NICU INFORMATION GUIDE

A guide to understanding your baby’s care and experience with The Medical Center Neonatal Intensive Care Unit (NICU)
My Baby is in the NICU, Now What?

As a parent of a baby admitted to the NICU, the statement has probably crossed your mind. The Medical Center NICU team is here to provide the utmost high quality, unconditional love and care to your sick/premature infant(s). Allow us to welcome you and your new baby to our NICU. Although this time may be stressful and scary to you, we strive to reassure you, include you in your baby’s care as much as possible, fully update you on your baby’s care/condition, and provide necessary teaching to achieve the ultimate goal: get your baby home to you as safely and quickly as possible.

Your baby may be moved to a different room during his/her stay in our NICU due to admissions of other sick babies. We will try to inform you of this change before you visit. Because this may happen, you may use the space below to “Pencil-in” your baby’s current NICU room phone number. This will allow you direct access to your baby’s nurse. Just ask the nurse for the number.

Pencil-in your baby’s room number.

If outside of the hospital, dial 796-(the number). If in your hospital room, just dial the 4 digit number, such as: 2222.

We welcome your questions and concerns

We want to make sure you have full understanding of our unit, the people who care for your baby, the visitation policy, equipment, etc. If at any time you are confused or don’t completely understand something, please feel free to ask.
Visitation

Parents are not considered visitors. You may visit as often as you wish. We only ask that you do not visit during the following times:

6:30 a.m. — 8:00 a.m. and 6:30 p.m. — 8:00 p.m.
(These are the times in which we are changing shifts and updating the nursing staff on all the babies.)

10:00 a.m. — 11:00 a.m. - Only on Wednesdays
(This is the time when we conduct "multidisciplinary rounds," where doctors, nurses, respiratory/occupational/speech therapists, dietary, pharmacy, lactation, etc. meet to discuss all NICU babies and what is needed or not needed in daily care.)

On occasion, we may ask that you not visit if we are admitting a sick baby or doing a procedure. These situations may arise at any time, and we apologize if you are asked to wait. We thank you for your cooperation when and if this does occur. Rest assured we will allow you back into the NICU as soon as we possibly can.

• Please keep your pink/blue bracelet with you for identification.
• There may only be a total of 2 people to visit at a time with your baby. You have two options for visitation. (1) You may designate six people total that will have permission to visit your baby when you are not present. You may not change your visitor list once it is made, so please consider who you choose. (*A one-time visitor change to the list may be considered under extreme circumstances; however, this must be approved by the neonatologist, charge nurse or supervisor). (2) You may choose to not allow any visitors when you are not present. This is your decision. Sick or premature babies have very little immunity; therefore infection control is very important. In order to visit the NICU, all visitors must meet the following guidelines: (please understand these guidelines are taken very seriously and are enforced to protect your baby and the other NICU babies).

• Must be healthy — no colds, fever, infection, fever blisters, diarrhea, rashes, etc.
• Must be 16 years of age or older.
• Must wash hands thoroughly with soap and water for 3 minutes before entering the NICU. Alcohol foam may be used after this "initial scrub."
• Please do not talk on cellphone while in NICU. You may keep your phone on silent/vibrate.
Confidentiality & Security

Please understand we strive to maintain complete confidentiality and security in the NICU. We can only give information about your baby to you, the parents. We ask that you always have your pink/blue bracelet with you for ID purposes. We may also ask your visitors to show picture ID at your request. No one will be allowed to touch/hold your baby when you are not present. We like to reserve this special time for you, the parents. However, if you wish for a specific person(s) to have permission to hold/feed your baby, this must be written in your baby’s chart.

Please understand it will be at nurse’s discretion whether your baby can tolerate holding. Please remind your visitors it is our hospital policy to not discuss your baby’s care. To ensure the person on the phone is you, (the mother or significant other), we can assign a pass-code which is the last 4 digits of your baby’s account number. This is an option and is not mandatory. You can decide if you want to use the code system.

*Please do not walk over to look at other babies in NICU. We also may not comment on any other babies in the NICU to you or your visitors.*
Equipment

You will see some of the machines and equipment in the NICU. These special machines are designed to monitor and help your baby. Your nurse can answer any question you have about the equipment. The following are some of the common equipment used in the NICU:

Cardiac/Respiratory Monitor:
Gives a continuous reading of your baby’s heart and breathing rates. It can also read your baby’s blood pressure and the levels of oxygen in your baby’s blood. You will hear us refer to this oxygen level reading as a ”pulse ox” or ”O2 sat.” This number (along with other vitals, symptoms) helps us determine how much oxygen your baby needs.

Oxygen:
Most babies who need extra oxygen will be placed in an oxygen hood (a round, plastic container that fits over the baby’s head). The amount of oxygen in this container can be adjusted so that we give the baby just the right amount. Another method of delivering oxygen is a small nasal cannula.

If your baby needs more breathing support than a hood or nasal cannula can provide, we can use a device called CPAP. This gives the baby oxygen, but also provides a small amount of pressure in the airway that keeps the tiny air sacs in the lungs open.

If CPAP is not enough support for breathing, we may need to use a ventilator (or breathing machine). This allows us to give just the right amount of oxygen, pressure and breathing support required by your baby. When a ventilator is used, your baby will have an ”ET tube” in his/her airway to deliver the breaths to the lungs.

Warmers, Giraffes, Incubators and Cribs:
Your baby may need help regulating his/her body temperature, especially when sick or premature. The added heat will allow the baby to rest, gain weight appropriately, and recover.

Different methods of regulating your baby’s temperature and providing a ”neutral thermal environment” are as follows:

Radiant Warmer Bed:
Open warmer bed with heat source suspended in the air directly above the baby. A temperature probe is placed on the baby’s abdomen (stomach) in a fatty area to monitor just how much heat is needed.
**Giraffe:**
A closed incubator that can be opened and used like a radiant warmer bed. We usually try to keep giraffes closed at all times due to the sensitive heat loss that can occur when raised open. A temperature probe is also used with this bed, and is placed on the abdomen or back in a fatty area. It is important that the baby not lay on the probe to prevent over/under-heating. The port-holes or side panels can be opened and allow us to care for your baby, meanwhile containing the heat within the giraffe. We ask that you become familiar with opening/closing these port-holes and please do so quietly, not to disturb your baby. At times, we may also ask that you not open the doors if the baby is too cool for some reason, or if his/her condition tells us that he/she needs minimal or no stimulation. This is at the nurse’s discretion, and please understand this is in your baby’s best interest. Our policy states the baby will need to be moved to a new giraffe every 14 days. This is something we will strive to do, along with daily linen changes.

**Incubator or Isolette:**
This bed is very similar to a giraffe. The main difference is that this bed cannot be opened and used as a radiant warmer. The lid to the bed can be taken off completely, however, and used as an "open crib" for your baby. This means that the baby is not requiring any heat source.

**Kangaroo Care - Mommy or Significant Other:**
This method of holding your baby is done by placing your baby just wearing a diaper, against your chest. *(If your baby is very small, he/she may be placed down inside your loose-open shirt.)* A warmed blanket is then placed over the baby, and a hat will be placed on his head. The heat from your body is generated to your baby. Kangaroo care is a wonderful time for parents and babies to bond.

**Open Crib:**
A small plastic bed on a metal frame with no heat source. *(This is the traditional crib you will see in the normal newborn nursery.)* When a baby is placed in an "open crib," it usually is close to his/her NICU graduation.
Who's Who... And What We Do

While your baby is in the NICU, you may meet many different people who will care for your baby. Some of our NICU team players are:

**Neonatologist**: A pediatrician who has specialized training in caring for babies who are premature or ill.

**Pediatrician**: A physician who has special training in caring for babies and children.

**Neonatal Nurse Practitioner or NNP**: A nurse practitioner with specialized training in newborn intensive care. The NNP assesses your baby daily, and more often if needed. He or she will make daily rounds with the doctor. (Note: Our hospital may or may not have NNPs and this is subject to change.)

**Registered Nurses or RNs**: Nurses with training in neonatal intensive care who will provide round-the-clock care for your baby.

**Respiratory Therapists or RTs**: Professionals who have training specific to your baby’s breathing needs.

**Breastfeeding or Lactation Specialists**: Practitioner with International Certification in counseling the lactating mother and breastfeeding baby.

**Occupational or Speech Therapists**: Professionals who have special training to care for infants’ individual needs for development, positioning, feeding, and relating to their environment.

**Medical Social Worker/Discharge Planners**: Professionals who offer emotional support and who arrange for any special care or equipment needed upon your infant’s discharge or “NICU graduation.” They also communicate with your insurance company for authorization of care.

**Unit Clerks**: Staff members who support the nurses with clerical duties, stocking supplies, and assisting in various nursing tasks.

**Laboratory and Radiology Technologists**: Personnel who take blood samples and x-rays.
Key Points

• Shhh! Remember to always speak in a quiet tone while in the NICU. Sick babies cannot always tolerate loud voices/noises. You may even need to remind us to be quiet from time to time.

• Your baby knows you by your voice, your scent or smell, and your firm touch. Soft rubbing may irritate your sick/premature baby, so try to refrain from soft rubbing or stroking.

• We ”cluster our care.” Your baby will have set times for vital signs and feedings, and we strive to not disturb your baby’s rest except during these set times.

• We welcome and encourage your assistance with your baby’s care. You are an important part of our team. We may ask you to change diapers, take temperatures, and will be happy to teach you these tasks if needed.

• Although we welcome your phone calls, we please ask that you try not to call during your baby’s feeding time (your baby’s nurse will tell you what times he/she has a feeding). If you call during this time, this requires us to interrupt your baby’s feeding and answer the phone, thus perhaps hindering what may have been a “good” feeding. It is perfectly acceptable to call at least 30 minutes after what should have been the feeding, thus we can tell you how your baby did. We also ask that you not call during shift change, thus interrupting the time we update the nursing staff.

• You are welcome, but not required, to bring in some of your baby’s clothes from home. Nightgowns and sleepers are best. Blankets and small stuffed animals can also be brought. Just please label all of your baby’s belongings and take them home when they need to be laundered.

• Vaccines: We may give your baby a Hepatitis B vaccine with your permission and with a doctor’s order.

• All babies are required by the state of Kentucky to have a newborn screen between 24 and 48 hours of age. This is done by taking a sample of blood from your baby’s heel and tests for various allergies, diseases, etc.

• We will ask you to sign a ”Medical Information Release Authorization” sheet. This will legally allow us to give you daily updates on your baby, and is a hospital policy.
Your baby will be ready to go home when he/she meets the following criteria:

1. Taking all of his feedings by breast or bottle as ordered by the doctor.
2. Maintaining her temperature, in an open crib (no additional heat source).
3. Consistently gaining weight appropriately every day.
4. Breathing on his own and not having apnea, bradycardia or desats (refer to Words to Know for the definition of these terms).

Words to Know

- **Apnea** – a disorder that causes one to stop breathing briefly, often while sleeping.
- **Bradycardia** – slower than normal heart rate.
- **Desaturation (desats)** – When the blood does not have enough oxygen.
My Feeding

Now that your baby is here, the most important key to growth and development is what you put in his/her tummy. As neonatal healthcare specialists, we strongly recommend human milk *(breastmilk)* for your sick/prefmature baby.

The following pages simply discuss the basics of feeding your baby. Your baby’s doctor or nurse can answer further questions/concerns you may have in regards to feedings.

Feeding in the Beginning

Your baby more than likely will have an IV *(intravenous)* catheter in place. This IV allows us to feed your baby with IV fluids. You may also notice the nurse offer your baby a pacifier. This sucking is to comfort your baby, and to also help him/her "practice" for when the time comes to breastfeed or take a bottle. This is referred to as "non-nutritive" sucking and is very important for development and feeding.

Your baby's first feeding may be done by NG *(nasal-gastric)*. This is a small, soft, flexible feeding tube that is placed in the baby's nose *(or mouth)* and goes to the tummy. If your baby is premature or sick, this method of feeding is most safe and is ordered by most doctors in the beginning.

Your baby's nurse will watch for "feeding cues" that will prompt us to start some nipple feedings, thus working our way completely off NG feedings, toward placing your baby to breastfeed or bottlefeed. *(Feeding cues are: baby rooting, making mouthing movements, waking at feeding time, sucking a pacifier, rooting towards mommy's breast.)*

Feeding will take time. It is a day-by-day process, and every baby is different. You can look at it as "one day the lightbulb will come on" and the baby will be taking all of his/her feedings without any problem. Oftentimes, feeding is the last milestone a baby has to overcome before leaving the NICU. Our goal is not to force the baby to eat, but to allow baby to take what he/she can in 30 minutes. We stress 30 minutes because going beyond that time simply makes your baby tired, thus burning calories needed to grow. Your baby’s doctor will order the feeding amount, times, and how often we can put him/her to your breast or give your baby a bottle. This is all a team effort to allow your baby to rest and work towards feeding well, thus coming home to you!

We will often remind you that if your baby is sick/prefmature it is best to not over-stimulate *(hold or rock)* your baby in between feeding times. If your baby is held or moved too much prior to a feeding, then he/she may not feed well.
Summary
This is the typical progression of how your baby is fed:

1. Mom starts pumping with hospital-grade pump
2. Baby:
   - IV feedings
   - NG feedings
   - Skin-to-skin care especially during NG feedings
   - Pacifier suckling
   - Feeding cues
   - Nipple nuzzling while skin-to-skin
     (expressed breastmilk on nipples for mom’s smell)
   - Practice breastfeeding (while getting NG feeding)
   - Breastfeeding exclusively (at least 30 minutes each feeding)

Top 10 Reasons Why Breastmilk is Best:

10. It is like giving baby medicine from your body to help him/her get better.
9. It will promote better brain/eye development in baby.
8. It will protect your baby from future infections/sickness.
7. For the preterm baby, it protects the stomach from possible infection.
6. It is something only a mom can do for her baby.
5. It is always the right temperature and readily available.
4. It has a variety of tastes for your baby
    (based on your diet).
3. It is a wonderful bonding experience!
2. It will help mommy recover quicker
    (uterus decreases in size faster).
1. It is free! Mother nature provides it at no cost!
Breast Pumping and Storage of expressed breastmilk for your NICU baby:

Before your baby goes to the breast to feed, he/she will need your expressed milk for feedings. Your nurse will bring a hospital breast pump and kit to your room and teach you how to use them. This pump kit is yours to keep and works with Medela rental pumps.

Pumping breastmilk

• Wash hands with soap and water.
• Put your clean pump kit together.
• Pump your breasts for 15 minutes, even if no milk comes out.
• Pump every 3 hours, at least 8 times in 24 hours.
• You may not see much milk at first.
• The amount of milk you pump will be different for each mother. Don’t be discouraged if you only see drops, the first 48 hours. You will see this volume increase after 48 hours.
• When you are getting more milk, continue to pump 2-3 minutes after the last drops come out. This is added stimulation to help continue and increase your volume.

Storing breastmilk

• While your baby is in the NICU, we will provide you with storage containers for your pumped breastmilk.
• Pour your milk from your pump kit to the storage container.
• At first put small amounts of milk (25 ml) in each container.
• When your baby is having larger feedings, we may ask you to save more in each container (50 ml — 75 ml).
• It is very important not to over fill containers; breastmilk expands when it freezes.
Label breastmilk

• Your baby’s nurse will provide you with 2 stickers that are to be placed on each container of expressed breastmilk.

• Bar Code Sticker — Name, hospital number.

• Expressed Breastmilk Sticker — Write in date and time pumped, and mother’s medications.

• Transport breastmilk.

• Please bring milk to your baby’s nurse within 4 hours. Expressed breastmilk for NICU babies is stable at room temperature (77°F) for up to 4 hours.

Pump kit cleaning

• We will provide you with dish soap and instruction for cleaning your pump after each use.

• Please carefully take apart your kit.

• Wash all parts that milk touches in hot soapy water.

• Air dry all pieces.

Sterilizing pump kit

• We will provide you with a steam sterilizing bag so you can sterilize your pump kit pieces once every 24 hours.

• Bags are to be reused 20 times.

How much milk should you be pumping?

The following are general volume guidelines:

• 1-3 days after delivery: Very small amounts, drops up to 30 ml at each pumping. Breast will not feel a lot different.

• 3-10 days after delivery: Increasing amounts at each pumping. Breast should feel full every 3-4 hours.

• 10-14 days after delivery: Volume varies from mother to mother, following are general volume guidelines.
  - **Ideal** - More than 750ml/24 hours or 3 oz/3 hours.
  - **Borderline** - 350-500ml/24 hours or 1.5-2 oz/3 hours.
  - **Low** - less than 350 ml/24 hour or less than 1.5 oz/3 hours.

• Call and schedule an appointment with the Lactation Consultant at (270) 796-2108 if your milk supply is decreasing or if you have any concerns. The first 2 weeks is the critical time period to establish a good milk supply.
Why is your milk supply low or decreasing?

If you have found yourself asking the above question, here are some strategies to improve your milk supply:

• Pump, pump, pump! Make sure you are consistently pumping every 3 hours (or greater than 6 times per day) for at least 15-20 minutes.
• Pump both breasts at the same time. Your body will produce more milk volume.
• Massage your breasts prior to and during pumping.
• Pump at your baby’s bedside.
• Pump while holding your baby skin-to-skin (if baby is stable).
• Try to rest as much as possible. Get at least 5-6 hours uninterrupted sleep.
• Make sure your pump is working properly.
• You may ask your doctor about medications/herbs that help milk production.
• Eat healthy! Increase your caloric intake by 500 extra calories per day.
• Drink 8 glasses of water per day.
• Decrease any other stress factors in your life, and let family/friends help you as much as possible.
When you go home before your baby:

Pumping

- Keep pumping, storing and labeling milk as you did in the hospital.
- You will need to pump with a hospital grade pump.
- Talk with the Lactation Consultant or your nurse before you go home to arrange for a rental pump.
- Discuss concerns about pumping or your milk supply with your baby's nurse or schedule an appointment with the Lactation Consultant.

Transport breastmilk

- We want to feed your baby fresh expressed breastmilk (not frozen) when it is available.
- If you will be visiting every day, you can store your milk in your refrigerator and transport to the NICU in a cooler with cooler packs.
- If you cannot visit every day, you should freeze milk that will not get to the NICU within 48 hours of pumping.
- Transport this milk frozen in a cooler with cooler packs.

Cleaning

- Continue to wash your breast pump kit in hot soapy water and air dry after each use.
- Continue to sterilize your breast pump kit once every 24 hours by boiling, dishwasher, or steam bags. Steam bags designed for breast pump kit cleaning may be purchased commercially.

After your baby is discharged:

After your baby is discharged, please refer to the Baby News booklet for handling and storage of breast milk at home.

If you have breastfeeding management concerns, please call our Lactation Consultants at (270) 796-2108. Insurance generally covers outpatient consults with a doctor's order.