

# HOSPITALS - DOMINICAN Hospital A new approach at Dominican

## Hospital's birthing rooms change with the times

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3-15-92

**T**WO YEARS AGO, Dominican Hospital swallowed up Community Hospital, and then its birthing center. Today, Dominican's own birthing center has taken on at least some of the qualities that for more than a decade made Community such a popular place to give birth.

"Community was a special place, and it was sad to see it close," Santa Cruz obstetrician Dr. Harriet Korakas said. "But what it started has lived on."

The birthing center at Dominican, the only hospital in the city of Santa Cruz, has undergone substantial change to overcome its impersonal reputation, patients, nurses and doctors say. With her doctor's approval, a woman can now determine the kind of bed she'll give birth in, who will observe the birth and how long her baby stays in the nursery.

As a Catholic hospital, however, Dominican denies Santa Cruz-area women an option many deem important: the choice of receiving a tubal ligation during Caesarean section. Watsonville Community Hospital does offer tubal ligations.

Dominican officials say they are working with recently named Bishop Sylvester Ryan to change the Monterey Diocese's policy on the procedure.

Tubal ligations also could become available in Santa Cruz if a proposed short-stay hospital is built. The new hospital, which backers hope to open here in 1995, intends to offer both tubal ligation during Caesarean section and a personalized birthing experience, potentially siphoning away some of Dominican's patients.

Aside from the tubal ligation ban, though, Dominican follows policies not much different from those Community had. And it strives to provide the same homey atmosphere that made its former competitor popular among pregnant women.

Community opened its birthing center as an alternative to traditional obstetric wards in 1977, allowing women to give birth in double beds instead of hospital beds and stay in the same room their entire visit instead of moving from labor-delivery room to postpartum room.

Soon record numbers of babies were being born at Community. In the year the new center opened, more than 430 women gave birth at Community, compared to approximately 230 the year before.

"Community was one of the first birthing centers in California," noted obstetrician Korakas. "It started



Michelle Paulus 'made a little home' in her birthing room.

Shmuel Thaler/Sentinel



# Dominican Hospital

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something — there was a real family feeling.”

Dominican opened its own birthing center in 1980, but that facility did not win the same kudos.

“Community had a more home-type atmosphere. Dominican seemed a little more professional,” recalled Santa Cruz resident Mary Ellen Cunningham, who has given birth at both hospitals. “There was just so much less hospital influence at Community than at Dominican.”

In March 1990, Dominican bought Community Hospital for \$12 million. It closed the Community birthing center five months later.

Dominican had remodeled its obstetrics unit shortly before the buyout, said Robin Courtney, Dominican’s manager of obstetrics, but the hospital decided to revamp the ward again.

“When consolidation came along and we had to increase the services we were providing, they allowed redecoration,” Courtney said. “That was a benefit of the consolidation.”

Before the buyout, each postpartum room contained two beds separated by a flimsy partition, Courtney recalled. In the post-buyout remodeling, the hospital ripped out the partitions to create much larger single-bed postpartum rooms.

Some women don’t like moving from the labor-delivery area to the postpartum area after giving birth, Courtney said, so the hospital equipped seven rooms for women who prefer a single-room stay.

In the two years since the buyout, carpet has been added to the hallways, muffling nurses’ footsteps and the wheels of the mobile carts. Rooms have been papered with attractive flower prints. Babies now sleep in a nursery painted pale yellow, with rabbit-patterned borders.

Dominican also imported much of Community’s furniture after the buyout. In seven of the 16 postpartum rooms, women sleep underneath flowered quilts in brass double beds rather than hospital beds. Visitors can sit in stuffed armchairs or kitchen-style wooden chairs. In the labor-and-delivery rooms, women can choose between a double bed and a “birthing” bed that converts to a chair.

Santa Cruz resident Abbey Asher, who has given birth at Dominican and at Pacific Presbyterian Hospital in San Francisco, said, “I thought Dominican was much warmer than San Francisco....It might be because Dominican is older, like an old house, not so high-tech.”

The recent changes aren’t limited to cosmetics, said Santa Cruz obstetrician Dr. Howard Salvay. “We have improved our nursery care at Dominican,” he said. After the buyout, “(Dominican) got Dr. (John) Mark, who ... specializes in babies. That’s something Dominican can do that Community couldn’t.”

Another post-buyout change benefits mothers who have Caesarean sections, said Janie Beverly, a Dominican labor and delivery nurse who worked at Community until it closed.

Before the buyout, Beverly said, women who had a Caesarean section at Community recovered in the birthing center while C-section patients at Dominican recovered in a surgical recovery room outside the birthing area.

After the buyout, “people were



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Abbey Asher plays with Dominican-born daughter, Shayna.

**‘The nursing staff will do anything for you but they also give you a lot of space.’**

— *First-time mother Michelle Paulus*

hoping for (recovery in the birthing center) and were very disappointed, and asked for it more and more,” Beverly said. “So classes for the nurses were held, and we’ve just started doing it. We really like it — it’s nice to be able to stay with the patient for a few more hours.”

Despite the changes, some women say Dominican’s efforts to establish a noninstitutional atmosphere have had only partial success.

“Overall, it was a good experience,” said Santa Cruz resident Ruth Mehr of her stay at Dominican late last year. But, she said, “it felt more like a hospital than at Community. Even though they changed their rooms into a birthing-center style, it just wasn’t the same.”

Anita Dilts, a Santa Cruz resident who gave birth to a son at Dominican and a daughter at Community, agreed that Dominican feels less homey than Community. “(Dominican) is like a well-oiled machine,” Dilts observed. “The nurses were great, but it was very much more the clinical institution-type situation. It was a little more intimidating to be there” than at Community.

“I had a hard time with the fact that it’s so religious,” Mehr said, referring to Dominican’s ban on tubal ligations. “The politics really disturbed me. Community wasn’t anything — you just went there and had your baby.”

Dominican may seem more hospital-like to some women because it serves far more patients than Community did. In the year before Community closed, 800 women gave birth there, according to Penny Jacobi, public relations manager at Dominican. By contrast, last year, approximately 2,000 women gave birth at Dominican.

As a result, the hospital sometimes can’t accommodate every woman’s wishes, nurses and patients say.

“Inevitably, there are going to be some changes when you put twice as many births in one place,” said obstetrician Korakas.

Although Dominican tries to offer women their choice of labor-

and-delivery beds, sometimes the hospital must deny a woman’s request.

“Dominican has one (double bed for women in labor), which they use for postpartum a lot,” said Santa Cruz resident Anne Wilkinson, who has given birth at both hospitals and was a nurse at Community. “I had told them that I wanted it, and when I went in it wasn’t available.”

The large number of patients also can force nurses to override a woman’s desire to keep her baby with her, an option known as rooming-in.

For example, nurses will examine a baby in the mother’s room if asked to do so, instead of examining the baby in the nursery as is standard. But on particularly busy days, nurses may have to take the baby to the nursery against the mother’s wishes, Beverly said.

“We can’t do total rooming-in always,” Beverly said. “It depends on the situation, how busy things are.”

Dilts described another instance of a nurse ignoring a request for rooming-in. After her daughter was delivered by Caesarean section, Dilts asked the Dominican nurses to leave the baby at her side.

“I was having a very hard time resting,” Dilts said. “One of the night nurses took it upon herself to take the baby down to the nursery to sleep. I eventually got up on my feet and went looking for her. I was really disoriented, wandering around looking for my baby. The nurse had good intentions, but it ended up not making me feel very happy about it.”

Dilts and other women emphasized, though, that they had few complaints about their stay at Dominican.

“I think the quality, dedicated nurses are there,” Dilts said. “I really leaned on them and sought a lot of advice and talked with them. I really got a lot of support.”

“The nursing staff will do anything for you but they also give you a lot of space,” commented first-time mother Michelle Paulus of Watsonville. “Very few people come in, and we’ve made a little home in this room.”