

I've been **thinking**...



Keeping Babies Safe  
August 2010

**I've been thinking** about birthing, bicycling, and bar coding.

This week, my youngest of five (whom I delivered at home twenty-five July's ago) gave birth to her first, also at home. Relax. Both were low-risk with certified midwives present and hospital backup nearby. While holding tiny George—my sixth grandchild—for the first time, I pondered afresh: What's a child worth?

In the [opening credits](#) of the Simpsons, baby Maggie is featured going through a supermarket checkout with the subtotal on the register reading \$243.26. How the kid ends up on the conveyor belt is hard to tell, but when the checker swipes her over the bar-code reader, the total jumps to \$486.52. Do the math and Homer's daughter is worth \$243.26.

Bankrate.com suggests it will cost my daughter and her husband \$190,000 to raise George to age 18. Is there a bankrupt.com?

Before we leave the Simpsons, what on earth was Marge thinking—not strapping Maggie into the shopping cart?

Two of my physician friends were appalled when they learned that we risked having our kids at home. *Their* son would be born in a hospital. Already the couple had done the research, purchased the safest infant car seat on the market, and bought a new Volvo (a.k.a., *safety*) in which to secure it.

Well, the toot wasn't two months on this earth, when his dad took him out, strapped him in a tiny seat on the back of his bicycle, and peddled down our lake road in the thick of Microsoft's afternoon traffic.

Volvo wagon: \$37,950  
Graco Infant SafeSeat: \$149  
Hospital: \$1,000 after insurance  
Putting the kid at risk in traffic: Priceless

Admittedly, the kid had his own little helmet. And, no doubt, the father was more careful guiding his bicycle than some fathers are driving their Volvos. But candidly, I think there's a chance the neighbor kid was at greater risk behind his dad's butt than Britney's child was that time she fled the paparazzi with her little boy on her lap.

This past April I addressed healthcare leaders in Australia who are hoping to implement bar coding to improve patient safety in hospitals across their

continent. When my host picked me up from the airport, I rolled down my window and stuck my elbow over the passenger doorframe. I was ready to enjoy a mild “Down Under” after an unseasonably cold spring in Seattle.

Quickly, he informed me that this was against the law in safety-obsessed Oz. I also got a history lesson on Aussie seat restraints, which arrived in cars and were required by law to be worn well ahead of the United States. Not only must infant seats meet government standards, but they also must be installed by certified technicians. Otherwise drivers face hefty fines.

Should parents in either country be any less concerned about children’s safety in hospitals than on highways? A few weeks after my return to the U.S., Sydney’s [Daily Telegraph](#) ran a story uncovering the fact that in New South Wales hospitals alone, 26 baby/mother mix-ups had occurred over a three-year period. These babies received other mother’s milk and were at risk for receiving other children’s treatments.

A week later, up over in the U.S., [The Orange County Register](#) reported that morphine intended for a mother was given to her child. The error was detected when the baby’s skin turned gray and its breathing slowed. The child was intubated and, thank God, made a full recovery. While everyone is sighing with relief, the hospital is paying a \$50,000 fine.

Before the month was over, the [Omaha World-Herald](#) revealed that medical staff in a local hospital erroneously administered the right medication to a 19-month-old girl via the wrong route. This time the child died as the drug was infused into a catheter connected to her jugular vein. Whatever the ensuing lawsuit cost the hospital, the little girl was worth infinitely more to her parents.

In my daughter’s birthing process, I’m pretty sure there was no chance of a mother/child mix-up. That doesn’t mean home birth is for everyone or even for my daughter’s next delivery. However, should she find herself in an obstetrics unit or her child in a NICU, I’m hoping the hospital will have taken The Joint Commission’s perennial number-one safety [goal](#) seriously—the one about improving the accuracy of patient identification—so that her little one is matched with the right drugs, treatments, milk, and mother.

What do you think?



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PS Here's George



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