

FETAL SURGICAL NURSING

By Mariah Williams

Fetal Surgery is a relatively new and rapidly developing field. When Nurse Terri Maitino contacted me about her work as a nurse in private practice with a fetal surgeon, I was eager to feature her nursing specialty. Here is what she has to share with us.

Terri Maitino, RN



FOR MORE INFORMATION ABOUT THIS SPECIALTY, CONTACT:

Terri Maitino, RN
 tmaitino@chla.usc.edu

WEBSITE:
<http://www.nnurbaa.org/>

RESOURCE:
<http://www.fetalhope.org/>

WORKING NURSE MAGAZINE: What is your title and role in this type of nursing?

TERRI MAITINO, RN: My title is as follows: "Fetal Therapy Nurse Coordinator." My job entails coordination of care for the patients of Dr. Ramen Chmait, who is one of only about a dozen Fetal Surgeons in the United States. We both work for a program through USC/Hollywood Presbyterian and Children's Partnership. My role involves talking to physicians and patients to assess the need for evaluation for minimally invasive fetal surgery. I then facilitate the patient's visit within one to two days of the initial consult, which often is difficult as a number of our patients are from out-of-state. (We have cared for patients from nine different states in the US). I then provide assistance in the Operating Room and Recovery Room. And perhaps most importantly, I offer moral support to the expectant parents throughout the entire process.

What types of procedures does Dr. Chmait perform?

The most common surgery we do is laser coagulation of the communicating vessels in twin to twin transfusion syndrome. This separates the abnormal flow between the babies. After the surgery there is an 85 percent chance for one baby surviving and a 50 percent chance of both babies surviving. Without this life saving surgery, the risk is up to a 95 percent chance the pregnancy will be lost. Dr. Chmait does several other surgeries including interuterine transfusions, shunt for bladder obstructions, and is experimentally doing a procedure to try to patch a prematurely ruptured amniotic sac. Dr. Chmait is also working on some new surgeries for the future that are innovative and will give hope to parents with varying diagnoses.



Dr. Chmait and OR team during laser surgery at Hollywood Presbyterian Hospital.



*TOP: Feet and umbilical cord of fetus during laser surgery
BOTTOM: Fetal feet.*

What is your nursing background and how did it transfer to the work you are doing now?

I was a Labor and Delivery Nurse for 23 years and I also had Operating Room experience. This position calls for someone with knowledge of pregnancy, delivery, OR, and the emotional needs that go along with high-risk pregnancies. I also have a laser certification to operate the Nd:Yag laser in the OR. Transitioning from work in a hospital to private practice, I also had to learn the office skills that go along with running the office.

Tell me about a typical day in this nursing specialty.

On the day of surgery, I arrive one hour before to check the patient and perform a limited ultrasound to document fetal heartbeats. Most importantly, I offer emotional support for the patient and family, who are usually very anxious. I dis-

cuss with the family the usual timing of events for the day. Then I go to the OR and assist in setting up. During surgery, I operate the laser machine.

I also document the surgical findings as called out by Dr. Chmait. This is a critical step to surgery involving twin-twin transfusion syndrome, in which the placental vasculature must be mapped out. I create a map of the abnormal placental blood vessels, which I then call back to Dr. Chmait so that he can target and ablate them using laser energy.

After surgery, I recover the patient, make sure to watch for uterine contractions on the tocometer and treat the contractions when necessary in consultation with Dr. Chmait. Finally, I assist in transfer of the patient to Labor and Delivery. The patient always has access to my contact information, so she can reach me at any time. Patients and families are usually very anxious at this time because they



Feet of fetus during laser surgery.



Fetal band during laser surgery.

know that the first 24 hours after surgery are critical in regards to the welfare of the pregnancy.

My duty on non-surgery days varies. Often we perform follow-up sonograms on former patients, or I talk to prospective patients and assist in obtaining insurance authorization. Because all the surgical procedures performed are considered novel and are under research protocol, I spend a lot of time taking care of Investigational Review Board requirements, such as setting up the twice-yearly Data Safety Monitoring Board meetings and obtaining patient outcome data.

What do you enjoy most about this work?

My favorite aspect of this job is providing emotional support to couples who are worried about the welfare of their unborn children. The day after surgery is a stressful one. The moment Dr. Chmait places the ultrasound probe on the mom's belly and the fetus's heartbeat can be seen beating normally, everybody in the room takes a collective sigh of relief. It is a very emotional moment. To think that my job involves saving the lives of unborn children is unbelievable. I am proud and honored to work with Dr. Chmait and to be so involved in making such a big difference in people's lives.

We are holding our first Fetal Reunion at the Rose Bowl in Los Angeles, California, on September 29, 2007. To see the children who we had cared for while they were in the womb will be a wonderful day. That day will be so special to really see the cumulative impact our program has made in peoples' lives!

What challenges do you face in this type of nursing?

Our business ebbs and flows, and when it is busy, we are very busy. It can be very intense—both time-wise and emotionally. I am a single mother and it can be challenging to balance my personal life with work during our busy weeks.

How would a nurse go about pursuing this specialty?

First of all, he or she would need to live near one of the centers where this surgery is offered. The centers that offer fetal surgery are listed on a map of the country (see sidebar for website). Nurses who work for Perinatologists and regular OB's would be ideal. You can also learn more on our website (see sidebar) about our program and the fetal conditions for which we care.

I so appreciate learning more about this unique and special focus in nursing; thank you for sharing it with us!

WN

My Specialty is a column devoted to examining a wide range of nursing specialties. Each specialty is explored through the eyes of an RN in the field, in a lively interview format conducted by writer Mariah Williams. Should you know of a specialty that would be of interest to our readers, please contact Mariah at mariahspeaks@yahoo.com.