A GREAT BEGINNING
The Woman’s Hospital 1983 Report to the Community

1968-1983
What’s well begun, is half done.
— Horace 29 B.C.

With the birth of every child comes not only a new life, but a new hope for the world as well. And with every surgical operation also comes a new hope, and a new life.

The history of Woman’s Hospital is traced in the lives of the many people, who have for the past 15 years dreamed and planned to build the hospital, cared and worked to continue the tradition, and who trust the hospital with their lives and health.

This is not a traditional annual report. The statistics and financial information are here, but there is more. We believe the best way to remember the past year is through the people who made the year what it was.

The three families profiled represent a tiny fraction of the patients who passed through our institution in 1983, but their stories show best how Woman’s Hospital serves its community.
Special Care for Special People

Tiny Kellie Rosato brings new life to the title phrases, "miracle of birth," and "miracle nurse." Kellie, nicknamed "Roo" by her friends in Women's Hospital's Perinatal Intensive Care Unit, is one of the smallest babies ever to survive. She weighed just one pound, one ounce at her birth, August 15, 1983. She was to spend the first 6 months of her life in the hospital.

"The pregnancy itself was a surprise, and so was the prematurity," said mother Connie Rozato. "When I got to the hospital in labor, my obstetrician told us that the baby's chance for survival was very slim, less than 10 percent."

"When she was born, we were so afraid that she would die and they wouldn't let me see her. The doctor brought this tiny, tiny baby. It seemed like he had her in a wad. He said to her, 'kiss your mom,' and I looked at her and didn't think there was a place on her big enough to kiss."

"I never thought she would live. I was scared to even hope she would survive. I didn't want to get too attached to her," Connie said. "I first saw her when I got out of the shock, and I was shocked all the way she looked. I too, didn't think anything that little could live."

Despite their efforts to the contrary, Connie and Russell grew stronger together, as they did the nurses, therapists and doctors. Kellie had many serious heart and lung problems stemming from her prematurity. She had many life-threatening setbacks. "It seems as if every obstacle, every crisis, she's pulled through, and just as we start to relax, another problem comes up, and it feels like you've been slapped in the face again," Connie said.

"All the scars start over again," Russell said.

"We could have never dealt with the ups and downs if it weren't for the nurses, respiratory therapists and aids talking to us, encouraging us, treating us like we were part of the family," Connie said.

"Kellie's become much more than a patient. She's like our own child.

"I just relate to them as another human being, and I try to shoulder their problems for an instant."

Russell and Connie Rozato with six-month-old Kellie.

Photo by Red Ziets

KIM BONNETTE, RN, KELLIE'S STAFF NURSE IN NICU.

"I feel it if I can let the parents leave with a little more hope, if I can allay their fears. I've done a lot to help the baby. Because then the parents can relax when they're with the baby, and nothing takes place."

"And, when they take the baby home, it's like he was never away from them."

"One of the respiratory therapists, Charlie Vaught, really helped us through our darkest times, by giving us a sense of humor. He made us laugh when we wanted to cry, all the staff did," Connie said.

"Charlie Vaught, Respiratory Therapist."

"I try to take the parents out of the situation just for a moment, to convince them that there's something beyond what they're feeling at the time. If all you can do is make them laugh at you, then that's what you do."

"We can't always stop the hard times from happening, but we try to help the parents realize that life goes on."

"I try to shed the 'medical professional' image, because parents can't relate to you that way. It's like a child trying to relate to an authority figure."

"I just relate to them as another human being, and I try to shoulder their problems for an instant."

"I call up here at all hours to see how she's doing. I work shift work and sometimes at about 4 a.m., I'll say to myself, just one call to check on Kellie. Russell said "and no one has even made me feel I'm a bother or that I'm foolish for calling.""We've lived for the day when we can take her home, but now that the time is here, we have mixed feelings. It's frightening to know we'll be alone responsible for her care, now," Connie said.

KIM BONNETTE

"It will be hard for me too. I'll be happy for Kellie, because she can finally begin her life, but it will also be very sad. I'll be on duty when she leaves, I'll probably break down and cry. Kellie's become much more than a patient, she's like our own child."

CHARLIE VAUGHT

"These children become like our own, but even our own kids leave us eventually. That's part of growing, we just have to accept that."

"When the parents leave the NICU, they've grown through a lot of suffering and sacrifice. So I knew the baby is really wanted, that he's going to a warm, loving environment."

"That makes it easier for me to say goodbye."

Surgery in a Day

Many hospitals refer to the procedures done in their outpatient surgery unit as minor surgery. Not Women's Hospital.

"No surgery is minor, unless it happens to someone else," says Pat Farrow, RN, the head nurse in Women's Hospital's A-1 and Warren Farr Day Surgery Unit. The Day Surgery nurses have a unique challenge: they must anticipate their patients' questions and worries, calm their fears, care for their physical needs, and prepare them to care for themselves at home. And they have only a few hours to accomplish all this, because day surgery patients go home at the end of the day.

When Robin Reed, an elementary school teacher, was admitted to Day Surgery in August, it was her second trip to the unit. Because of a history of endometriosis, a disease causing scarring of various reproductive organs, Robin's doctor doubted she would be able to conceive children.

In 1982, he admitted her to the Day Surgery unit for a laparoscopy, a procedure which allows the physicians to look into the abdomen to see the condition of various organs.

"The surgery was successful, however. The damage was not as extensive as he expected."

"He found one of my tubes was blocked completely, but the other was open," Robin said. "He decided to put me on medication for the endometriosis. The medicine didn't help, so when it happens to you, you really don't know how to feel. I tell my patients that I know what they're going through, because the same thing happened to me."

"I try to prepare them for anger, depression, and grief, because you really do grieve for the baby. And, I try to prepare them for the things other people will say. People will sometimes say insensitive things like you can always get pregnant again, which means nothing to a mother who is grieving for that child."

"It's a difficult time, but I know from my own experience that time really does heal wounds."

"I needed someone to tell me those things, because I found that so many people, when you have a miscarriage, just ignore it. They think it's better to say nothing, which I found not to be true. I rather people know it happened and say anything."

TERRY ZIGLIER, RN, STAFF NURSE, DAY SURGERY.

PLO FURLOW, RN, HEAD NURSE, DAY SURGERY.

We have only a little while with our patients, but it's amazing how much time we can make for them, especially if we sense that they're afraid or apprehensive. We have to read minds sometimes.

Read a quote once to an article about day surgery. It said you admit a stranger, but you discharge a mother and it was, that's exactly how we feel here.

I love this unit. I feel like I've really accomplished something when I go home at night.

(Editors' Note: Robin Reed and her husband, Dan, are expecting a baby in September.)

"You admit a stranger, but you discharge a friend. It's true, that's exactly how we feel here."

Dan and Robin Reed with their pet cat, Samantha.

Photo by Red Ziets

"Miscarriage is something most people don't talk about, so when it happens to you, you really don't know how to feel. I tell my patients that I know what they're going through, because the same thing happened to me."

"It's a difficult time, but I know from my own experience that time really does heal wounds."

"I needed someone to tell me those things, because I found that so many people, when you have a miscarriage, just ignore it. They think it's better to say nothing, which I found not to be true. I rather people know it happened and say anything."

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A Celebrated Arrival

Ellie Thibodeaux and Jack Whitbread with their six-week-old son, Michael.

I remember making Ellie look at me, taking her face in my hands and telling her not to take her eyes off me.

I never get tired of seeing birth. I think the birth of a baby is the most wonderful sight in the world. It amazes me every time.

Unused to practice the breathing and relaxation exercises. When Ellie's labor began December 29, she and her husband were well prepared. They arrived at the hospital just after 3 a.m.

For Ellie Thibodeaux and Jack Whitbread.

Photo by René Eiste

Ellie Thibodeaux and her husband Jack Whitbread were among the 84 couples who delivered in the birthing room in 1983. Their son Michael was born early on the morning of December 29. Here is their story.

Jack and Ellie each had their own reasons for their interest in Lamaze childbirth. As a registered nurse, Ellie was well educated in the clinical aspects of childbirth, but wanted to know "what it was really like.

"I was not completely opposed to having anesthesia for childbirth. My primary concern was that I wanted the baby to be very alert, and I wanted to be very aware of what was going on. When people asked me if I was going to 'give all the way' with Lamaze, I'd say if I could handle it I would, but I was open-minded," she said. Jack was less enthusiastic about Lamaze classes, but relied on Ellie's judgment. As a law student, and certified public accountant, he had little experience in the area.

"I have a weak stomach," he said. "Even the films in Lamaze class were difficult for me to watch, they bothered me.

"My time with Ellie is very limited, since I'm in law school. So Lamaze classes made a lot of sense for the time I have available," he said.

Ellie Thibodeaux and Jack Whitbread.

Photo by René Eiste

LAMAZE TEACHER AT WOMAN'S HOSPITAL

People come to Lamaze with all kinds of ideas and goals. When I teach a class, I talk to the couples on the very first night, that my goal for

There is no "the very best experience" they can have, regardless of whether they have a normal delivery or a Caesarean section, regardless of what techniques they use.

I try to give them a realistic picture of what's going to happen. When they go into labor, no matter what happens, I want them to be able to say, 'This is okay. I'm ready for this because Nancy told me it might happen.'

We met so many nice people in the class. Ellie said. 'We would all talk and realize our problems and experiences were not unique. It was fun.

I learned a lot too," she said. 'It had been 11 years since I had an OB experience involving Lamaze. I have helped me a lot. Nancy gave me my personal experiences.

After the classes ended, Jack and Ellie con

the sound of her voice. She was in complete control of the situation."

With their confidence regained, Ellie and Jack continued.

At 6:02 a.m., the atmosphere in the birthing room changed from one of tension and hard work to one of celebration and joy, comparable to that of any other life event.

Jack and Ellie were not alone in their celebration of Michael’s arrival.

"I really felt as though the staff genuinely shared our joy and excitement. There was so much warmth in the room. It was a very happy place to work," Jack said.

LORA TAYLOR

We really did share their excitement, we always do. Almost always cry when I see a baby born.

I don’t believe nurses in Labor and Delivery become so devoted to the childbirth experience, and if you’ve been helping a Lamaze couple, you are genuinely involved, because you spend so much time with them.

Of course, if you make the commitment and get involved with the couple, you also commit to sharing their sorrow and disappointment if something goes wrong, and occasionally it does.

NANCY TONGUE

You do feel the excitement and the joy. And you take care of someone through labor. You can’t help but be excited at the delivery. I love my job. And I think most of the staff in the hospital feel the same way. And think it comes across to the patients in the care we give. I never get tired of seeing birth. I think the birth of a baby is the most wonderful sight in the world. It amazes me every time.

I really was not nervous at all. There’s a difference between watching something on a film, and actually being there. I had to reach quickly, to be involved. I can honestly say I didn’t bother me at all,” Jack said.

NANCY TONGUE

It’s that way with everyone. I had one father recently who was very reluctant to go into the delivery room. I finally convinced him into it, telling him he didn’t have to watch, he just had to be there with his wife. Once the delivery started he changed his mind. He didn’t quite talk about how beautiful it was.

One of the nicest things about the birthing room was that we were able to call our families and friends right from the room. People were really shocked that we were calling from the delivery room, that they could hear the baby cry."

Ellie said.

One of my friends said, ‘You’ve just had a baby and you’re able to talk?’

Ellie said. They spent a few minutes to have the very best possible experience.
**Woman's Hospital Operating Expenses**

**WHERE THE HEALTH CARE DOLLAR GOES**

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**ADMINISTRATION AND DEPARTMENT HEADS**

- **Dot Martin, RN**
  Supervisor, Central Sterile Supply
- **Betsy Holloway, RN**
  Education Director
- **Carol Paris, RN**
  Employee Health Nurse
- **Cynthia Morris, RN**
  Supervisor, Gynecology
- **Vi Brown, RN**
  Infection Control Nurse
- **Mary Jo Mergen, RN**
  Supervisor, Labor and Delivery
- **Kay Latham, RN**
  Supervisor, Postpartum
- **Joaan Montrose, RN**
  Supervisor, Surgery
- **Debbie Hall, RN**
  Supervisor, Recovery Room and Day Surgery
- **Beth Manning, ACSW, BCSW**
  Director of Social Services
- **The Rev. Tommy Sinclair**
  Chaplain
- **Ron Kennedy, BRT**
  Respiratory Therapy Supervisor
- **Avis Hope**
  Personnel Services Supervisor
- **Phyllis Jaffers, RPH**
  Pharmacy Director
- **Dee Brandt**
  Public Relations Director
- **Gene Barkley**
  Purchasing Director
- **Josephine Mohr**
  Volunteer Services Director
- **Anne Evans**
  Hospital Auxiliary President
- **Cynthia Rahalals, RT**
  Chief X-Ray Technician
- **Bart Champagne**
  Building Operations Manager
- **Jan Stewart, RD**
  Food Services Manager
- **Mets Hightower**
  Gift Shop Manager
- **Hansan Maatouk**
  Housekeeping Manager
- **Harry Wilson, MT(ASCP)**
  Pathology/Nuclear Medicine Laboratory Manager
- **Judy Roberts**
  Librarian
- **Nancy Crawford, RRA**
  Medical Records Director

**1983 MEDICAL STAFF OFFICERS**

- **Frederick Lind, M.D.**
  Chief of Staff
- **Holly Ayres, M.D.**
  Vice Chief of Staff
- **David Planche, M.D.**
  Secretary-Treasurer
- **Eugene Thelot, M.D.**
  Chief of Anesthesiology
- **Evelyn Hayes, M.D.**
  Chief of Gynecology
- **Clifford Schwartzberg, M.D.**
  Chief of Obstetrics
- **Douglas Gordon, M.D.**
  Chief of Medicine
- **Marvin Stucky, M.D.**
  Chief of Pathology
- **Jack Holden, M.D.**
  Associate Chief of Pathology
- **Lawrence Rieppel, M.D.**
  Chief of Pediatrics
- **Nancy Trainor, M.D.**
  Co-Director of Neonatology
- **Robert Bennett, M.D.**
  Co-Director of Neonatology
- **Allie Woolfolk, M.D.**
  Chief of Radiology
- **Adrian McInnis, M.D.**
  Chief of Surgery
- **Williams Wall, M.D.**
  Chief of Urology
- **Cary Dougherty, M.D.**
  Gynecologist
- **Joseph Griffin, M.D.**
  Vice President, United Companies
- **Thomas Hightower**
  Administrator
- **Sharon Knight**
  Director, Office of Governmental Affairs
- **Lousiana State Medical Society**
  James Lalloche
  Retired, Exxon Chemicals, USA
- **Fritz McCallister, Ph.D.**
  Director of Continuing Education, LSU
- **Richard Miller, M.D.**
  Obstetrician
- **John Musell**
  Executive Vice President
- **Fidelity National Bank**
- **Harvey Fosler**
  Attorney-at-Law
- **Joe A. Presley, M.D.**
  Obstetrician and Gynecologist
- **Rosemary Haas Williams**
  Attorney-at-Law

**1983 BOARD OF DIRECTORS**

- **President**
  David Walker
  Executive Vice President
  ABBORON Insurance Company
- **Vice President**
  Charles Redman
  Senior Vice President
  Fidelity National Bank
- **Secretary-Treasurer**
  Ben Thompson, M.D.
  Pediatrician
- **Lawrence Rieppel, M.D.**
  Chief of Pediatrics
- **Nancy Trainor, M.D.**
  Co-Director of Neonatology
- **Robert L. dibenedetto, M.D.**
  Obstetrician and Gynecologist
- **Donald Diebold, M.D.**
  Gynecologist

**MEDICAL STATISTICS**

**YEAR ENDING SEPTEMBER 30**

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**1983**

- Cary Dougherty, M.D.
  Gynecologist
- Joseph Griffin, M.D.
  Vice President, United Companies
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  Administrator
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  Director of Continuing Education, LSU
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  Executive Vice President
- Fidelity National Bank
- Harvey Fosler
  Attorney-at-Law
- Joe A. Presley, M.D.
  Obstetrician and Gynecologist
- Rosemary Haas Williams
  Attorney-at-Law
The Year in Review

Though changes such as new programs, new equipment, or new services draw attention and headlines, other changes, if more subtle, are just as important. Such were many of the changes that characterized Woman's Hospital's 15th year.

The year saw Woman's Hospital join health care institutions throughout the nation in a greater emphasis on community service, on bringing the hospital services to those outside its walls, and to an acknowledgement that community and patient education is an important function of a hospital.

An example of Woman's Hospital's growing emphasis on community service is the hospital's strong commitment to discourage smoking in the hospital among employees, patients and visitors.

In the summer the hospital Board of Directors and Medical Staff approved a controversial policy which greatly restricts smoking in the hospital. The policy is accompanied by an educational campaign, including free quit-smoking clinics conducted for employees by the American Cancer Society.

The year was also marked by several new educational programs for patients, the community, and the hospital staff.

The Education Department sponsored the first Childbirth Fair on May 7, 1983, with 10 sessions on various topics of interest to new and expectant parents.

Pre-operative classes were begun for patients undergoing gynecological surgery. Internationally known author Elisabeth Bing participated in a workshop for childbirth educators Sept. 29, and several widely known experts were featured at the hospital's annual Grazzagnino-Collins Memorial Lecture for physicians April 27. This year's topic was sexually transmitted diseases.

One of the most exciting announcements of the year came in January from the American Academy of Nursing. Woman's Hospital was one of 41 hospitals, the only one in Louisiana, cited as models of nursing practice.

The Academy said the hospitals named all had knowledgeable leadership, gave nurses the opportunity to deliver high quality care, and provided for professional growth and education.

As the hospital continues to look for ways to serve Baton Rouge women and infants, it must deal effectively with many outside forces, such as the economy and government regulations.

One of the most pressing issues facing Woman's Hospital, and all hospitals, is the federal government's new method of reimbursing medicare patients. This program, called the DRG program (diagnostic related groupings) has forced hospitals to make many changes in methods of financial management.

The hospital promises a growing emphasis on family centered maternity care. Recommendations written by the Cybele Society, an international organization devoted to making childbirth a family experience, will be presented to the hospital this spring.

And, the hospital will continue to look for new ways to provide service to its day surgery patients.

Day Surgery has all of the advantages of a freestanding outpatient surgery unit, with many advantages of its own, including complete emergency services available for unexpected problems.

The hospital's Neonatal Intensive Care Unit, known nationally for progressive and sophisticated care for newborns, will begin reaching to areas outside Baton Rouge with the establishment of the NICU Transport Team.

The transport service will enable Woman's Hospital to extend its care to infants throughout the area in need of specialized care.

But for all the things that will change at Woman's Hospital, many will remain the same.

We hope our commitment to respect the patient as an individual will never change. We hope the values which carried the hospital from 1968 to today will remain forever unchanged.

And finally, we hope you, our community, will continue to give us your trust, support and suggestions for change.

It is only through this valued partnership that Woman's Hospital can continue to serve Baton Rouge women and infants.

Elisabeth Bing, an internationally known author, was the featured speaker Sept. 29 at a Woman's Hospital workshop for childbirth educators. She is the author of many books on pregnancy and childbirth, including "Having a Baby After 30," and "Six Practical Lessons for an Easier Childbirth," which is published in six languages.