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SHARING SAFETY **TWO TRIAD WOMEN JOIN FORCES TO HELP IMPROVE** **CONDITIONS FOR MOTHERS IN OTHER COUNTRIES**

Robin Sizemore and Medge Owen felt a bond the first time they met. And it wasn't just because Owen was administering an epidural that eased Sizemore's labor pains.

In June, while Owen looked for a good spot to place the epidural needle, Sizemore mentioned that she had two adopted children from Georgia.

Owen asked: "The Georgia beside Turkey?"

Sizemore was delightfully shocked. Most people would have asked: "Oh, you mean Atlanta?"

The women soon discovered that they were deeply involved in humanitarian projects in neighboring countries.

Owen, an obstetric anesthesiologist, is founder of Kybele, a nonprofit group working to improve obstetric anesthesia in Turkey, among other countries. Owen first started working in Turkey while a medical resident. Her husband, Can Unal, a molecular biologist, is Turkish.

Sizemore helps coordinate relief projects for orphans in Georgia.

"I got excited," Sizemore said. "I said that I was taking a medical team to Georgia the first two weeks of October. And she said, 'Oh, really?' I'm taking a team to Turkey in September."

Sizemore asked her to come over to Georgia when she finished in Turkey. She hoped that Owen could introduce modern anesthesia techniques to doctors.

"I'm on the plane," Owen said.

Their chance meeting could result in improved childbirth conditions for Georgian women, many of whom deliver children without pain relief.

She brought by some material about her organization to Sizemore's room. They talked more and realized they had much in common. Sizemore is 40, and Owen is 42. They both gave birth to children when they were 40.

"We found out that we had similar life stories," Owen said. "We had young children yet we were traveling back and forth every three months or so to countries that are side-by-side."

"Essentially, we've both become convinced that divine intervention brought us together for a greater common purpose," said Owen, who is an associate professor of anesthesiology at Wake Forest University School of Medicine.

The two women recently returned from Georgia. With Sizemore acting as her guide, Owen spent four days meeting doctors and learning how they use anesthesia.

Sizemore, who lives in High Point with her husband, James, and children Karina, 8, Kelley, 5, and Reese, 5 months,

worked on several of her projects while in Georgia.

She helped bring over a team of orthopedists from the United States who performed corrective foot surgery for orphans. Another team helped renovate a dentist's office in one orphanage.

Sizemore became involved in the plight of Georgian orphans after adopting her daughter, Karina, in 1995.

The country, a former republic of the Soviet Union, was reeling after years of civil strife. The infrastructure was collapsing. Heat was so scarce that people ate their meals wearing mittens. Chickens and dogs roamed the hospital where the Sizemores adopted their daughter.

Karina was an undersized 3-week-old infant when the Sizemores first saw her. She was kept in a dark room and was rarely held.

"She truly suffered. My God, it was awful," Sizemore said.

Several Georgians rallied to help the Sizemores adopt the girl. They offered lodging and helped them wade through bureaucratic red tape.

This generous spirit, in the face of such bleakness, inspired Sizemore. She quit her job as an account executive at a local TV station and eventually became the Georgian liaison in charge of relief projects for Carolina Adoption Service, a nonprofit international adoption agency.

Later, the Sizemores adopted Kelley, who is also from Georgia.

She visits Georgia every two to three months to develop and manage projects for orphans and other children in need. Sizemore and her team visit orphanages, hospitals and government officials. They have installed generators, built running water systems, renovated parts of orphanages and supplied clothes and school supplies for children.

Owen's work fits perfectly with Sizemore's vision of how to improve the overall quality of life for Georgian children.

"My work is humanitarian relief for the children of Georgia, but obviously that care begins at or before the birth of a child," Sizemore said.

She talked to several women in Georgia about pregnancy and was surprised to learn that they did not have epidurals, a regional anesthetic injected into the spinal column that relieves pain during childbirth.

"It shocked me to imagine a general population being fearful of epidurals," Sizemore said.

Though epidurals have been widely used in the United States for about 30 years, doctors in many countries are unfamiliar with how they should be administered, Owen said.

In Turkey, Owen discovered that doctors used general anesthesia for women undergoing Cesarean sections. The result is a high maternal death rate.

According to Owen, the number of deaths during a C-section is 17 times greater with general rather than regional anesthesia.

General anesthesia also denies the woman the chance to see her baby at delivery.

Doctors in developing countries are eager to learn about regional anesthesia, Owen said. They have been to

conferences and read about it, but they don't get the chance to practice it.

"I use the analogy of swimming," Owen said. "Just because you go to a conference about swimming doesn't mean that you're able to get in the water and swim. It's the same with this technique. It really takes someone getting in the water with you and showing you how to swim."

During her four-day visit in Georgia, Owen discovered a different set of challenges from those in Turkey.

Women are afraid of C-sections and know little about epidurals. As a result, they suffer through childbirth without any option for pain relief.

Sometimes, the women forgo epidurals for cultural reasons, Sizemore said.

"Women feel that if they don't experience the full depth of pain they feel less of a woman," she said. "I could take being less of a woman."

Other women have even been convinced by doctors that epidurals will harm their babies. Though complications are rare, side effects include headaches, backaches and nausea.

Epidurals cost about \$42 in Georgia, an exorbitant amount to pay when the average monthly wage is \$15.

"You do epidurals primarily for comfort," Owen said. "Women have a right to be comfortable."

Owen visited a hospital in Tbilisi, the capital of Georgia, and was pleasantly surprised to learn that about 30 percent of pregnant women get epidurals (by comparison, Owen said that about 80 percent of women at Forsyth Medical Center receive epidurals).

Their methods were outdated and the epidural kits they used were "bare-bones minimum," Owen said.

Owen said she hopes to train more doctors in Georgia how to administer regional anesthesia, much as she did in Turkey. Next year, she would like to return to Georgia with a team of doctors that would include an obstetrician, a neonatologist and two obstetric anesthesiologists.

Owen and Sizemore also plan to learn more about the kinds of equipment and drugs hospitals need to increase the availability of epidurals.

"We're not there to force epidurals down everyone's throat but to teach techniques and safety," Owen said. "We're in 2004, and the technology is there, and women can make a choice."

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