

Dear Parents or Guardians,

**Welcome to the Neonatal Intensive Care Unit.** This unit is also known as the “NICU”. Your baby has been transferred from the delivery room, newborn nursery or from another hospital to this special area. The neonatal staff hopes that your family’s stay will be as comfortable and as less stressful as possible. The following information may be helpful to you while your newborn is at New York Hospital Queens.

**For more information please visit our website at [www.nyhq.org/NICU](http://www.nyhq.org/NICU)**

**Important Telephone Numbers**

<b>Neonatal Unit</b>	<b>670-2007</b>
<b>Director, Neonatal Unit</b>	<b>670-1184</b>
<b>Attending, Neonatal Unit</b>	<b>670-7431</b>
	<b>670-2647</b>
	<b>670-1578</b>
<b>Nurse Manager</b>	<b>670-1924</b>
<b>Nurse Educator</b>	<b>670-1732</b>
<b>Newborn Screening Coordinator</b>	<b>670-2238</b>
<b>Lactation Consultant</b>	<b>661-7660</b>
<b>Child Life Director</b>	<b>670-2920</b>
<b>Lang Children’s Ambulatory Center</b>	<b>670-1800</b>

Babies are admitted to the Neonatal Unit for many reasons. Many are born prematurely and need care given by doctors, nurse practitioners, physician assistants and nurses who specialize in taking care of newborn babies. Other babies require observation, treatment or surgery. Our main goal is to provide excellent care for your baby to promote optimal growth and development.

You will notice machines and equipment involved in the care of your baby. This can be frightening and stressful for parents. The unit staff is available to answer your questions at any time.

## **VISITING**

Visiting hours are for parents and grandparents only from:  
7:30 am - 6:30 pm AND 7:30 pm - 6:30 am

To protect the privacy, health and safety of your baby we require the following:

- There are no visitors allowed between 6:30-7:30 am AND 6:30-7:30pm
- Wash your hands with soap and water each time you come to visit, even if you are not going to touch your baby.
- Parents must keep their ID bands on until their infant is discharged from the hospital
- When visiting without a parent, grandparents must present the infants ID number located on the parent band
- No video cameras are allowed in the unit. However, parents are encouraged to take pictures of their babies as well as to place family photos or small washable toys at the infant's bedside.
- Only two visitors at a time are permitted at the bedside.
- Parents and grandparents who are waiting for their turn to visit should do so in the lobby or waiting area outside of the unit and not in the NICU hallways.
- Visitors who have reason to believe that they have been exposed to any communicable illness, (eg: colds, fever, chicken pox, measles or infections) should not be visiting.
- If there is an emergency in the unit, a staff member may ask you to leave the unit at any time
- Please stay at the bedside of the infant you are visiting, we are not allowed to disclose information of any kind about other babies in the unit

## NEONATAL TEAM



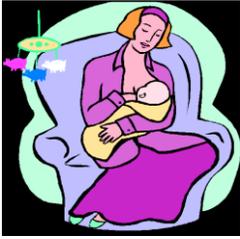
There are many members of the hospital staff who will be involved in the care of your baby. They include:

- Neonatologists- doctors who specialize in taking care of newborn babies.
- Neonatal Nurse Practitioners- registered nurses (RN's) with additional education and training in the care of newborn babies.
- Physician Assistants- mid level medical professionals educated in all aspects of medicine and trained in newborn care.
- Registered Nurses (RN's) - are licensed nursing professionals who will be providing bedside nursing care for your baby.
- Nurse Educators are available for the family and staff's learning needs.
- Sub-Specialists- physicians specialized in your baby's systems. eg: Cardiologist-examines the heart, Ophthalmologist-examines the eyes
- Nurse Manager/Asst Nurse Manager- responsible for managing nursing care and unit activity.
- Case Manager- specialized registered nurse who coordinates your baby's discharge in collaboration with the neonatal team.
- Ward clerks- personnel who are available to direct your questions/needs upon entering the unit, and direct you to the appropriate persons.
- Laboratory technicians are responsible for obtaining blood samples from your baby.
- X-ray technicians are responsible for taking x-rays of your baby.

- Respiratory therapists- health professionals trained to help babies with their breathing needs.
- Social worker- a resource to the family for financial and social assistance.
- Speech therapists- responsible for feeding problems/needs.
- Physical therapists- professionals that assist with the motor developmental needs.
- Lactation consultant- available upon request to help with breastfeeding and pumping needs.
- Nutritionists are responsible for ensuring that your baby receives the proper nutrition for adequate growth and development.
- Housekeeping personnel are responsible for the general cleaning and maintenance of the unit.
- Religious support is available upon parental request.
- Transporter- personnel that accompany babies with the nurse/doctor to and from tests or procedures off of the unit and at discharge.



## **BREAST FEEDING/PUMPING**



When you are separated from your baby or your baby is too premature or sick it is important to start breast pumping if you intend to provide breast milk for your baby or to breastfeed. As soon as you feel able, ask your nurse for a breast pump. She will explain how to use it. This is usually initiated within 1 to 2 days after delivery. Initially you may not see any milk. However, it is important that the breasts are stimulated during this time. Your milk should come in 3-5 days after delivery. If your milk does not come in during this time and you are pumping 8-12 times a day you may not be using your pump correctly or you may need to be evaluated by your doctor. You should keep a log of your pumping including date, time and how much milk is collected during each pumping session. If your milk supply declines or is not keeping up with your baby's demands talk with the nurses or other practitioners, including your obstetrician.

### Pumping tips:

- Wash your hands.
- Clean your breasts with soap and water.
- Massage your breasts and nipples briefly before pumping.
- Place breast shields on breast, and then turn on the pump.
- Start on the lowest pressure and increase to your comfort level.
- Double pumping (both breasts at once) saves time and is more effective in establishing and maintaining your milk supply.

- Initially pump for 15 min on each breast every 2-3 hours. Once your milk comes in, pump an additional 2-3 minutes after milk stops flowing.
- Take good care of yourself. Rest adequately.
- Eat nutritious food, approximately 700 calories more per day.
- Drink fluids preferably decaffeinated, non-alcoholic and low in sugar.
- Frequent breastfeeding/pumping is the most important thing you can do to protect your breast milk supply.
- Wash shield with soap and warm water after every use and sterilize every 24 hours by boiling or washing in dishwasher

### Pump--Rental vs. Buying

Hospital grade pumps with a double pumping kit is recommended to establish and maintain a milk supply for weeks or months. This is important when:

- Your milk supply is low
- Your baby is not latching on well
- Your baby is premature.
- Your baby is requiring supplemental feeds.

There are a variety of pumps that can be bought. These pumps can be electric, battery operated, powered by a car adapter or manual. Any one of these may be adequate for short term or occasional pumping if used properly.

Hospital grade pumps are usually rented. They are expensive to buy. Some insurance companies may cover the cost of a pump rental for a hospitalized infant. If they will cover the cost we will give you a prescription. Breast pumps can be rented from the hospital gift shop located in the lobby.

## Benefits of breast-milk

### *Your baby will*

- Get the best nutrition available.
- Have a stronger immune system
- Have a lower risk of allergies and some diseases.
- Be leaner for life
- Have fewer ear infections and respiratory tract infections.

### *You will*

- Form a strong bond with your baby.
- Lower your risk of breast, ovarian and cervical cancer.
- Lose weight faster.
- Be less likely to develop osteoporosis later in life.
- Spend less as compared to formula.
- Provide the most natural and nutritious food for your baby.

## Breast milk storage



### *Freshly expressed breast milk:*

Refrigerator - 2 days at 39°F or 4°C

Home freezer with a separate door- 3 months

### *Thawed breast milk to refrigerator temperature*

24 hours; never refreeze.

**Store breast milk in glass containers, or thick plastic bags made specifically for breast milk storage.**

### Thawing and warming breast milk

- Warm the milk in its storage container under cool and then warm running water for few minutes OR place the milk in its storage container in a bowl or pot of water already heated on the stove.
- Do not heat the milk directly on the stove.
- Do not microwave.
- Any milk not used within an hour after warming should be discarded.

### How often should I breastfeed?

- Newborns should breastfeed at least 8-12 times in a day.
- Some babies will cluster feeds, which means that they feed several times within a few hours period and then sleep for a while. This is normal.
- As babies get older, they feed less often.

### How do I know if my baby is getting enough milk?

- A healthy breastfed baby:
- Returns to birth weight within 14 days.
- Passes yellow colored stool by day 3 or 4.
- Makes 6 or more wet diapers each day.
- Makes at least 3 large stools by day 3 or 4. Breast-fed babies > 6 weeks of age may go several days between bowel movements.
- Gains weight when you visit pediatrician
- Doubles weight in about 6 months

## Transitioning from bottle to full breastfeeding

- Once your baby is taking a bottle, your baby can attempt to breastfeed.
- Try to breastfeed at each feeding and offer a supplemental bottle of pumped breast milk or formula afterwards.
- As the baby nurses better and longer the supplemental feed should decrease to a point that it is no longer needed.
- **If supplemental feeds are needed it is important to pump right after you breast feed your baby or else your milk supply will not keep up with your baby's needs.**
- If your baby is a growing preemie or a small baby and you are producing a good amount of milk your baby may only need to nurse on one breast per feeding. It is more important that your baby empty one breast than to feed off of both breasts. The milk produced at the end of a feeding or pumping session, called hind milk, is higher in fat.

## Breastfeeding Resources

Newborn Channel 6 on T.V. in postpartum unit.

Lactation consultant:

718-661-7660

[www.la lecheleague.org](http://www.la lecheleague.org)

[www.breastfeeding.com](http://www.breastfeeding.com)

[www.nursingmothers.org](http://www.nursingmothers.org)



## NON-NUTRITIVE AND FEEDING THERAPY



The Department of Speech Pathology and Swallowing Service provides services to babies and parents to help your child develop the skills needed for successful feeding. This often begins *before* the baby is ready to eat by mouth through non-nutritive sucking, or frequent “practice” with a pacifier. The pacifier allows the baby to get used to the feeling of having something in the mouth for sucking. This helps to reduce stress levels, as well as to provide parents with opportunities to help their babies become ready for feeding. Intervention by a speech pathologist, who is a feeding and swallowing specialist, continues once your child begins eating by mouth. This ensures that the baby advances toward safely taking all feedings by mouth.

If difficulties with feeding arise, the speech pathologist will work with the staff and family to devise strategies to make feeding by mouth as successful as possible.

Outpatient feeding and swallowing services are available if needed after discharge through the  
Center for Digestive Disease and Swallowing Disorders  
718-670-2736/ 718-670-2716.

Speech Pathology/Feeding Therapy Resources:

<http://asha.org/findpro/>

<http://depts.washington.edu/growing/Feed/Oralprob.htm>

<http://familydoctor.org/online/famdocen/home/tools/symptom/512.html>

## KANGAROO CARE



Kangaroo care is skin-to-skin care of infants by parents. It is one of the best things a parent can do for an infant to promote healthy development.

During kangaroo care the baby's clothing is removed except for the diaper. The baby is placed directly on the bare chest of a parent and both of you are covered with blankets. You will note that your baby calms down, snuggles in and falls asleep. Your baby will move with your breathing or when you move, will hear your heartbeat, tummy gurgles, and voice through your chest wall, much the same as the baby did in your womb. All babies separated from their parents (full term or preterm infants) should have kangaroo care. Your nurse will monitor your baby's temperature and vital signs closely.

### When should I start kangaroo care?

Your health care provider will tell you when your baby is stable enough to do kangaroo care. Most babies on nasal CPAP and nasal cannula are stable enough for skin-to-skin care. If your baby is on a ventilator we recommend that you wait until the baby is off.

### How long I will do it?

Basically you can do kangaroo care as often as you like. We recommend the minimum 1-2 hours. Kangaroo care can be continued throughout your hospital stay and even after you go home.

## The benefits of kangaroo care

It is shown that kangaroo care offers the preterm infant many physical and emotional benefits.

These include:

- A stable heart rate
- More regular breathing
- Reduction of purposeless activities
- Decreased crying
- Longer period of alertness
- Earlier bonding
- Opportunities to breastfeed

Kangaroo care resources:

[www.kangaroomothercare.com](http://www.kangaroomothercare.com)



## **Scrap Booking/Support Group**

Scrapbooking support group is therapeutic group that will allow you to relieve some stress, have some time for you, get support from other parents, a way to connect with other parents that share your experience and some time for yourself. It also allows you to make a special baby book for your baby. It will give you an opportunity to share yours and your babies' story.

Our group runs every Friday at 12pm for one hour. It is in the OB conference room E 3007. This group is free of charge to the parents and you are provided with your own supplies. The only thing we ask is you bring the pictures of your baby to the group.

Light refreshments are served during the group.



## **DISCHARGE PLANNING**

Discharge teaching and planning is an ongoing process throughout your baby's hospitalization. It is important for you to keep informed of your infant's needs prior to the date of discharge so their transition home will be a smooth one.

**New York State metabolic screening** tests will be completed prior to discharge. You may be called after discharge if the screen needs to be repeated.

**Hearing screen** will be completed prior to discharge. If the screen needs to be repeated you will receive an appointment prior to discharge or you may be called to return for an appointment.

Some babies require:

- CPR review for parents/caregivers of infants less than 32 weeks at birth or diagnosed with reflux or seizures. Formal CPR certification is recommended for all parents and is available in your community
- Medication at home- you will be given prescriptions that need to be filled and brought back to the hospital several days before discharge.
- Synagis- medication for premature babies with specific risk factors to treat RSV (Respiratory Syncytial Virus) a highly contagious virus.
- VNS- visiting nurse service- to help make the transition to home easier for baby and parents and to answer questions you have once you are home. They will evaluate the baby and make sure he or she is well.

- EI- early intervention- a developmental service provided by the state. They will evaluate your infant's need for physical therapy, occupational therapy, and speech therapy and will follow up as needed. They will contact you after discharge.
- ICHAP-alternate service for infants >32 weeks or those with special needs. You will be contacted by phone within several weeks.
- Apnea monitoring- to monitor your baby's breathing and heartrate.
- Oxygen therapy

## **ON THE DAY OF DISCHARGE**

Whether it was a short stay or a long one, your baby is finally going home.

Please bring the following for your baby:

- A car seat which stays in the backseat facing the rear window. It is your responsibility to read the manufacturer instructions regarding assembly prior to the day of discharge.
- An outfit for the baby. We suggest a t-shirt, "stretchie" or 2 piece outfit, socks, hat, and a blanket.

**Please keep your infants ID on and bring it with you.**

*After discharge you will receive an evaluation in the mail, called the Press Ganey. Please be sure to complete it and return in the envelope provided. This information is vital to improving the care provided to babies in our NICU.*

## **GLOSSARY**

Here is a list of definitions to help you understand words you may hear used in the Neonatal Intensive Care Unit.

All babies do not have a need for all treatments listed here.

Antibiotics - medicine that fights germs/bacteria and helps to prevent infections.

Apnea- a brief period of no breathing. This may occur frequently for babies who are born premature.

Bililights/Phototherapy- a set of blue or white lights that are used to shine over a baby to treat jaundice.

Blood Culture- a sample of blood used to check for infection.

Blood Gas- a test that measures the oxygen, carbon dioxide gas and acid in the blood. This test tells us about your baby's breathing.

Bradycardia- a period of time when the heart beats slower than normal.

Chest X-ray- radiographic picture of your baby's chest.

CPAP- (Continuous Positive Airway Pressure) is provided by the respirator to keep the baby's air sacs open. It may also provide oxygen. The baby breathes on his/her own.

Desaturation- drop in oxygen level. This may occur frequently for babies born premature.

Endotracheal tube- a tube that is placed in your baby's mouth or nose into his/her trachea (windpipe). It is used to deliver oxygen and pressure directly to the baby's lungs when the baby needs help with breathing.

Full Term Baby- a baby who is born between the 37<sup>th</sup> and 42<sup>nd</sup> week of his/her mother's pregnancy.

Gastro esophageal reflux disease- (GERD) is the return of feeding into the baby's throat and mouth

Gram- this is a metric measurement for weighing solids. Your baby's weight is measured in grams:

Example: 1 pound = 454 grams, see chart on last pg.

Head Ultrasound- sonographic pictures of your baby's brain used to detect bleeding.

Human milk fortifier- a supplement used to increase calories in expressed mother's milk.

Incubator or isolette- a clear house used to control a baby's surroundings. It provides extra warmth and makes it easier to watch the baby.

IV/Intravenous- this is a small catheter or tube placed in the baby's veins to give your baby fluids, nutrition and medications.

Jaundice- a term used to describe a yellow color to the skin. It is caused by high levels of bilirubin in the blood.

Meconium- baby's first stool, it is black/green in color.

mL- this is a measurement for liquids. The amount of breast milk or formula your baby feeds is measured in "mL". 5mL=1 teaspoon

Monitor- refers to a machine attached to the baby with tape-like pads. Its helps us monitor the baby's heart rate and breathing pattern.

Necrotizing enterocolitis- infection of the intestines.

Orogastric/Nasogastric (OG/NG Tube)-a tube that goes from the baby's mouth or nose into the baby's stomach. It helps the baby get rid of extra mucous and air. It is also used to feed a baby that is too little or sick to breast or bottle-feed.

Oxygen- in regular room air there is 21 % oxygen. A baby with a breathing problem may need extra oxygen. Extra oxygen is given by a "hood" (clear plastic box around the baby's head), CPAP or a respirator.

Pneumothorax- air trapped outside of baby's lung(s) sometimes requiring placement of chest tube to the remove air.

PDA – a connection between 2 vessels near the baby's heart, which sometimes needs to be closed.

PICC- a deep IV line used to provide nutrition and fluids over an extended period of time.

Premature Baby- a baby who is born before the 37<sup>th</sup> week of his/her mother's pregnancy.

RDS (Respiratory Distress Syndrome)- a breathing problem often seen in babies born prematurely. It is caused by the air sacs in the lungs collapsing at the end of each breath. It gets worse until the baby is about 3 to 5 days old and then gets better.

Sepsis- an infection in the baby's blood. An infection can be in any part of the body, for example the blood, brain or in the lungs.

Spinal tap/ Lumbar puncture – a procedure where fluid is collected from the spinal column by insertion of a needle. This test is done to detect an infection.

Surfactant- it is a medicine given to a baby with RDS. This medicine will help his/her lungs to develop and improve breathing.

Transient tachypnea of newborn (TTN)- Intermittent rapid breathing, which can be due to increased fluid in the lungs.

Tube feeding- babies may be fed by putting breast milk or formula through a tube into their stomach before they are well or mature enough to nipple.

Umbilical catheter- a clear thin tube placed in a vein and/or artery in the baby's umbilicus (belly button), which is used to take blood tests, and to give IV fluids to the baby. It does not hurt.

Ventilator- also called a respirator; is a machine that helps your baby's breathing.

Warmer- a special open bed that keeps your baby warm at the right temperature and allows easy access to the baby.

### **ONLINE RESOURCES**

American Academy of Pediatrics Parent Link

[www.aap.org/parents.html](http://www.aap.org/parents.html)

March of Dimes

[www.marchofdimes.com/prematurity/prematurity.asp](http://www.marchofdimes.com/prematurity/prematurity.asp)

For addition websites and online information for your child's diagnosis please speak to a medical staff member

## Conversion Table

Conversion of pounds and ounces to grams.

		<i>Pounds</i>											
		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>
<i>Ounces</i>	<b>0</b>	0	454	907	1361	1814	2268	2722	3175	3629	4082	4536	4990
	<b>1</b>	28	482	936	1389	1843	2296	2750	3203	3657	4111	4564	5018
	<b>2</b>	57	510	964	1417	1871	2325	2778	3232	3685	4139	4593	5046
	<b>3</b>	85	539	992	1446	1899	2353	2807	3260	3714	4167	4621	5075
	<b>4</b>	113	567	1021	1474	1928	2381	2835	3289	3742	4196	4649	5103
	<b>5</b>	142	595	1049	1503	1956	2410	2863	3317	3770	4224	4678	5131
	<b>6</b>	170	624	1077	1531	1984	2438	2892	3345	3799	4252	4706	5160
	<b>7</b>	198	652	1106	1559	2013	2466	2920	3374	3827	4281	4734	5188
	<b>8</b>	227	680	1134	1588	2041	2495	2949	3402	3856	4309	4763	5216
	<b>9</b>	255	709	1162	1616	2070	2523	2977	3430	3884	4337	4791	5245
	<b>10</b>	284	737	1191	1644	2098	2551	3005	3459	3912	4366	4819	5273
	<b>11</b>	312	765	1219	1673	2126	2580	3034	3487	3941	4394	4848	5301
	<b>12</b>	340	794	1247	1701	2155	2608	3062	3515	3969	4423	4876	5330
	<b>13</b>	369	822	1276	1729	2183	2637	3091	3544	3997	4451	4904	5358
	<b>14</b>	397	850	1304	1758	2211	2665	3119	3572	4026	4479	4933	5386
	<b>15</b>	425	879	1332	1786	2240	2693	3147	3600	4054	4508	4961	5415



