

April 2017

For the Children: Kids in Maine may have healthier lives thanks in part to Celeste Murtha '17

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Recommended Citation

Dong, Christina (2017) "For the Children: Kids in Maine may have healthier lives thanks in part to Celeste Murtha '17," *Colby Magazine*: Vol. 105 : Iss. 2 , Article 12.

Available at: <https://digitalcommons.colby.edu/colbymagazine/vol105/iss2/12>

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STUDENTS

For the Children

Children in Maine may have healthier lives thanks in part to Celeste Murtha '17

By Christina Dong '17





I felt all these people around me, who have so much experience, respected me. I never felt that anyone was talking down to me.”

—Celeste Murtha '17

Real-life problems don't get any more real than these: babies exposed in utero to drugs or alcohol; kids at risk of lifelong vision problems because they don't have access to eye care; children exposed to potentially fatal sleeping situations.

Last summer Celeste Murtha '17 tackled all three.

She was awarded an internship organized by Colby medical director Dr. Paul Berkner and Professor of Psychology Edward Yeterian, to which six or fewer students are accepted each year. “I couldn't have been luckier,” she said.

The internship connected Murtha with Dr. Stephen Meister, a pediatric behavioral specialist at MaineGeneral Medical Center, Thayer Center for Health in Waterville. Meister's patients are primarily children with ADHD, autism, and other behavior disturbances, often caused by in utero exposure to drugs or alcohol.

Her first task was to accelerate MaineGeneral's adoption of a behavior intervention program for parents of young children with behavioral disturbances—often ADHD, oppositional defiant disorder (ODD), anxiety, or PTSD. Collaborating with a child social worker, Murtha cowrote a proposal arguing the program's necessity in Maine. At the same time, Murtha sped up the evaluation process for children and parents in the program by crafting a better tracking system.

It was important work and was reflected in the way Murtha was treated by her colleagues. “I felt that all these people around me, who have so much experience, respected me,” she said. “I never felt that anyone was talking down to me.”

She next worked to improve vision disabilities among children in Maine's foster care system. According to a previous study by Meister, 13 percent of children in foster care with a health assessment have ocular abnormalities that can be corrected if detected before age five. These abnormalities are also more prevalent in this population, due to increased likelihood of in utero drug or alcohol exposure. “That's a huge population of children that can be helped through just a simple screening,” Murtha said. Up-to-date vision-screening equipment is crucial, she added, because it can detect abnormalities without requiring the young patient to read letters.

Murtha collaborated with the Maine chapter of the American Academy of Pediatrics to write a grant proposal requesting \$25,000 to \$30,000 for three of these vision screeners. Murtha's proposal is now being circulated among eye-care companies.

Lastly, Murtha set out to tackle the largest problem: Maine's infant mortality rate, which exceeds the national average and is increasing as the national rate declines. Together, Murtha and Meister wrote an op-ed article proposing a concrete solution: a statewide “baby box program.”

The program targets Sudden Unexpected Infant Death Syndrome (SUIDS). As Murtha and Meister explain in their op-ed, the risk of SUIDS is five times greater when parents sleep with a baby on a bed, 49 times greater on a couch, and 50 times greater if parents are impaired by drugs or alcohol. Some suffocation risks are less obvious: “Blankets and stuffed animals may look cute, but they're actually dangerous,” Murtha said.

Finland, she learned, has significantly decreased its infant mortality rate by giving expectant mothers a baby box at their four-month prenatal appointment. Inside are clothes, blankets, diapers, and other essentials. Most importantly, the box is lined with a mattress, providing a safe sleeping space that can be placed close to the mother. Murtha and Meister propose that Maine adopts a similar program, funded through private philanthropy. Their op-ed appeared in the *Bangor Daily News* Sept. 30, 2016. The discussion is ongoing.

Working with new mothers, many of whom were withdrawing from drugs, showed her that “it wasn't so much family medicine [she] was interested in, but pediatrics,” Murtha said. Post-graduation, she plans to explore other careers that integrate hard science and medicine, but she isn't certain yet about medical school. Her main priority? Working somewhere she can positively affect patients, Murtha said, “a setting where I can use my problem-solving skills.”