

Ob.Gyns. Scramble to Care for Displaced Patients

Care includes exams and delivering babies, but some physicians even have helped patients resettle.

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Edgar Mandeville, M.D., had to step out of his traditional role as an ob.gyn. when he responded to a call from a colleague to care for displaced patients in Baton Rouge, La., following Hurricane Katrina.

"We had 6,000 patients under one roof at one point, although the numbers were always in flux," said Dr. Mandeville, who traveled from New York City to volunteer for a week at the Baton Rouge River Center.

For the first few days, he did standard emergency department work and primary care work, "taking care of people who had run out of their medications, who had gastroenteritis, upper respiratory infections, asthma," he said in a recent interview.

The shelter was able to establish an ob.gyn. clinic when things settled down a few days later. Among the displaced pregnant women he cared for, several with se-

vere preeclampsia had to be sent to a local hospital.

One patient went into labor, "so I rode with her in an ambulance to the hospital," he said. On average, he worked from 9 p.m. to 9 a.m. each day. "I can't tell you how many people I saw daily."

The goal was to get people out of the shelter as quickly as possible, and place them with relatives in other parts of the country or in resettlement areas, he said. Countless other ob.gyns. have been offering their practices or volunteer services to displaced patients in the Gulf Coast region.

At the University of Mississippi Medical Center in Jackson, James Martin, M.D., said he and other ob.gyns. "have cared for quite a few evacuees, sometimes keeping a few in-house for a few extra days until they could find housing or return home." In one preparatory effort, his staff picked up several patients by helicopter in the 24-36 hours before Hurricane Katrina made landfall.

In addition, Dr. Martin helped place the

patients of a fellow ob.gyn. with a group in Oxford, Miss., when that physician and her family fled to Atlanta.

Christopher Wiggs, M.D., an ob.gyn. who works at Woman's Hospital at River Oaks, River Oaks Hospital, and St. Dominic Hospital in Jackson, has added patients to his daily roster since Katrina. "We'll probably see that [number] increase a bit," he said in an interview. "There's been more families absorbed into the Jackson area. A lot of people are calling this home for a while."

As far as Dr. Wiggs knows, the majority of ob.gyn. practices in the Jackson area have taken in displaced patients from New Orleans and other places affected by the storm, Dr. Wiggs said. Many of these evacuated patients have been admitted through referrals of existing patients. One of the patients in his practice, for example, referred a sister who had come to stay with family.

For the past month, his medical practice has been on "referred call," delivering babies and seeing patients who need ob.gyn. care. One of the patients whose baby he delivered was a woman from Ocean Springs, Miss., located east of Biloxi, who was at term when the hurricane hit.

"Most of the patients are pregnant, but several needed birth control pills, so we called in prescriptions," he noted. Another evacuee who was going to settle in Jackson for a while was due for an annual checkup, so Dr. Wiggs gave her a yearly

exam and gave her oral contraceptives.

The insurance status of these patients is uncertain "because every situation is different." At least for the Louisiana patients, providers in Mississippi probably would be taking care of them out of network, as "Louisiana has a heavy managed care environment, whereas Mississippi does not," he said.

Dr. Wiggs has seen some advertisements in newspapers announcing arrangements where Louisiana Medicaid and other insurance companies are waiving out-of-network penalties.

In the meantime, "we've taken care of folks who just have shown up. That's part of our job in a crisis like this."

Dr. Wiggs has heard many stories from displaced patients about their homes being under water, about losing all of their possessions.

Others were more fortunate.

One patient who gave birth to her baby under Dr. Wiggs' care after the storm "was uplifted from her home, but her everyday life should get back to normal because her house is still intact."

Theories exist that high levels of stress or physical problems such as dehydration can trigger a preterm labor, Dr. Wiggs said. Psychological issues factor significantly into pregnancy, but it's hard to measure, he said. So far, in his experience, most of these displaced patients have had a good attitude, despite the fact that many have lost their homes, he said. "They're happy to be in a place where they can have medical care provided for them." ■

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March of Dimes Eyes Long-Term Needs

The March of Dimes, which has been providing resources to sick and premature babies and pregnant women affected by Katrina, anticipates a number of long-term needs for these patients over the next 3-12 months. These include:

- ▶ The number of babies born prematurely is expected to rise, and these babies will require specialized neonatal intensive care units (NICUs), equipment, and care.
- ▶ A potentially large increase in the number of births in towns and cities such as Baton Rouge and Jackson that are housing evacuees is expected; this will strain existing facilities and services.
- ▶ More outreach workers and trained health professionals will need to be organized and deployed to provide prenatal care and counseling for displaced pregnant women.
- ▶ Updated information on available services for pregnant women and families will need to be provided as situations change; multivitamins with folic acid for women of childbearing age and pregnant women to reduce the risk

of birth defects will also be needed.

▶ Infant and child vaccines will have to be purchased for shelters and clinics.

The voluntary health agency has been assisting hospitals, shelters, and towns throughout Louisiana and Mississippi. In one effort, about 100 sick and premature babies from hospitals in New Orleans and Mississippi were airlifted or transported to NICUs at Women's Hospital in Baton Rouge, the site of a new March of Dimes NICU Family Support project. The hospital also asked the March of Dimes for help with supplies such as formula and diapers for healthy babies and those being discharged.

The agency also activated and expanded its national network of 171 "Stork's Nests," a cooperative program with Zeta Phi Beta Sorority. The program provides pregnant women with maternity clothes, baby clothes, and furniture at little or no cost; it will also enable women living in shelters and temporary housing to access health education seminars on topics such as prenatal care, nutrition, infant care, and parenting.