

My Newborn is Being Admitted to the Neonatal Intensive Care Unit

What Do I Need to Know?



McGill University Health Centre
Royal Victoria Hospital
Neonatal Intensive Care Unit

Centre universitaire
de santé McGill



McGill University
Health Centre

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Thank You!

This booklet was the collaborative effort of several nurses of the MUHC NICU with help from other team members and advice from former patients' parents. Many thanks for their tremendous efforts! We would also like to thank the Patient Education Network Committee (PENC) for their support and funding.



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Office d'éducation des patients du CUSM
MUHC Patient Education Office



Important Disclaimer

Information provided in this pamphlet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your baby's care.

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How can I use this booklet?

This booklet is meant to answer some of the questions you may have when your baby is admitted to the Neonatal Intensive Care Unit of the Royal Victoria Hospital at the McGill University Health Centre.

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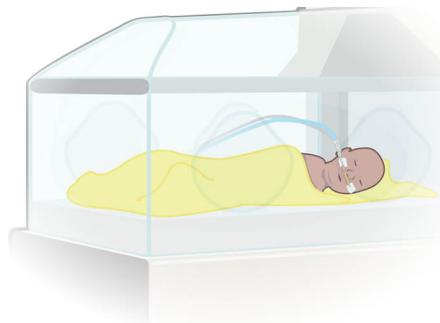
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What is the NICU?

Your baby is being admitted to the Neonatal Intensive Care Unit (NICU). This unit is across the hall from the Birthing Centre on C7. The NICU will provide specialized care 24 hours a day to your baby. At first, many parents find the NICU to be a frightening or stressful place. We hope you will start to feel a little more comfortable once you have the chance to talk with our team. Feel free to ask our team questions about how the unit works. We are here to support you.

What can I expect first?

The NICU is an intensive care unit designed for the care of the premature, low birth weight and/or sick newborn where your baby will receive specialized care. When he arrives on the unit, we will continue to stabilize your baby. We will also start any other treatment he might need. This may take some time but you will be able to see your baby as soon as possible. We will give you information about his condition and what to expect in the next few hours.



Where can I call for information?

NICU (inside hospital).....	x 31591
NICU (outside hospital).....	514-934-1934
Direct line (for night calls).....	514-843-1591

The unit is open 24 hours a day, so you may call at any time, even during the night. If possible, try not to call the NICU at 7:30am, 3:30pm and 11:30pm. This is when the nurses change shift. Shift change is a time for passing important information about each baby's care from one nurse to the next. Also, 12:30pm to 2:00pm is a designated Quiet Time on the unit. We will not transfer non-urgent calls to nurses during quiet time in an effort to help your baby rest.



Please note: Sometimes when you call for information about your baby, his nurse may be busy providing care for him or other babies. If she cannot speak with you immediately, she will tell the person who answered your call when would be best for you to call back.



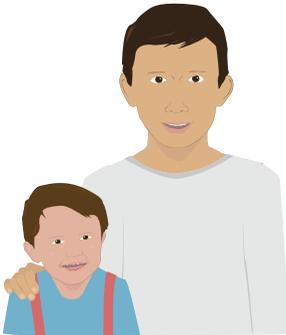
For confidentiality reasons, we only give information about your baby to you (the parents or legal guardians). We will not give information to anyone else.

When can I visit my baby?

Visiting Policy

- **Parents** - welcome in the unit 24 hours a day.
- **Siblings** - (over 18 months old) welcome in the unit 24 hours a day if they:

1.



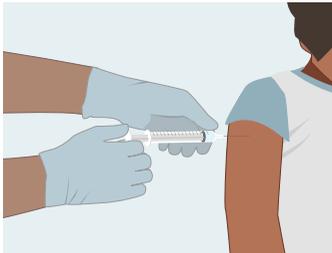
Are accompanied by a parent

2.



Are free of infection and have not been in contact with anyone who has contracted a contagious disease such as chicken pox, measles, mumps, whooping cough or influenza in the last three (3) weeks.

3.



Have received all their immunizations



During the cold/flu season (approximately from November until April) the unit is closed to all children 12 years old and under.

As you enter the unit:

- Hang up your coat at the end of the hall
- Cover your dirty boots/shoes
- Remove all jewelry below the elbow
- Wash your hands (up to the elbows) for at least 30 seconds before entering the unit
- Wash hands again before and after you touch your baby



Please do not bring any valuables to the unit. Use the lockers near the coat rack to store your personal items. Ask the Assistant Nurse Manager for a lock combination.

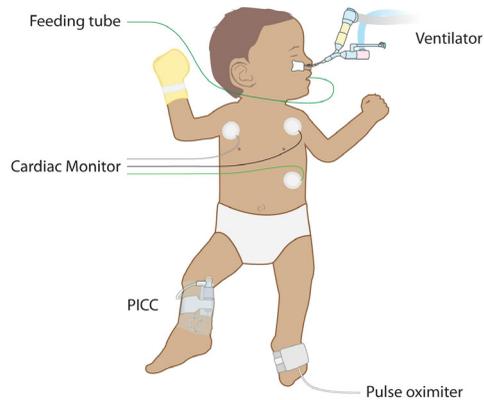
- Other visitors, including grandparents or friends of the family, are welcome during visiting hours (from 8am until 8pm) when accompanied by one of the parents.
- Only 2 people per family are permitted at the bedside at any one time. This applies for families of multiples and includes siblings.
- There have been times when the nursery has been closed to all visitors except parents (e.g. H1N1 outbreak). This is usually a temporary measure and we reopen as soon as possible.

During report (7:30am, 3:30pm and 11:30pm) and when special procedures are necessary for your baby or others around him, we may request that you leave your baby's bedside for a short period of time. This helps us keep information confidential and helps us create an environment where the team has enough space to safely perform specific procedures.

We encourage all parents to be involved in their baby's daily care and to spend as much time with their baby as possible.

What will my baby look like?

Your baby may look different from the healthy term newborn you were expecting. Every baby is unique. It can be reassuring for you to know more about how your baby will be cared for while he is in the NICU.



Beds

Most of the babies in the NICU are cared for in an incubator. This is a large plastic-walled bed. The incubator is important to keep your baby warm, and give him with oxygen (if needed). It puts moisture in the air to protect his skin if he is very premature. It also helps protect him from infections. Your baby may be naked except for his diaper inside the incubator. This allows the medical team to watch

him closely while keeping him warm. Once your baby is over 1800 g (almost 4 lbs.) and stable, he will be moved from the incubator into an open crib.

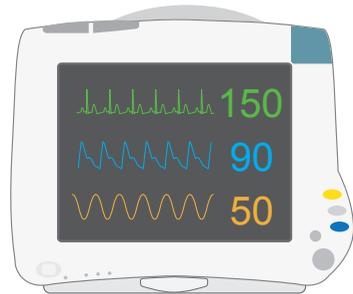


Equipment

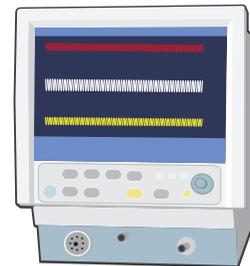
As in other intensive care units, there is a lot of equipment in our unit. These machines often flash and beep. This alerts the staff when a pre set limit has been passed. Not all alarms are reason for concern, although they can be very scary for parents and difficult to get used to.

Some of the most common equipment includes:

- **Cardio-Respiratory (Heart and Breathing) Monitors:** Your baby, depending on his health, may have his heart and breathing monitored. You will see three stickers on his chest and belly. There will also be a glowing red light on his foot, with a blue fabric cover. Numbers will show up on a screen over the bed and this monitoring is not painful for him.



- **Ventilators (breathing machines):** If your baby is having some trouble breathing, we will use a ventilator to help him. The respiratory therapists will monitor this machine. If a ventilator is used, you may see tubes in the baby's nose or mouth. These tubes will be removed as soon as the physician feels that the baby can breathe properly on his own.



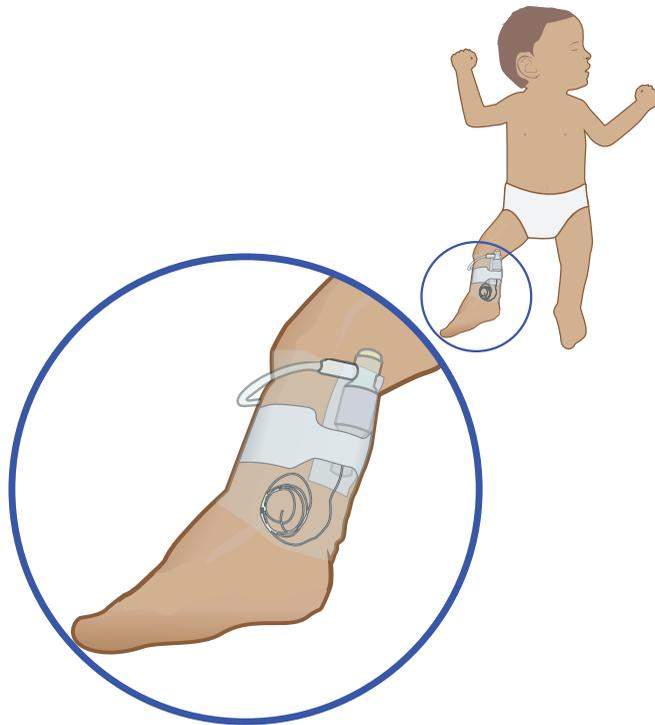
- **Infusion Pumps:** These pumps may be used to give nutrients and/or medications to your baby.



Generally, none of this equipment will prevent you from holding or touching your baby. These machines will only be used as necessary to give your baby the best possible care.

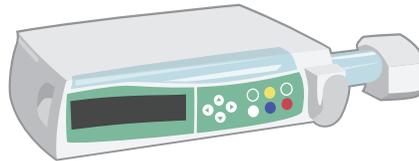
Peripheral Intravenous (IV) Lines and Peripherally Inserted Central Catheters (PICC)

Your baby may need to have a plastic tube inserted in his vein (intravenous line, or IV line) in order to receive medicine and/or nutrients. The nurse or doctor uses a small needle to insert a plastic tube into your baby's vein. The tube does not hurt your baby. On our unit, the most common IV lines are Peripheral IVs (PIV lines) and Peripherally Inserted Central Catheters (PICC lines). PIV lines are for short term treatment. You may see them in the hand, foot or even the scalp sometimes. PICC lines are used for longer-term treatment and will be in a larger vein in the arm or leg. Your baby's healthcare team will speak with you about what is best for your baby.



Feeding Tubes

You may see a thin green tube taped to your baby's mouth or nose. This tube is used to feed your baby breast milk or formula while he is too sick or premature to breastfeed or bottle feed. The tube is placed in your baby's stomach by the nurse and stays in place between feedings. This is not uncomfortable for your baby. Your baby will start breastfeeding or bottle feeding as soon as he is able.



Pain Management

Your baby can feel pain. The NICU team will use many ways to help your baby feel less pain during medical procedures. This may include a pacifier, swaddling and sucrose. Sucrose is a sweet solution that is placed on your baby's tongue. Research studies have shown that tasting it will help your baby feel less pain. Your baby's nurses and doctors can answer any specific questions you may have.

What does the NICU look like?

Physical Environment

Our unit is quite small and babies' beds and incubators are often in close proximity to each other. It is important to be respectful of other babies' and families' needs for a quiet, healing environment and privacy. Unfortunately, there are no places for parents to sleep near their baby in the NICU.

Family Room

We have a family room available for mothers, fathers and siblings. Because of limited space, we ask extended family and friends to wait in the reception area. The family room is for the families of all the babies in the NICU, so please share



the space and help keep it clean. If using the phone, please keep your conversation quiet so as not to disturb others. On some occasions, especially when a baby is very sick, parents may use the family room to stay overnight.

Who is involved in my baby's care?

Our team consists of many different healthcare professionals and staff, who work with you, to care for your newborn and your family. We share important information about your baby with each other on a regular basis.



You: The Parents or Legal Guardian

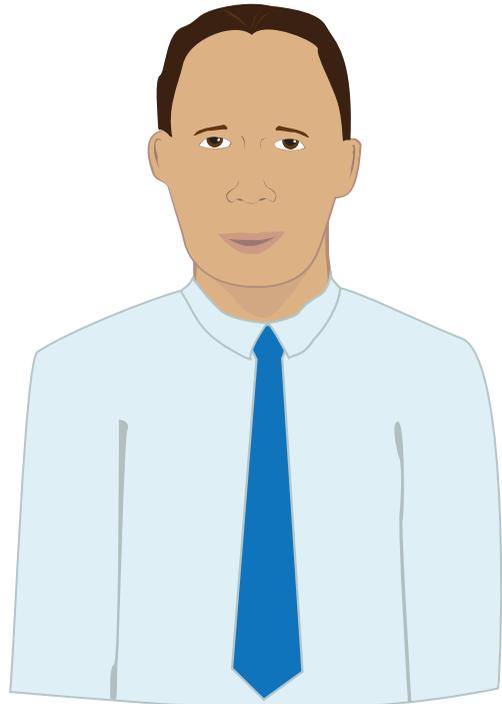
As your baby's parents, you are an important part of the healthcare team for your newborn. We will regularly discuss his ongoing care with you and share information on his health to help you in your decision-making and participation in his care. If you have questions about your baby's health or his care, do not hesitate to request a team meeting.

Your baby needs you. The value of your participation in his care (being present, expressing breast milk, providing kangaroo care, keeping informed about his condition and needs, etc.) is immeasurable. Please refer to the section "What can I do for my baby?" We encourage all parents to be involved in their baby's daily care and to spend as much time as possible with their baby.

Who is involved in my baby's care?

Neonatologists and the Medical Team

A neonatologist (a doctor who specializes in caring for newborns) is in charge of your baby's medical treatment plan and supervises the NICU medical team. The medical team includes medical fellows, residents and students. Depending on your baby's unique needs, the neonatologist may consult with other specialists and team members. Usually, the neonatologists change every 2 weeks, but they share detailed information about every baby on the unit before this change. There is always a member of the medical team available to answer your questions.

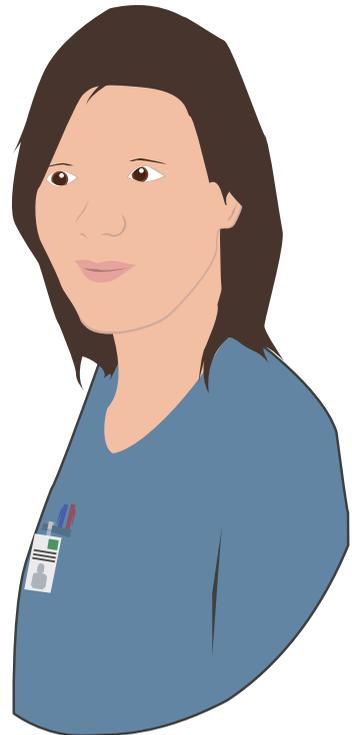


Neonatal Nurses

Nurses provide support and physical care to your baby 24 hours a day. They change shifts every 8 or 12 hours. Your baby will have a nurse assigned to him at all times. Nurses are responsible for providing all of the care for your baby, from feeding and bathing to giving medications and special treatments. Over time, you will learn how to take care of your baby's basic needs. You may also learn other specialized care that your baby will need at home.

Your baby may also have a "primary" nurse. This "primary" nurse will take care of your baby during each of her shifts, for the length of your baby's stay. Your baby's primary nurse will get to know you and your baby very well and will be responsible for much of the teaching you will receive in the NICU. On occasion, it may not be possible for your baby to have his primary nurse. Every effort will be made to encourage this special bond.

Nurses also play a major role in supporting and teaching parents. They do this in many ways, e.g. sharing important information and listening to your concerns. This helps them understand how to best care for your baby and family.



Advanced Practice / Specialized Nurses

In addition to staff nurses, you may meet other specialized nurses:

- Lactation consultants to help with breastfeeding
- Neonatal nurse practitioners who are nurses specializing in neonatology and can prescribe certain medications and treatments for your baby
- Clinical nurse specialists and nurse educators, who act as consultants and expert clinicians to help our unit use the latest research
- Nurse managers.



Other Important Healthcare Professionals and Staff Members

You may also meet other team members: the pharmacist, social worker, respiratory therapist, audiologist, occupational therapist, support staff from pastoral services, unit coordinators (the clerk at the front desk), service assistants (staff responsible for cleaning equipment and maintaining supplies) housekeepers or others. There is also an MUHC ombudsman available should you feel that you need this service.



Every MUHC employee you meet should be wearing an official MUHC identification card. If you do not see it, please ask.



What can I do for my baby?

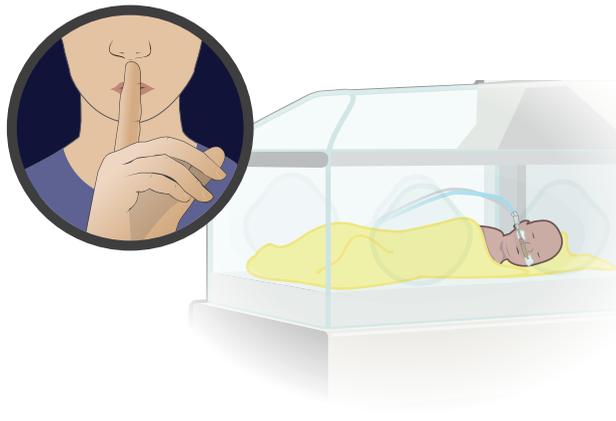
Families often express that they feel helpless when their baby is in the NICU. As parents, you are the most important people in your baby's life. We encourage you to be with your baby as much as you can and participate in his care as much as possible. Even if he is too sick for you to do very much, you can still talk to him softly, touch him and sing to him.

With time, you will be able to do more and more for your baby.

Developmental Care and Quiet Time

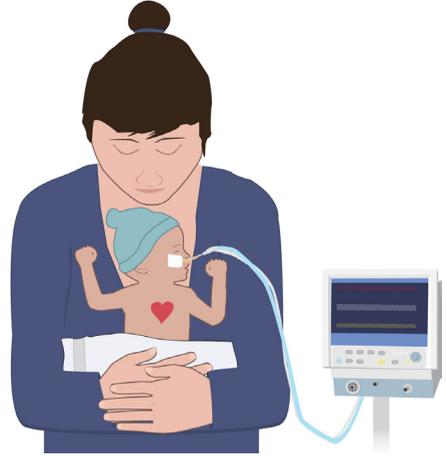
We work hard to provide the best care for your baby's health and development. The NICU environment, provides all the care your baby needs but it can be stressful for a sick or premature baby. We try to minimize stress in many ways, including by keeping noise levels and lights as low as possible.

The mornings can be busy on the unit because of all the care we need to give and because of the number of team members on the unit. In the afternoon, we try to give all babies a break from light, noise, and any treatment interventions (if they can wait) to help promote rest, growth and healing. This is called Quiet Time.



Kangaroo / Skin-to-Skin Care

Kangaroo care is the practice of holding your diapered, undressed baby on your bare chest. We encourage both mothers and fathers to do this with their babies. It is a good way to be close to your baby and it can help him in many ways. Kangaroo care can help his body temperature, heart rate, breathing, and can even help him gain weight. He may spend more time in deep sleep, or a quiet alert state, and cry less. Many mothers find that kangaroo care helps to improve their breast milk production.



Talk to your baby's nurse about the kangaroo care that would be best for your baby.

Reading and Your Baby

We encourage you to read books to your baby. Reading to your newborn will help you feel more involved with your baby's care, will help him know that you are there with him and will help him with his development.



Things from Home

Another thing you can do for your baby is to bring little things for him from home like a blanket, small toy, picture of your family, etc. Ask your baby's nurse to see what things might be best to bring.



Bathing

When your baby is big enough and well enough to be in an open cot, your nurses will show you how to take over bathing your baby. Your nurses will show you how to safely give a bath (the different steps, where to find what you'll need, etc) and will help you as you learn and get comfortable. Bath time is a great way for you and your baby to spend time together and get to know each other even more.



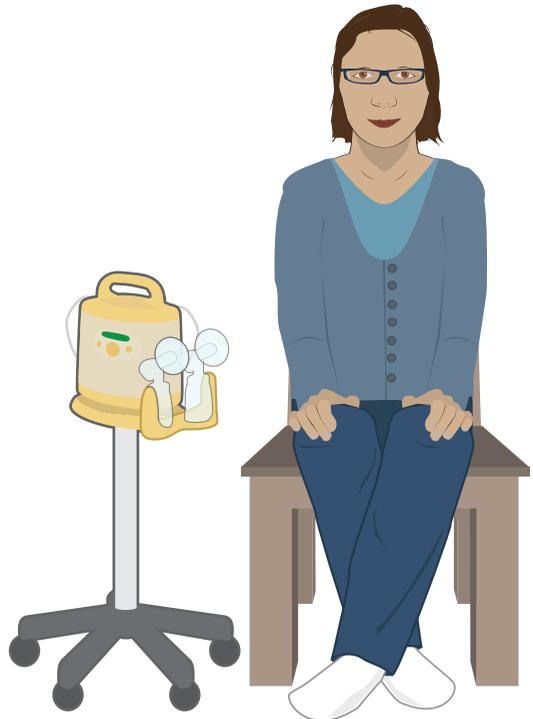
Breastfeeding

Breast milk is the ideal food for babies. We encourage all mothers whose babies are admitted to the NICU to breastfeed. The unique nutrients in breast milk are important for your baby's growth and long-term health. However, if you choose not to breastfeed or if you are unable to do so for any reason, we will support you.

Many babies in the NICU will not be able to nurse from the breast right away. It is important to start expressing your breast milk as soon as possible in order to establish and maintain a good supply.

Once your baby is stable, your breastmilk will be given to him either (a) through a feeding tube that passes from his nose or mouth down to his stomach, (b) by nursing at the breast, or (c) by bottle.

The way your baby receives your breastmilk (or formula) will depend on a number of factors that your nurse or doctor can discuss with you.



The NICU has two breastfeeding rooms and electric breast pumps for use while visiting. Breast pumps can also be rented for use at home. Your baby's nurse is trained to offer you breastfeeding support. In addition, a lactation consultant is available on the unit every Wednesday. Speak with your nurse if you would like to meet with a lactation consultant.

The lactation consultant team also offers a Breastfeeding Support Group for parents – look for invitations on your baby's bed to learn about upcoming meetings. Please refer to the unit's Breastfeeding Pamphlet for more information about breastfeeding your baby in the NICU.

Why do I feel this way?

All parents react differently to the birth of their premature or sick newborn. It is normal for parents to feel overwhelmed by stress and confused by their feelings. These feelings can include shock, denial, grief, sadness, anger and guilt. It is normal for parents to experience any or all of these feelings. Please know that with time and support most parents learn to cope with their unique situations.

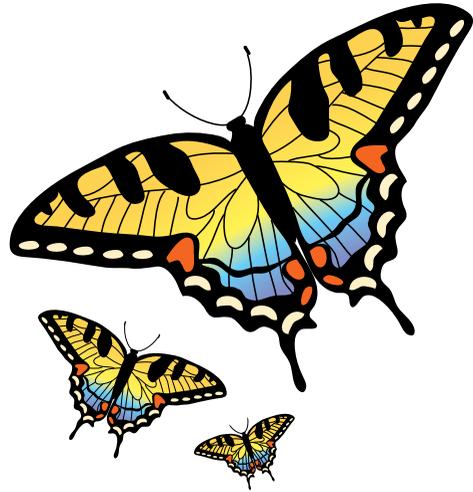
The birth of your baby may have been very different from the happy, joyful experience you were anticipating. The baby in the incubator or cot may not look at all like the one you were expecting. Most parents wonder why their baby was born prematurely or sick. Some parents blame themselves for the early or problematic delivery. Most times there is no medical explanation.

Having a sick baby is one of the most stressful experiences a parent can go through. The course of having a premature or sick newborn in the hospital is often unpredictable, with some good days and some bad. It is hard to know when you are “out of the woods”.



What have other parents found helpful?

- Learn about the common reactions so you understand that what is happening to you is normal. Some books on this topic are available in the family room.
- Talk with someone. This may be a spouse, family member, pastoral worker, social worker, mental health care worker or the baby's caregivers. Many new parents find it helpful to speak with other parents who "have been there". Pastoral, social services and psychiatric services consultations are available.
- Look for information about your baby and his health challenges.
- Ask lots of questions.
- Get involved in the care of your infant as early and as much as possible.
- Give yourself permission to take time to adjust/cope. Having a sick baby is likely one of the biggest life stressors that you have ever had.
- Ask for help.
- Take care of yourself.



What more do I need to know?

Parking

If it is expected that your baby will be on the unit for an extended period, parking passes are available for a reduced rate. Please save your parking receipts and inquire with the unit coordinator or your baby's nurse.



Library

We have a small library with books and videos about premature babies that parents may borrow. A small cash deposit is required and will be returned when the book is returned.

Playroom

A playroom is available at the entrance of the unit for older siblings while you visit your baby. A family member or volunteer must supervise children at all times. Ask at the reception to have the door opened.



Volunteers Program

Specifically trained and selected volunteers are present on the unit some afternoons and evenings. They are qualified to hold babies and provide attention and cuddles when parents cannot be here. They can also support your family by supervising older siblings in the playroom while you visit your baby.

Smoking Cessation and Guidelines to Reduce Exposure to Second and Third-Hand Smoke

For parents who smoke and wish to stop, we can help you to find resources to help you quit. You may be approached about stopping smoking. One of the most important things you can do for your baby's health is to stop smoking.



For parents who are not yet ready to quit, there are ways to minimize your child's exposure to second and third-hand smoke.

- It is best if you shower and change your clothes and refrain from smoking before visiting the NICU.
- Before visiting with your baby, wash any body part that will be in contact with your baby (face, hands, torso), brush your teeth, tie your hair back and change your top layer of clothing (you can replace it with a yellow gown).
- At home, go outside of the house to smoke.

Screening (Eye Exams and Hearing Tests)

Depending on your baby's health and the age at which he was born, your baby may need eye exams. These exams are done to rule out problems that premature or sick infants may have. If your baby needs on-going eye care after discharge, you will be referred to the Montreal Children's Hospital Ophthalmology (Eye) Department.

Hearing tests are done for every baby once they reach about 35 weeks gestation. If the baby is transferred to another hospital before reaching 35 weeks gestation and the receiving hospital cannot do the hearing screen, our Audiology (Hearing) department will arrange for the baby to be screened here at the RVH at a later date.

Support Groups (Parent and Breastfeeding)

Two support groups are offered on the unit and we encourage all parents to attend. They can be a good place to learn information and meet other parents. Watch for invitations attached to your baby's bed to let you know of the upcoming Parent Support Group and Breastfeeding Support Group meetings

Synagis Program

Depending on your baby's gestational age at birth, along with other factors, you may be approached about Synagis. Synagis is a medication that is given monthly during the flu season (October to April) that helps protect high-risk babies' lungs from severe Respiratory Syncytial Virus (RSV) disease. This vaccination helps prevent re-admission to the hospital.

Research

Our goal is to provide the best care possible for all babies. Therefore, our professionals conduct quite a few research projects. All babies can benefit from the results of this research. You may be approached about whether or not you would like to have your baby and/or family enrolled in one or more studies. Participation is absolutely voluntary. You will be given all the information necessary to make your decision and time to think about whether you would be willing to participate.

What do I need to know when my baby is being transferred to another hospital?

Depending on your baby's health, it may be necessary to transfer your baby to another hospital during the course of his hospitalization.



.....**Montreal Children's Hospital**.....

If your baby requires surgery, or other services not available for newborns at this hospital, your baby may need to be transferred to the Montreal Children's Hospital (MCH). This is another hospital under the umbrella of the McGill University Health Centre. The NICU team will let you know what to expect if a decision to transfer to the MCH is made.



Community Hospital

When the team finds that your baby is well enough and that he no longer needs intensive care, we will likely transfer him to another hospital for care until he is ready to go home. We transfer babies between hospitals in order to be able to provide the best care for all babies in Quebec. We always need to have room available for the sickest newborns, so that we can care for them as we cared for your baby when he was more fragile or sick. The decision to transfer will be made based on your baby's health. Even if your baby was conceived via assisted reproductive technology here at the RVH, it is entirely possible that your baby will be transferred to a hospital closer to your home when the neonatologist considers him to be well enough.

The decision of where to transfer your baby will be based on location (distance from your home) and availability of places to send him. If your baby was transferred to our hospital from another hospital, he will likely be transferred back when he is well enough. Although it can be stressful to transfer to another hospital, we try to make the transition as smooth as possible. Your understanding is appreciated.

What do I need to know before my baby goes home?

Discharge Checklist

Before your baby is discharged home, we recommend that you look over the following list as part of your preparation for the big day.

Before going home, I am comfortable:

- Giving my baby a bath
- Feeding him
- Giving him his medicine(s)

Before going home, I know:

- How to prepare the infant formula (if needed)
- How to take my baby's temperature
- Who to call if I have questions or concerns



On the day my baby is discharged, I have:

- A proper car seat that I know how to use and position in the car
- A pediatrician or a family physician (we can help you find a doctor for your baby but don't wait until the last minute)
- Received the vaccination booklet
- Received the information about "Safe Sleep for Your Baby" recommendations
- Received the PKU information package (if less than 21 days old)
- Received 2 discharge summaries (one for your records and one to give to your baby's pediatrician or family doctor)
- Received any necessary follow-up appointments or consultations

Forms/Insurance Papers - Plan in Advance

Depending on your baby's unique situation, you may need to submit various forms or letters to your insurance company (e.g. for special infant formula for premature babies) or to the government for increased benefits (e.g. handicapped/ premature baby benefit). The team will let you know what you are eligible for.

It takes some time to prepare these papers, so please plan in advance. The NICU is a busy unit so a last-minute request is impossible. This could also delay the start of your benefits. If your baby will require infant formula for premature infants and if you have a group insurance plan that covers it, we will need a copy of your insurance card.

Note: The masculine form ("he", "his", etc.) is used in this booklet for simplicity and refers to both boys and girls. We also refer to one baby, although some parents have twins or triplets

Important Phone Numbers

Neonatal Intensive Care Unit (NICU): 514-934-1934, ext. 31591

Director of the Division of Neonatology (RVH): 514-934-1934, ext. 34876

Nurse Manager: 514-934-1934, ext. 34725

Breast Pump Rental, 514-934-1934, ext. 34509

MUHC Social Worker, 514-934-1934, ext. 31863

MUHC Ombudsman, 514-934-1934, ext. 35655

Help Us Help Others

Help support the MUHC Patient Education Office! Donations make a huge difference. They help us create health information materials and programs to deliver the best care for life.

All patient materials are freely available on the internet to MUHC patients, and to patients and families everywhere.

Make a donation through the Montreal General Hospital Foundation to:



**MUHC Patient Education
Dr. David Fleiszer**



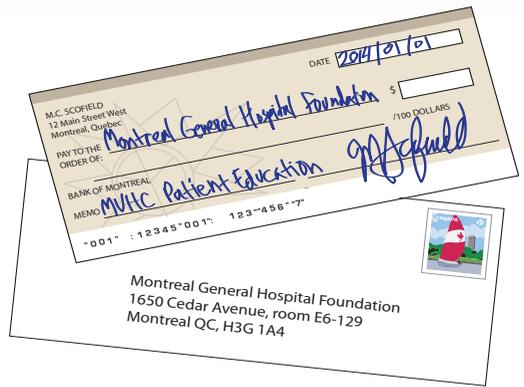
Online: mghfoundation.com/

By Phone: 514-934-8230

LA FONDATION DE L'HÔPITAL GÉNÉRAL DE MONTRÉAL



THE MONTREAL GENERAL HOSPITAL FOUNDATION

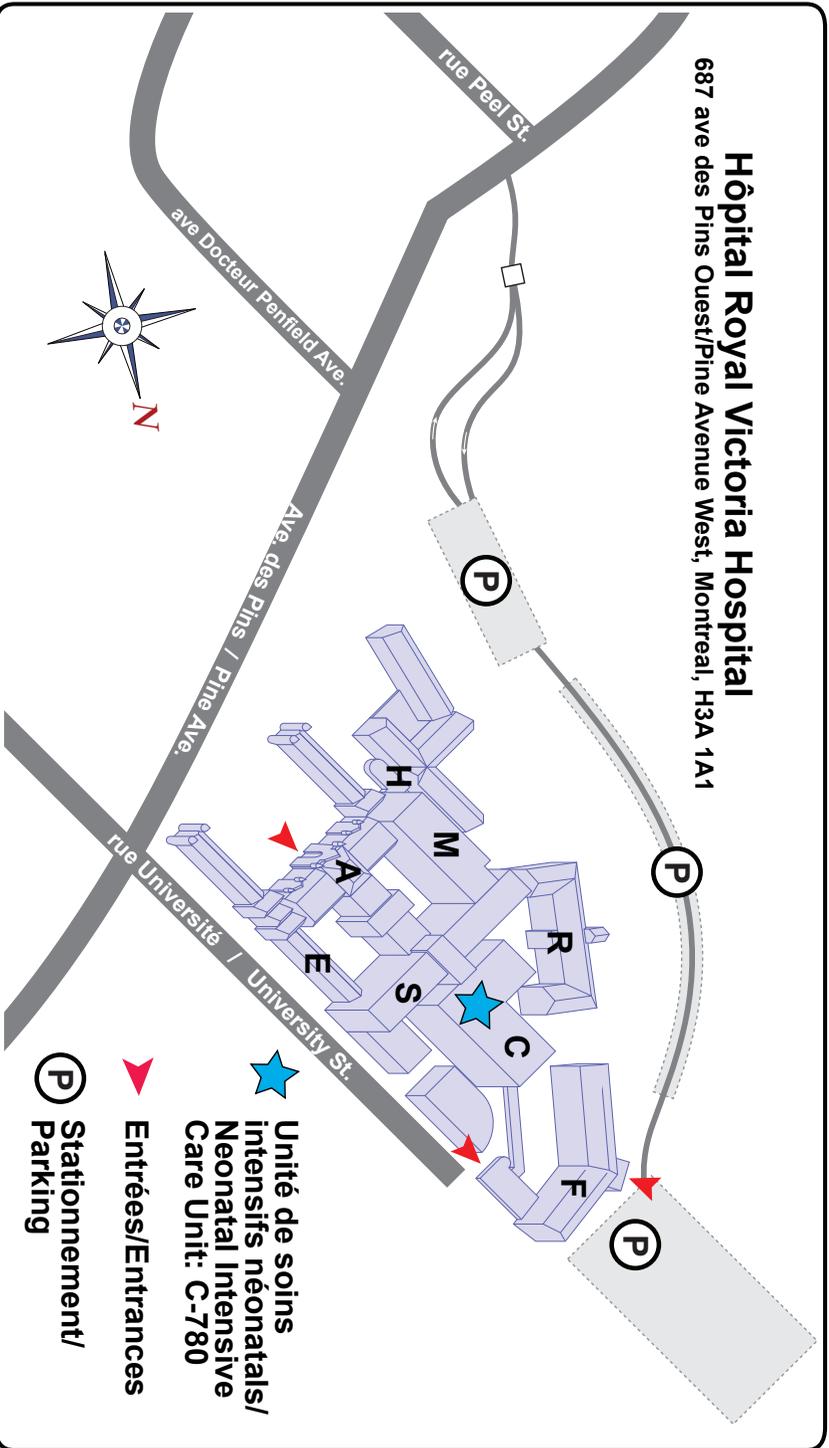


In Person / By Mail: 1650 Cedar Avenue, room E6-129
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Thank you for your support!

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MUHC Patient Education Office: muhcpatienteducation.ca

Hôpital Royal Victoria Hospital
687 ave des Pins Ouest/Pine Avenue West, Montreal, H3A 1A1



★ Unité de soins
néonatales/
Neonatal Intensive
Care Unit: C-780

▲ Entrées/Entrances

Ⓟ Stationnement/
Parking