Caring For Your Special Newborn

Neonatal Intensive Care Unit

THE BABY SUITES at Brandon Regional Hospital

Where the sweetest babies are born.

myBRHbaby.com
Our Special Newborn

Our Baby: _____________________________________________________

Was Born On: __________________________________________________

Due Date Was: _________________________________________________

Our Baby’s Weight Was: ___________ grams

Which Equals ___________ Pounds _________ Ounces

Proud Parents: _________________________________________________

_____________________________________________________________

Our baby was delivered by: _______________________________________

_____________________________________________________________

Our baby’s NICU doctor(s):_______________________________________

_____________________________________________________________

Our baby’s NICU nurses:_________________________________________

_____________________________________________________________
Dear Parents,

We realize this is a very stressful time for you, and we want to assist you in every way we can. Your baby is being cared for in the Neonatal Intensive Care Unit (NICU) at Brandon Regional Hospital. This is a Level III nursery providing the highest level of care available.

As parents, we know you will have many questions and concerns. The following pages will provide you with some information about our NICU.

Families are key members of the NICU team, and we want you to be involved in your baby’s care. We encourage you to visit your baby often and we welcome questions anytime. Working together, we can give your baby the love and care needed to get well.

The NICU team includes physicians, physicians’ assistants, nurses, nurse practitioners, respiratory therapists, occupational therapists, and other health care workers who are highly experienced in the care of sick newborns. This skilled team will care for your baby, answer your questions, and be available to assist you during this difficult time. You are welcome to call the NICU as often as you like to get an update on your baby’s condition.

The number of the nursery is (813) 571-5360
When Can I Visit?
For the protection and safety of all the babies in the nursery, we have established guidelines for visiting. Parents and grandparents may visit at any time except during the nursing change of shift. This is to assure privacy of patient information. You may be asked to leave the nursery during the admission of a new patient or during a stressful time for another baby within your infant’s room. We will try to make the time you are separated as brief as possible.

Parents and grandparents may visit with no more than two people at a bedside at any time.

Grandparents may visit on their own with the written consent of the parents. If grandparents are not going to visit, you may choose someone else in their place to visit, but a parent must accompany them. A record of all visitors will be kept in your baby’s chart, which is signed by a parent, and used by our staff to make sure the correct people are visiting. Visitation is limited to reduce your baby’s exposure to infection.

The baby’s brothers and sisters may also visit provided their immunization record is up-to-date. Please bring a copy of your child’s shot records to be placed in the baby’s chart. It is also important that all visitors are in good health; this means no colds, sore throats, fevers or recent exposure to an illness that might be harmful to a baby (chickenpox, measles, strep infection, etc.). The safety of your baby is our primary concern. To protect the privacy of babies, we ask that you visit only at your baby’s bedside.

Our NICU staff will keep you informed of your baby’s progress. This can be done while you visit or by phone. Information by telephone will only be given to parents. The physician, physician assistant or nurse practitioner is always available to answer your questions.

Who Can Visit My Baby?

Nursing Change of Shift

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<tr>
<th>Time</th>
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<tr>
<td>6:45 - 8:00</td>
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Parents and grandparents may visit with no more than two people at a bedside at any time.
**Scrubbing**

In order to protect babies against infection, we must scrub from our fingertips to our elbows for three minutes before we interact with the baby. Please remove all rings, watches, and bracelets. Do not place valuables on the scrub sink. They may be forgotten or lost. We ask that you stow your purses and valuables in the lockers at the scrub sink.

In order to wash properly, we provide fingernail cleaners, soap and water and antiseptic cleaners at the scrub sinks. The fingernail cleaner is to be used to remove any material that is underneath your fingernails. Wash your hands, rinse and dry; use hand antiseptic and put on a hospital gown to cover your clothing.

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**When Can I Call?**

As a parent, you may call the NICU 24 hours a day. Our phone number is (813) 571-5360. We ask the parents to make all phone calls and relay the information they want to other family members and friends. We will not release information to anyone except the infant’s parents. If you are calling long distance, please do not call collect. Instead, speak to your baby’s nurse to arrange for a daily call from the baby’s physician at an arranged time. Please have the number on your ID band available when calling. Your nurse may ask for it to assure confidentiality. Please do not call during the nurses’ change of shift. If there is a serious change in your infant’s condition, we will contact you.
Who Will Take Care of My Baby?

Neonatologist:
A doctor who specializes in pediatrics and has taken extensive specialty training in the care of sick newborns.

Pediatric Cardiologist:
A doctor who specializes in the care of heart problems in children.

Pediatric Surgeon:
A surgeon who specializes in children.

Pediatric Ophthalmologist:
A doctor who specializes in eye care for children.

Neonatal Nurse Practitioner or Physician Assistant:
Medical professionals who have received additional specialized training in the management of newborn infants.

Charge Nurse:
The nurse who oversees the entire nursing staff during a particular shift.

Neonatal Nurse:
A registered nurse, or licensed practical nurse, which specializes in the care of sick babies in the NICU.

Lactation Consultant:
A registered nurse who has specialized training and skills to teach and support breast-feeding.

Other pediatric specialists are available and may be consulted depending on the needs of your infant.
Technical Support

Respiratory Therapist:
A health care professional who is trained to help people with breathing problems, treatments, and related equipment.

Radiology Technician:
A health care professional who takes X-rays. These tests may be done in the NICU or in the radiology department.

Occupational Therapist:
A health care professional who helps babies improve control of their small muscles so they can develop at the normal rate. Occupational therapists also help adults, through different therapy techniques.

Physical Therapist:
A health care professional who helps babies improve control of their large muscles so they develop at the normal rate.

Speech Therapist:
A health care professional who helps babies improve control of oral motor activities.

Unit Secretary:
Health care worker who performs the clerical work for our NICU. Nurse Technician: Health care worker who assist the nurse in caring for babies.

Social Support

Case Manager:
A nurse who helps families cope with problems related to their baby’s hospitalization. They work with the insurance companies and home health companies to arrange for discharge.

Social Worker:
A health team member trained to help families cope with problems related to their baby’s hospitalization.

Chaplain:
A minister, priest, rabbi or other clergyman who is available to families.
How Will My Baby Be Fed?

At first, most babies will get their nourishment by vein through an IV. We will begin to give your baby breast milk or infant formula as soon as their condition allows. Babies may be fed through a tube in the mouth or nose (OG or NG). We call this “tube feeding” or “gavage feedings.” When your baby is ready and has no significant respiratory difficulty, we will begin bottle-feeding. A nurse will give the first feeding to assess your baby’s ability to suck, swallow, and breathe adequately. Your nurse will work with you to arrange times that you can breast-feed or give your baby a bottle. We hope this allows you to become more familiar with your baby’s care and gives you some special time with your baby.

Can I Still Breast-Feed?

Breast milk is the best food for your baby. It is made especially for your baby. We will teach you how to collect and store your milk if your baby is not feeding. Once your baby is able to eat, we will assist you with breast-feeding your infant.

Board-certified lactation consultants are available in our facility to assist you with successful breast-feeding. Very few medications given to moms interfere with breast milk. If you have any questions, please let the lactation consultant, baby’s doctor or the nurse practitioner know so we can assist you.

There is an electric breast pump available for your use while you are in the hospital. Once you’re discharged, there is a lactation room in the NICU to provide a comfortable area where you can pump and store your milk for your baby during visits. A freezer is also available in the NICU to provide safe storage, and access. Your baby’s nurse or our nurse technician will help you to properly label and store your milk.

The lactation consultant will assist you with your breast-feeding concerns.

You may call the Warm Line to speak with a lactation consultant from 9 a.m. To 4 p.m. Monday - Friday at (813) 571-5335.
**Developmental Care of Your Baby**

You’ll notice that our unit has been set up in “pods.” These are small, divided rooms with a limited number of infants per room. We pay great attention to this and to limiting and the amount of extra lights and noise your baby may be exposed to.

**Healthy babies move around a lot.** They are also held often and these activities provide much of the needed exercise for the healthy development of the baby’s muscles. The sick newborn cannot be held and does not move around very much; therefore, we use a lot of different kinds of soft positioning aids to help make your baby comfortable, and for muscle development.

The nurses often will use gel pillows or pads to support pressure areas on the newborn. Another helpful device is a sling-like pouch which your baby is bundled and secured into called a “snuggle-up.” This device is very comforting to the newborn because it feels similar to being in the mother’s womb. A pacifier can also be a good developmental tool. When given to an infant, a pacifier can be very soothing where other methods fail. It is often used during tube feeding and it can help the baby digest the feeding.

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**What Can I Bring For My Baby?**

Infant stimulation is necessary for your baby’s growth and development. Although we encourage you to bring things for your baby, some items are not appropriate because they collect dust and bacteria, especially if the baby is in an isolette. We encourage you to bring in toys that are easily washed. If a furry toy is brought in, it will be placed in a plastic bag for display.

**Here are some suggestions of toys or gifts you can bring for your baby:**

- Small plastic or rubber toys
- Musical toys that wind up
- Pictures of family members or those colored by brothers or sisters
- Please remember the small size of the isolette when bringing in these things.
- Small cassette tape recorders with tapes (Use your voice or the voices of other family members. Some suggestions for what can be on these tapes include stories and songs, told or sung by the baby’s brothers and sisters, or commercial music tapes.)
**Your Baby’s Senses**

Very premature babies and sick babies do not seem to respond to much at first. Your baby will spend about 20 hours a day sleeping. The baby may not seem to be aware you are visiting. Although you may not notice any response, your baby is responding internally. At first, it may be just a change in blood pressure or heart rate when you touch the infant.

Your baby’s vision is limited to contrast of light and dark. We often decorate isolettes with black and white pictures, which helps stimulate their vision. Infants recognize the smell of their own mother. Research has demonstrated that even the tiniest of babies can tell their mother’s smell from that of another mother. For this reason, we will give you a scent doll to sleep with. The doll is then put in your baby’s bed which helps comfort your baby when you are not there.

Babies also have a keen sense of hearing; we encourage you to talk to your baby and even make lullaby tapes with your voice on them to help stimulate the baby. We encourage you to bring in a small cassette player which can be placed in your baby’s bed, so we can play these tapes.

**Infant CPR Training**

Infant CPR training is offered to all parents and caregivers of NICU babies. There are several specially trained staff members who provide this teaching for you. Classes are offered weekly. A sign-up sheet is kept by the parent scrub sinks. We encourage you to take advantage of this opportunity.
Kangaroo Care

Kangaroo care is something new that most NICUs are doing to improve bonding between parents and babies during this stressful period. This is a skin-to-skin contact between you and your baby. Both moms and dads are encouraged to participate. For more information, please ask your nurse.

When Can I Hold My Baby?

Premature babies often have a difficult time keeping their temperatures stable. Until your baby weighs 1200 grams (2lb. 10oz.), He or she will need to stay in the isolette. You can reach in the isolette to touch and talk to your baby. You may also help change your baby’s diaper or take his/her temperature.

When your baby is big enough to be held, it will be for short periods of time, one or two times per day. You may bring in clothes, hats, and special blankets for these times. (We ask that you clearly label all personal items with your family name, take them home and launder them as needed. These things are special to you and may otherwise be misplaced.) Most of the time your infant spends on a warming table or in a isolette he/she will be wearing only a diaper so that we may observe the infant better.
How Can I Cope?

Having a baby in the NICU is extremely stressful. Although we are all here for you and your family, it is not unusual for a family to feel very isolated. This is why we have a variety of resources available just for NICU families. If you would like to meet with a member of our family support team, please ask your baby’s nurse.

When Will My Baby Go Home?

Every baby is an individual, so each discharge may vary. Some general guidelines for most babies are as follows:

- The baby no longer requires oxygen, or respiratory treatments.
- The baby is off all intravenous (IV) fluids, and most medications.
- The baby is taking all of his or her feedings by bottle or breast.
- The baby is in an open crib and is able to maintain a stable temperature.
- The baby demonstrates the ability to gain weight while meeting all of the above criteria.
- If premature, the baby has grown to an acceptable weight.

Making you feel comfortable with your baby and your baby’s special needs at discharge is our number one responsibility.

What Will I Need To Take My Baby Home?

- You will need to have an appropriate place for your baby to sleep.
- You will need a supply of bottles and formula if not breast-feeding.
- An appropriately sized car seat will need to be brought in to the unit on the day of, or day before, discharge.
- A thermometer is required in your home. The one which we have used here will be given to you at a discharge.
- In preparing your home, we strongly encourage you to stop smoking.
- Attempts will be made to arrange your follow-up appointments when indicated.
Apnea:
A temporary stop or pause in breathing common among premature infants due to their underdeveloped nervous system. This condition may require medical treatment, but as the infant matures, he/she will outgrow it.

Apgar Score:
A number between 1 and 10 assigned to your baby at 1 and 5 minutes of life; it describes the condition of the infant at the time based on several assessment categories.

Arterial Blood Gas Tests (ABG):
A sampling of blood from an artery analyzed for its oxygen, carbon dioxide, and pH.

A’s & B’s:
A combined apnea and bradycardia spell.

Bagging:
Filling the baby’s lungs with air using a rubber bag, mask and oxygen.

Bili Lights:
Special intense lights placed above a baby’s bed to treat jaundice.

Bilirubin:
A yellowish-red pigment produced when red blood cells break down. An excess of bilirubin in the bloodstream causes jaundice.

Bradycardia:
Slowing of the infant’s heart rate.

Central Line / CVL / PICC:
An intravenous line that is threaded through a large vein until it reaches a position as close as possible to the heart.

CPAP (Continuous Positive Airway Pressure):
Low pressure of air that is maintained in the airways by a breathing tube (ETT) or nasal prongs (NP) to help a baby with breathing difficulties or with apnea.

Cyanosis:
A blue discoloration (duskiness) of the skin as a result of oxygen levels that are below normal.

Desats:
Short periods of time when the oxygen level in the baby’s system drops below the accepted level.

Glossary of Terms

The NICU staff will be using many words that will probably sound very strange. Here is a list of commonly used terminology.
Echo:  
Echo cardiogram; ultrasound of the heart.

Electrodes:  
Adhesive pads that are placed on the baby’s body to conduct the electrical impulses or heartbeats and breathing motions to a monitoring machine.

ET Tube / Endotracheal Tube (ETT):  
A thin plastic tube that passes through the mouth and into the trachea, or windpipe, allowing delivery of oxygen by a breathing machine.

Gavage Feeding:  
Feedings given through a tube passed through the nose or mouth and into the stomach.

Glucose:  
The type of sugar that circulates in the blood and is used by the body for energy. This sugar is used in IV fluids.

Grams:  
A metric unit of weight, 28 grams = 1 ounce, 454 grams = 1 pound, 1 kilogram = 2.2 pounds.

Hyperalimentation / Hyperal / TPN:  
Any of these terms may be used to describe the delivery of nutrition into a vein (IV), when an infant cannot yet take full feeds by mouth or tube feedings. This fluid not only contains a complete nutrition (fats, protein and carbohydrates), it also contains vitamins and minerals which are essential for growth.

Incubator or Isolette:  
A small bed enclosed in plastic for newborns. It keeps the baby’s body warm while reducing outside noise.
Intravenous Lines (IV):
Tubings by which fluids are given into a vein, or through an umbilical vessel. Fluids to maintain your baby’s nutrition and fluid status as well as medications may be given through these lines.

Jaundice:
The yellowing of the skin and whites of the eyes caused by excessive levels of bilirubin in the blood.

Meconium (Mec):
The first several bowel movements. It is a dark green to black sticky substance. Infants sometimes pass meconium before they are born.

Mucous:
A sticky secretion produced by the mucous membranes.

Nasal Cannula:
A small tube, positioned under the baby’s nose, through which oxygen may be delivered.

Nasogastric or Orogastric Tube (NG / OG Tube):
A small, soft plastic tube placed through the nose or mouth and advanced to the baby’s stomach.

Oxygen:
Part of the air we breathe. Room air contains 21% oxygen. Sick or premature babies may need extra oxygen—sometimes even pure 100% oxygen—to meet their needs.

Premature Infant or “Preemie”:
Any infant born before the 37th week of pregnancy. Full-term babies are born between 37 and 42 weeks.

Residual:
The amount of formula remaining in the baby’s stomach when checked prior to the next scheduled feeding. This may indicate if feedings are not being tolerated well.

Respirator / Ventilator:
A machine to help with breathing.

Sepsis:
An infection. Symptoms may include fever or low temperature, poor feeding, sudden increase in apnea and bradycardia (A’s & B’s), abdominal distention, techypnea (fast breathing), high or low blood sugar, and decreased infant response to care. If
your infant has an infection, he or she may be referred to as a septic.

**Surfactant:**
A liquid made in the lungs that premature babies are often missing. This liquid helps keep the small air sacs open. Sometimes infection or meconium can deactivate this liquid. Surfactant can be given to a baby at birth to help prevent or minimize breathing problems.

**Tachycardia:**
An abnormally fast heart rate.

**Tachypnea:**
An abnormally fast breathing rate.

**Umbilical Arterial Line / Umbilical Venous Line (UAC / UVC):**
The infant’s umbilical cord contains three blood vessels. A catheter can be placed in these vessels which is pain free. This will allow us to give your baby fluids and get blood without having to use any needles. It also allows us to monitor the baby’s blood pressure.

**Ultrasound:**
A machine which we can use to visualize different parts of the baby’s body without radiation. The images are similar to the pictures obtained of your baby while you were pregnant by placing a probe in jelly on your stomach. It is a pain-free procedure, and will not harm your baby.

**Vital Signs:**
Measurement of heart rate, respiratory rate, temperature, blood pressure and pain.

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**Attention**

This list includes only the most common terms used in the NICU and is by no means all-inclusive. If at any time you do not understand what is being said about your baby, please ask.

This is your baby and we want you to be aware of all issues pertaining to his or her care.
IMPORTANT NUMBERS

NICU (Outside Hospital)
(813) 571-5392

NICU (Inside Hospital)
Ext. 5360

Warm Line Breast-Feeding Support
(813) 571-5335

Monday - Friday
9a.m. To 4p.m.

During off hours, leave a message and they will return your call.
THE

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