measures. Guests got in the holiday spirit with a journey through the Enchanted Forest Festival of Trees at the Pink Palace Museum!



Love's Le Bonheur Bass Classic

Love's Le Bonheur Bass Classic was held on Sept. 12 at Pickwick Landing State Park to benefit Le Bonheur Children's Hospital. The fishing tournament raised more than \$35,000 for Le Bonheur. Love's has partnered with Children's Miracle Network Hospitals for more than 20 years, and thanks to support from individuals and businesses, they have contributed more than \$29 million nationally so far.

Permit No. 225

848 Adams Avenue Memphis, Tennessee 38103

Address Service Requested

You are the heart of Le Bonheur. Thank you for keeping our heart strong.

Our donor list is available online at www.lebonheur.org/donorlist