

WELCOME to the NICU at Owensboro Health

Staying with us was probably not part of your plan when you envisioned having a baby.

You wanted everything to be perfect, and your greatest desire was to bring home a happy, healthy baby. Now that you are in the NICU, your road may be a little longer, but we want you to understand we will give your baby the very best care possible.



This book belongs to:



Thank you for letting us take care of your baby. This is an honor and a responsibility that we do not take lightly. We will be with you every step of the way.

NICU:
270-417-5390

We know you feel overwhelmed, scared and out of control right now. You're missing special events you had planned for the end of your pregnancy, and you're sad about that. You're not sure how to juggle the responsibilities of your other children. You're missing work. You're recovering from having a baby.

These feelings are normal for someone in your situation. It's okay to not be sure what is going to happen. It's okay to ask for help. You are not alone – we have resources built just for you.

Start with this guide, which will be invaluable while you are here and even after you go home. You will find lots of information specific to the NICU and premature babies so that you know what to expect while you are here. You will also find general information about Owensboro Health that will help you navigate your stay here.

We want to be honest – you will experience a roller coaster ride of emotions while your baby is in the NICU. You will have good days and hard days, happy days and sad days. Through it all, we are here for you.

We are incredibly proud of what we have built in the NICU at Owensboro Health. Everyone here is working with you for the good of your child. We are all on the same team, and you have an active, important part to play. We want you to be involved in the care of your child. Jump in. Learn to give him a bath, to take her temperature. Don't be afraid to ask questions. Your child will respond to you more than anyone else, so we need your help.

Owensboro Health operates the largest Level III certified neonatal intensive care unit in western Kentucky.

We achieved this designation only after an extensive certification process. Level III NICUs are qualified to take care of babies born as early as 27 weeks.

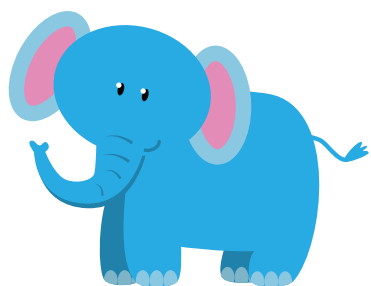
If a baby is born at Owensboro Health before 27 weeks, or if a baby requires certain surgeries, we take advantage of our partnership with Norton's Children's Hospital and the University of Louisville to transfer the baby there for more specialized care.

The Owensboro Health NICU is also a member of the Vermont Oxford Network, a group of health care professionals dedicated to improving the quality and safety of medical care for newborn infants and their families. This network gives us a way to benchmark our unit against other hospitals across the nation to ensure our standard of care is as high as it possibly can be.

Owensboro Health NICU ACCREDITATION



Our Mission: Owensboro Health exists to heal the sick and to improve the health of the communities we serve.



Welcome TO YOUR PRIVATE ROOM.

When your child is in the NICU, we understand you don't want to share space with a complete stranger. You need privacy and time together as a family. That's why every single bed in our 20-bed facility is in a private, single-family room. You won't have to share your space with anyone – in fact, we encourage you to decorate your room to make it as home-like as possible for you. (Please do not bring in fresh flowers or latex balloons – these items could cause allergic reactions for many of our patients.) Many rooms also overlook our private courtyard garden, which provides a comforting view.

The couch in your room pulls out into a bed so you have a comfortable place to sleep, and there is plenty of space for you to store clothes and personal items, including a safe for valuables. Please lock up anything of value, including any prescription medications you have with you. While individual rooms do not have showers, we do have a parent lounge area that includes a shower you can use.



NICU:
270-417-5390

SNACK TIME

Your first instinct when you see the words "snack time" is to think about kids, but we do things a little differently in the NICU. Every afternoon at 2 p.m. in the parent lounge, we provide snacks for parents and family members who are with their children. This time is valuable for a couple of reasons: you're probably hungry (we have a great cafeteria, but it's still not home-cooking) and we have found that it does parents good to talk with others who are in similar situations.

Bringing all of you to snack time for a few minutes each day helps you build relationships that will last for a long time. There's something about going through a difficult circumstance at the same time that bonds people together, and you will need that support throughout your journey.

TECHNOLOGY

You will notice technological equipment everywhere you look in your room and in the NICU. We use this state-of-the-art equipment to treat your child. The most prominent example is

probably the Giraffe OmniBed incubator you see in your room. If you have questions about how the Giraffe Bed or any other equipment works, please ask us – we love to explain how your child is getting the best treatment we can provide.

HAND HYGIENE

One note about washing your hands – we all have germs on our skin that can cause infection and disease for the vulnerable babies in the NICU. Please make sure that every time you enter the NICU, you thoroughly wash your hands with soap – for one full minute – to make them as clean as possible. Use the antibacterial gel throughout the unit for extra protection after scrubbing with soap and water.

You can transfer germs to a chair, counter, etc., even if you do not plan to touch or hold a newborn in the NICU. These germs can then be transferred to a sick baby. It is important to take hand washing seriously because infection is one of the greatest dangers to these fragile infants. We encourage you to ask a staff member to show you proper hand washing on your first visit.

Overnight ACCOMODATIONS

Funding for the Owensboro Health hospitality suites at Owensboro Health Regional Hospital is provided by Owensboro Health Foundation.



Hospitality Suites

If you have family or friends who need to stay overnight while visiting, or if you want to remain close to your child but need a night out of the NICU, take advantage of Owensboro Health's comfortable and affordable hospitality suites on the first floor of the hospital. The suites are open to anyone visiting a patient at Owensboro Health.

SINGLE AND DOUBLE SUITES SIMILAR TO HOTEL ROOMS ARE AVAILABLE AND INCLUDE:

- Private bathroom and shower
- Wi-Fi, computers and a children's station with touchscreen games
- Cable TV
- Laundry machines that are free to use, plus detergent and fabric softener
- In-room refrigerators and microwaves
- Complimentary coffee and hot chocolate
- Toiletries
- Housekeeping

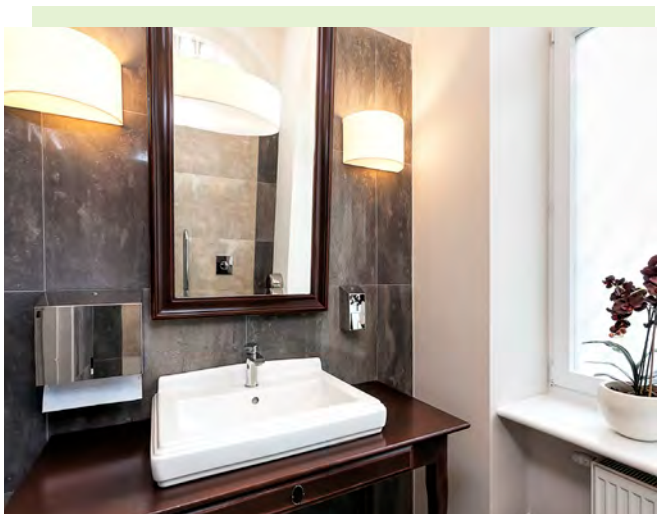
DEPENDING ON SUITE AVAILABILITY, YOU MAY CHOOSE FROM:

- One of six single-bedroom suites with space for four people
- A double-bedroom suite with space for six people
- One of our suites that complies with the Americans with Disabilities Act (ADA)

You can reserve a suite one day at a time for up to five days. One-bedroom suites cost \$25 per night, while a two-bedroom suite costs \$35. When you arrive at Owensboro Health, check in at the main lobby after 3:00 p.m. and give the name of the patient you're visiting. Our staff will then direct you to your suite, located on the first floor.

HOTEL INFORMATION

Below is a list of area hotels that also offer accommodations if needed:



Courtyard Owensboro

(2.8 miles)
3120 Highland Pointe Drive
Owensboro, KY 42303
270-685-4140

Days Inn

(4.6 miles)
3720 New Hartford Road
Owensboro, KY 42303
270-684-9621

Ramada Inn

(5.2 miles)
3136 West 2nd Street
Owensboro, KY 42301
270-685-3941

Sleep Inn

(6.1 miles)
51 Bon Harbor Hills
Owensboro, KY 42301
270-691-6200

Motel 6

(6.5 miles away)
4585 Frederica Street
Owensboro KY 42301
270-686-8606

Fairfield Inn by Marriott

(6.8 miles)
800 Salem Drive
Owensboro, KY 42303
270-688-8887

Hampton Inn Owensboro South

(6.9 miles)
615 Salem Drive
Owensboro, KY 42303
270-926-2006

Holiday Inn Express

(9.5 miles)
3220 W. Parrish Avenue
Owensboro, KY 42301
270-685-2433

Our goal is to provide the best care for all infants in the NICU.

We work hard to provide the most up-to-date medical care, and we also want to support the best quality of life for these infants. We need your help in reaching these goals. Please follow these guidelines so that all infants in the NICU are as comfortable as they can be.

Neonatal Intensive Care Unit **GUIDELINES**

• **NOISE:** Noise is very stressful for most infants. Please speak in quiet tones as your

voice may carry more than you realize. Please keep all phones, televisions and music to a minimum level.

• **HYGIENE:** Everyone has germs on their skin without being aware of it. You need to spend at least 60 seconds at the scrub sink washing your hands with soap to make them as clean as possible upon every entrance into the NICU. Use the antibacterial gel throughout the unit for extra protection after scrubbing with soap and water. It should not be used alone in place of soap and water.

To further minimize the risk of infection, we also ask that you remove everything below your elbows, including watches, rings, fitness trackers, etc. You should also take your jacket off and wear a cover gown if you have been in other areas of the hospital.

We work hard to provide the most up-to-date medical care, and we also want to support the best quality of life for these infants.

• **TOUCHING:** Please talk with the nurse or another member of the health care team before touching the baby for the first time. They will be able to show you the types of touch that can be most helpful for your baby.

• **SMELLS:** Some infants may be overwhelmed by strong scents such as perfume, cologne, lotion, oil or smoke. Please be aware of this when you come to spend time with your baby. Please encourage visitors to avoid wearing perfume or cologne prior to their NICU visit.

• **SMOKING:** Since a baby's lungs are still developing, certain chemicals that remain on the skin and clothes of a smoker are irritating. You and your visitors may need to wear a gown over your clothes while visiting the NICU if you smoke. A nurse can provide a gown as needed.

• **GIFTS:** It is okay to bring gifts or special items for your baby. However, please put your baby's name on all of his or her clothes. Make sure that any toys or other gifts placed with your baby are washable. This is for your baby's protection. Please do not bring any fresh flowers or latex balloons into the NICU. Mylar balloons are okay to bring.

• **FOOD:** Food is not allowed in the NICU. Please feel free to use our parent lounge when you need a snack or a drink. Covered drinks are only allowed in the baby's room.



NICVIEW - REMOTE CAMERA MONITORING SYSTEM



NICVIEW™ IS AN INNOVATIVE SMALL CAMERA SYSTEM PLACED AT A BABY'S BEDSIDE WITH PARENTAL CONSENT.

NicView is installed in designated bed spaces in the NICU which allows parents, family and friends to view their infant in real-time, 24/7, through a secure on-line portal.

This service helps families develop that bond with their preemie or hospitalized infant even

when they can't be in the NICU with them.

NicView can add peace of mind and provide reassurance

when you can't be at the infant's bedside.

The camera delivers a secure image stream for parents and family members to view their baby remotely. Family members can securely access NicView from anywhere there is an internet connection via a laptop, smartphone or tablet. The service is compatible with any internet capable device and most popular browsers.

OWENSBORO HEALTH FOUNDATION

provided the funding to purchase and install the NicView system in the NICU at Owensboro Health Regional Hospital. Now all 20 single-family rooms, located throughout the licensed Level III unit, are equipped with a camera at each isolette.

FAQS

IS NICVIEW™ SECURE?

NicView™ produces a streaming image that travels securely with up to 256-bit SSL encryption, the current web standard, similar to online banking. Cameras do not transmit sound & do not record video. No other users will have access to your baby's images unless you have provided them the log-in credentials.

HOW DO I ACCESS NICVIEW™?



Once you have signed a consent form to use the NicView™ Streaming Camera System, you will be provided a print-out with your unique log-in credentials. These credentials can also be emailed or texted to you and are for you to share with your family and friends if you desire.

Please remind family and friends not to share your log-in credentials with others without your permission.

To access private streaming images of your baby, go to: www.nicview.net

Enter your unique log-in User Name and Password to connect. The first time you or a family member log-in from a new computer, tablet or smartphone, you may be asked to acknowledge a one-time consent.

WHAT WILL I SEE?

Once you are logged in, you will start receiving streaming images of your baby.

However, if the nurse is caring for your baby, the camera may be temporarily 'off-line' in which case you will see an 'off-line' image. Please check back shortly. Remember, your baby's care is the TOP priority and your baby's image may be off-line frequently. Please be patient and know your baby is receiving great care.

WHO DO I CONTACT FOR TECHNICAL SUPPORT?

What if I have technical trouble, need assistance logging in, or the camera needs to be adjusted? NicView™ provides technical support 24/7 for family members. Please call 855-Nic-View (855-642-8439) for all your technical needs.

HELPFUL INFORMATION ABOUT NICVIEW™ FOR PARENTS

- The intent of the camera is to be a comfort and connection for you and your family. If you find the NicView camera creates anxiety or is a distraction, please let the staff know and the camera can be turned off.
- Most of our cameras are pole mounted and can be moved as your baby moves. If you feel the camera lens needs to be repositioned, call the NicView technical service number at the bottom of the viewing screen. The camera lens can be repositioned remotely.
- If your baby has a blanket over his/her incubator to protect from ambient light, your view will be darkened.
- If your baby is under phototherapy, the color will be distorted.
- The camera will be off-line when care is being provided for your baby.

THINGS TO EXPECT

- Your baby may have spit up
- Your baby may lose his/her pacifier
- Eye patches may slip or phototherapy may be turned off
- Your baby will not be available to view due to nursing/medical care

The care you see and experience when you are in the NICU is the same when you are home. Babies will move, cry, spit up and these are all natural baby responses. We ask for your patience during these times and please know your nurse is providing excellent care to your baby.

NicView™ Support Line 855-NICVIEW (855-642-8439).

SONIFI: Computerized Education & Entertainment System

Introducing Sonifi

The television in your room is a computerized education and entertainment system called Sonifi designed to help patients participate in their own care.

TV AND MORE

Your FREE entertainment options include:

- **TV CHANNELS** - Find your favorite shows
- **MOVIES** - Family-friendly movies available on demand
- **RELAXATION AND SPIRITUAL ACCESS** - to natural world programming and religious content
- **EDUCATION LIBRARY** - On-demand access to our full education library. Doctors can choose videos for you to watch regarding the health of your baby
- **SLEEP TIMER** - Set your TV to turn off at a time you choose
- **WHITE NOISE CHANNEL** - Set your TV to our white noise channel for a calming effect

YOUR CARE

Find important information about your stay in our hospital.

- **YOUR EDUCATION** - Watch educational videos specific to babies.
- **COMMON QUESTIONS** - Get answers to commonly asked questions from our patients and families
- **GOING HOME** - Prepare yourself and your baby to leave the hospital when the time comes

OTHER SERVICES

Find important information about Owensboro Health and the services we provide:

- **HOSPITAL SERVICES** - Learn about additional services through our hospital and healthcare system
- **SUPPORT GROUPS** - Learn more about the different support groups available with us
- **PATIENT FEEDBACK** - Provide us with feedback about your stay
- **GIFT SHOP** - Learn about our gift shop and the items available

The NICU VISITATION POLICY



Mother-Baby Visiting

Visitors must check in on the third floor of the Mother-Baby building, present picture identification and obtain a name badge to visit patients in Mother/Baby or Labor and Delivery.

While mom is still recovering in the hospital, you can enter the NICU from the Mother/Baby unit. Once mom has been discharged, however, you must park in Parking Lot A in front of the building and then take the main elevators to the third floor. Once you arrive on the third floor, follow the signs for the entrance to the NICU. Please see a map of the hospital for directions.

The NICU is a locked unit that requires a photo ID to enter. A video intercom allows the staff to see who is at the door. All visitors entering the NICU will be asked to perform a 60-second hand washing at the beginning of each visit. They should wash their hands and arms up to the elbow with soap and warm water for one minute.

Family members and friends (18 and up) are welcome to visit the NICU as they are an important part of the healing process. The number of family members and guests at the bedside is dependent upon the needs of the patient and caregivers. In general, the number of people at the bedside should be limited to two in addition to the mother and/or significant other whom she designates.

Mothers will give the nurses an authorized visitors list for each baby in the NICU. Authorized visitors include the mother, a significant other and four additional visitors of her choosing. Only the mother or significant other may escort

visitors not listed on the authorized visitors list to the bedside. The four authorized visitors may visit without the mother or significant other being present, but they cannot bring other visitors of their own. **The authorized visitors list cannot be changed after the mother is discharged.**

Please remember this is an intensive care unit. We ask that you keep your phone, television, music and voices to a minimum.

SIBLING VISITATION - THE NICU IS CLOSED TO SIBLING VISITATION DURING VIRAL/RESPIRATORY SEASON.

A sibling is defined as the brother or sister of the patient under the age of 18 (includes stepbrother or stepsister). A sibling may visit at any time when accompanied by a parent. Nurses must see a copy of each sibling's current immunization record and conduct a health screening interview prior to sibling visitation.

More than one sibling may be at the baby's bedside at one time. The length of the sibling visitation will be at the nurse's discretion. Families should remain in their baby's room and should not enter any other baby's room.

Siblings younger than age 3 or 4 may not be able to understand the nature of the baby's illness and needs. In addition, they may require a high level of supervision to maintain safety in the NICU. Please keep this in mind when bringing a young sibling into the NICU.

CUDDLE TIME

We hold "Cuddle Time," quiet healing time hours from 10 p.m. to 6 a.m. each night, and again in the afternoon from 1 to 2:30 p.m. During this time, traffic is limited and noise is kept to a minimum to allow babies time to rest.

What you need to know about the HOSPITAL.



CAFE

Daily hours: 6:00 a.m. - 10:30 a.m.

11:00 a.m. - 1:30 a.m.

Coffee Bar & Starbucks - Limited hours.

For families, visitors and staff, the Café serves breakfast, lunch and dinner. The Café is managed by Morrison's - a renowned name in food service. The Café serves a variety of hot meals, including:

- FIT (healthy dining options) items
- Exhibition cooking
- Fresh grill service
- Soup and salad bar
- Italian area
- Fresh assembly area
- Fresh baked items
- Grab-and-go convenience items
- An assortment of beverages and snack items
- Subway
- Krispy Kreme

GIFT SHOP

The Gift Shop features a variety of personal items, baby gifts, magazines, books, candies, toys and flowers - with all proceeds supporting volunteer programs within the hospital.

The Gift Shop is located on the first floor of the hospital, just to the right of the main entrance and past the visitor elevators. Purchased items can be delivered directly to a patient or employee.

HOURS

Monday - Friday, 8:00 a.m. - 7:45 p.m.

Saturday, 10:00 a.m. - 4:45 p.m.

Sunday, 1:00 p.m. - 4:45 p.m.

**Please do not bring live flowers or latex balloons into the NICU.

GENERAL INFO

PHONE CALLS

Internal Calls - While in the building, you may call any patient room or office by dialing their five digit extension

Local Calls - Dial: 9 + number

Long Distance - Dial: 9-1-800-CALL-ATT (225-5288)

INTERNET ACCESS

Guests may enjoy complimentary Wi-Fi access throughout the hospital and the adjoining Pleasant Valley Center medical office building.

MAIL

If you need to send outgoing mail, you can give your mail to the guest relations specialist on each floor, and he or she will be happy to get it to the mail room for you. Mail delivered to the hospital after you have been discharged will be forwarded directly to your home.

NEWSPAPERS

Newspapers may be purchased in the cafeteria on the first floor. Newspapers are also delivered to the nurse's hub in the NICU.

Getting around the HOSPITAL



Park in Parking Lot A and enter the NICU via the main elevators after mom is discharged.



EXCELLENT Care Always!

We want to
learn from
your feedback

A positive experience and feeling comfortable can help while we're caring for you. If there's anything we can do to help you feel at home while you're our guest, please let us know.

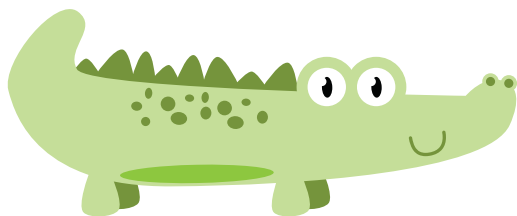
After your visit, you may be contacted via email or phone call by Professional Research Consultants (PRC), the third-party organization which reaches out to our patients for feedback. We promise that your responses will be kept anonymous unless you choose to provide your name and contact info.

OwensboroHealth.org



MEMBERS of your baby's Care Team

During your child's time in the Owensboro Health NICU, he or she will have many health professionals involved in his or her care. The NICU team includes doctors, nurses and other personnel who are trained in the special care needs of critically ill infants. This section describes the various professionals who will be dedicated to the care of your baby.



Contact your care team:
270-417-5390

MOST OF YOUR DAILY CONTACT WITH MEDICAL SPECIALISTS will be with the neonatal nurse practitioner and neonatologist. The neonatologist and the neonatal nurse practitioner work together to provide 24/7 coverage in the NICU.



NEONATOLOGIST – A pediatrician with advanced training in the care of critically ill infants. All babies in the NICU will have a neonatologist assigned to them throughout their stay. If you have not yet met your baby's neonatologist, ask your baby's nurse to introduce you soon.

NEONATAL NURSE PRACTITIONER – A registered nurse with advanced education in the knowledge and management of sick newborns. The nurse practitioner works closely with the neonatologist.

Many other specialized doctors (pediatric surgeons, pediatric heart surgeons, pediatric neurosurgeons, infectious disease specialists, etc.) are also available at Norton's Children's Hospital - they are just a phone call away if needed. Each morning, the doctors and neonatal nurse practitioners make rounds to each bedside to review condition reports and discuss the day's treatment plan. Rounds sometimes can take several hours, but we encourage parents to be at their baby's bedside during this process. If you want to talk with your baby's doctor at any other time, please tell the nurse.

NURSES

A nurse specially trained in the needs of sick newborns will care for your baby at all times. A nurse will be assigned to your baby during each shift. When you call or visit, ask to speak to your baby's assigned nurse, who can provide the most current information about your baby's condition.

Nurses in the NICU have completed the Neonatal Resuscitation Program, which provides specialized resuscitation training to anyone who cares for infants at the time of delivery. They also complete a 12-week orientation period when they first join the NICU, as well as a neonatal curriculum that offers various additional classes and training.

RESIDENT – A medical doctor who has already graduated and is now completing additional training for infants and children. A resident is supervised by the neonatologist.

MEDICAL STUDENT – A medical student is a student doctor who has not yet graduated. They spend several weeks in the NICU during their education.

RESPIRATORY THERAPISTS

Respiratory therapists are trained in newborn breathing conditions and are skilled in treating and monitoring these conditions.

DIETITIAN

Registered dietitians with special training in the nutritional needs of newborns and infants plan and monitor the nutritional needs of babies in the NICU. Once the plan is in place, they also monitor the growth of every baby to ensure the feedings are meeting each baby's needs. In addition, dietitians provide education and resource support for nursing and medical staff members.

LACTATION CONSULTANTS

Lactation consultants are specially trained professionals available to help mothers who want to breastfeed their babies. They can help mothers make the transition to breastfeeding, help you with any issues and teach you about pumping and storing your milk. If you would like to talk to a lactation consultant, please let your baby's nurse know.

DISCHARGE PLANNER

Learning to cope with a long stay in the hospital or with a difficult illness can be hard for patients and their families. Discharge planners are available to ease these stresses by helping you with some of the issues that might arise as a result of being in the hospital. Among other things, they can provide support and assist you with resource referrals.

VOLUNTEERS

At Owensboro Health, we use volunteers in the NICU who have completed both hospital training and specific NICU training. Under the watchful supervision of the nursing staff, volunteers can hold and/or interact with babies when families are not available. If you would rather not participate in this service, please let your baby's nurse know.

CHAPLAINS / SPIRITUAL CARE

We know that faith is an important part of the NICU journey for many of you. At Owensboro Health, we have chaplains who can help you and your family during your baby's stay in the NICU. They care for people of all faiths by helping you with spiritual and emotional concerns, praying with you, arranging sacraments for you and your baby, providing a Bible or other religious resources and helping you contact a representative from your own faith tradition.

This journey can be difficult at times – remember that you are not alone. Your nurse can page a chaplain who can come to your baby's bedside to offer comfort at any time. They can even set up regular times to visit and pray if that would be helpful to you. To contact a chaplain, just call 270-417-2100 or ask your nurse to get in touch with the Owensboro Health Pastoral Care Department.

The Mercy Chapel of Hope, located on the first floor to the right of the main entrance, across from Starbuck's, is always open for prayer, meditation and quiet time. Spiritual items (including rosaries, large print Bibles and spiritual reading materials) are available upon request.

OTHER MEDICAL CAREGIVERS

Many other medical professionals will likely be involved in your baby's care, depending on his or her special needs. Some of these caregivers can include physical therapists, x-ray technicians, laboratory technicians and additional helpers who can perform specialized tests.



Caring for your BABY

In addition to the medical professionals taking care of your baby, you also play a very important, active role as parents. We are all on the same team, and while you may not be sure of how to participate, we want you to be active in learning to give your baby a bath, take his or her temperature and much more.

And most importantly, you will know your child better than anyone, so please let us know if you have a question or if something does not seem right to you. Here are a few specific ways you can help:

TAKING YOUR BABY'S TEMPERATURE

Making sure your infant stays warm is a very important part of his or her NICU stay. We check temperatures often in the NICU. Your nurse can teach you how to take your baby's temperature accurately. We encourage you to participate in this as soon as you feel comfortable doing so.

CHANGING YOUR BABY'S DIAPER

Just because your baby is in the NICU doesn't mean you can't change their diaper. We keep the appropriately sized diapers and wipes at the bedside. You will also find a barrier cream to use for their sensitive skin. You may feel nervous the first few times you change your baby's diaper, but don't worry...we are here to help! Jump in and change those diapers as soon as you and your baby are ready.

BATHING YOUR BABY

Once stable, babies in the NICU receive a bath every few days or as needed. Your nurses will be happy to assist you with bathing your baby. There are several different ways babies are bathed, depending on their stability and age.

FEEDING YOUR BABY

Nutrition is key to your infant's growth and development. In the NICU, there are a variety of ways babies receive nutrition. Your baby may receive nutrition through their IV initially. Once the Care Team determines your baby is ready, they may be fed through a feeding tube or may be able to breast or bottle feed. Once feeds are started, these will typically occur every three hours. Regardless of the way your infant is fed, we want you to be a part of it. Your nurse will guide you in your role during feeds.

HAND CLEANING

Cleaning your hands is the best way to prevent the spread of germs. Clean your hands often. There is soap and water in every patient room, and dispensers with alcohol gel or hand sanitizer are in all rooms and patient care areas. Clean your hands using the alcohol gel before and after you do anything for your child. If you can see any dirt on your hands, clean them with soap and water first, followed by the alcohol gel.

Ask your nurse for a bottle of hand sanitizer to keep with you for times when you are unable to get to a sink or one of the dispensers.

Remind your family and other guests to clean their hands using the alcohol gel before and after they visit. If their hands have any visible dirt, they should wash them with soap and water followed by the alcohol gel.



Caring for your BABY

VISITOR ILLNESS

Another good way to be involved in your baby's care is to instruct all family members and friends NOT to visit your baby if they have any of these symptoms:

- Runny nose
- Fever
- Cough
- Red and/or draining eyes
- Vomiting
- Diarrhea
- Recent smallpox vaccination
- Rash
- Exposure to chickenpox

These instructions unfortunately apply to you as parents also. We understand that it will be agonizing not to be with your baby if you have any of these symptoms, but please remember that these practices are for the good of your child and the other babies in the NICU.



YOUR BABY'S SPACE

Maintaining a clean environment in and around your baby's bed helps to decrease the risk of spreading infection. Please help us keep your baby's space clean.

ISOLATION PRECAUTIONS

Follow all instructions on signs posted in your child's patient area. In the NICU, we may ask you to wear isolation gowns, gloves or masks to protect your clothing from germs that could be spread from person to person. Do not, however, wear these items in other areas of the hospital, or you could spread germs throughout the hospital. This is for the safety of you, your child and everyone else in the hospital.

KEEPING YOUR CHILD COMFORTABLE

If you are concerned, so are we! Good pain control is a very important part of your baby's care. We want your child to be as comfortable as possible – studies have shown good pain control may improve overall recovery.

Please let us know if you think your baby is in pain, and please don't hesitate to ask the staff to show you different ways you can help keep your child comfortable. The options below may also be appropriate to help control your child's pain.



ENVIRONMENT

- Calm/quiet
- Limitation on visitors
- Dim lights
- Room temperature

PHYSICAL/EMOTIONAL/SPIRITUAL SUPPORT

- Social Services
- Palliative care
- Family interaction
- Pain education
- Personal needs
- Massage/gentle touch
- Chaplains
- Laughter

MEDICATIONS

- Oral
- Toot Sweet
- IV

POSITION

- Elevation
- Proper alignment
- Therapeutic holding
- Swaddling

DISTRACTIONS

- Music therapy
- Books/movies/TV

Speak UP

SPEAK UP

S – Speak up if you have question or concerns. If you do not understand the answer, ask again. You have the right to know.

P – Pay attention to the care your child is receiving. Make sure your child is getting the right treatments and medicines by the right health care professionals. Do not assume anything.

E – Educate yourself about your child's diagnosis, medical tests and treatment plan.

A – Ask a trusted family member or friend to be your advocate.

K – Know what medicines your child is taking and why. Medicine errors are the most common health care errors.

U – Use a hospital, clinic, surgery center or other type of health care organization that has undergone a rigorous on-site evaluation by a reputable source.

P – Participate in all decisions about your child's treatment. You are the center of the health care team.

KANGAROO Care

Kangaroo Care was first started in Bogotá, Colombia. Doctors had parents hold their babies this way because they did not have enough beds and equipment to care for the babies. Mothers “kangarooed” their babies 24 hours a day, seven days a week. Dads helped to give moms a break. The word about this very positive way of holding your baby began to spread around the world. Research all over the world has shown that Kangaroo Care helps infants and their families, and the research still goes on today. NICUs in the United States began helping families with this type of touch in the late 1980s.



Kangaroo Care is a special way to hold your baby that is very important part of your baby's care. It is called Kangaroo Care because it is similar to the way a baby kangaroo is snuggled against its mother.

With your baby in a diaper and hat, a nurse will help to place your baby against your bare chest.

HOW CAN MY BABY AND I BENEFIT FROM KANGAROO CARE?

- It may help you feel closer to your baby while he or she is in the NICU.
- It may help moms have better milk supply for their baby.
- Your baby may sleep better and gain weight faster.
- Your baby may be able to go home sooner.
- Your baby may be alert longer when he or she is awake.
- Your baby may be calmer and cry less.
- It may help your baby to have more regular breathing.
- It may help increase your confidence in caring for your baby.
- It may help decrease stress in the mother or father.
- It may help decrease your pain or discomfort.

WHEN WILL MY BABY BE ABLE TO TOLERATE KANGAROO CARE?

It depends on your baby. Please ask your baby's nurse and/or doctor if Kangaroo Care might be helpful to your baby.

HOW OFTEN CAN I DO KANGAROO CARE?

- You can kangaroo daily or more than once a day if your baby is doing okay and you are comfortable.
- You can kangaroo for as long as you and your baby are comfortable, and your baby is stable.

WILL MY BABY BE MONITORED DURING KANGAROO CARE?

- Your baby will have the same monitors on as when he or she is in the incubator.
- Your nurse will be nearby, or another nurse will be close to help you if your nurse is on a break.

Please talk with your nurse if you have any other questions.

YOUR BABY'S Special Language

BABY'S DEVELOPING MOVEMENTS

Below is a list of things your baby might do:

- Become easily startled at someone's touch or by sudden noises and bright lights
- Sleep a lot
- Move arms and legs in a jittery way
- Push shoulders back and/or up
- Cry one minute and then fall asleep quickly
- Be awake, alert and seem OK, then cry right away
- Straighten arms and legs; arch back or neck

It helps a lot to know what your baby is trying to tell you. You probably already know most of your baby's signals, and it will help your baby when you notice and react quickly to what he or she is trying to tell you.

Your baby's cues are divided into three sections:

- I am ready to play
- I am soothing myself
- I feel overwhelmed



1. "I AM READY TO PLAY"

These signals let you know that your baby is relaxed and comfortable. This is the best time to interact with your baby. Here are some ways your baby may try to tell you he or she is ready for some special time with you:

- Stable pink color
- Regular breathing
- Brings hands to mouth/face
- Smooth movements of arms and legs
- Good muscle tone throughout body
- Bright-eyed



- Smiling
- Cooing/"Ooh" face
- Responds to sound
- Pays attention to movement
- Seeks face and eye contact

2. "I AM SOOTHING MYSELF"

These signals help you see that your baby is calming himself or herself. He or she may be stimulated by noise, lights, activity or handling, but is finding a way to cope:

- Putting hand over face as if to block out light
- Grasping blankets, fingers or tubes, or your finger
- Folding fingers/hand clasping
- Bracing foot or leg; one on top of or next to the other
- Sucking on a pacifier or fingers
- Becoming drowsy or falling asleep
- Changing body position

YOUR BABY'S Special Language

3. "I FEEL OVERWHELMED."

These signals are ways that babies let us know that they are stressed with what is happening around them or to them. Premature babies have an immature nervous system. They are always trying to adapt to their environment. It does not mean that you are doing anything wrong. They are just trying to tell someone they need help. You will learn your baby's special way of talking with you as you spend more time together.

- Skin color changed from pink to pale, white or blue
- Changes in breathing – either fast or slow
- Avoiding eye contact or staring
- Yawning, hiccupping, grunting, gagging, vomiting, sneezing, coughing, weak cry
- Having stiff legs or arms, fingers spread wide apart, fisting, arching, jerky or frantic movements
- Limp legs, arms, face or body
- Glassy-eyed
- Restless or unable to settle
- Turns head away



Babies have a way of letting us know how they are doing by the way they act. You can respond more quickly to help your baby if you understand what he or she is trying to tell you. Watch your baby closely so you can learn his or her special language.

CALMING YOUR BABY

Here are some things you can do if your baby has trouble self-calming:

- Swaddle your baby.
- Hold your baby, without rocking or talking.
- Ask others around you to talk softly.
- Shield your baby's eyes from the lights if they are bright.
- Ask your nurses if the lights can be dimmed.
- Kangaroo your baby.
- Help your baby keep a pacifier in his or her mouth to suck on for comfort.
- Rather than stroking, use your steady hands to give your baby a boundary.
- Place one hand around his or her head and slowly deepen your pressure. Watch to see if your baby is doing okay with this. If so, you can place your other hand around your baby's feet or on his or her chest.
- Sometimes your baby may need to go back to bed for a nap.

These signs do not mean your baby does not like your touch. At times your baby may just need to tell you it's too much right now. He or she will gradually be able to handle more with your help!



GENTLE TOUCHES IN THE NICU

A parent's touch plays a very big role in the recovery and growth of a baby who is born too soon. This special touch also is important for infants who are born with problems. However, a baby who is born many weeks too soon is easily overwhelmed. Stroking and rubbing are very stimulating types of touch. These types of touch can be quite disturbing for a very premature baby. Your baby will slowly be able to tolerate increasing amounts of gentle touches. We want to help you understand the best way to touch your new baby right now because it is important for you and your baby. It is always okay to talk with your baby's nurse about changing your baby's diaper or taking his or her temperature so you can touch your baby a little bit longer.



COMFORTING TOUCHES FOR YOUR BABY NOW AND AS HE OR SHE GROWS

- You can “blanket” your baby with your hands to provide a boundary and help him or her feel secure.
- First, prepare your baby for your touch by speaking softly so he or she does not become startled.
- Approaching your baby SLOWLY works best!

WHEN YOUR BABY IS ON HIS OR HER BACK

- You can place one hand around your baby’s head and slowly deepen your pressure.
- Is your baby doing okay with that? If so, you can place your other hand around his or her feet or on your baby’s chest.

TUMMY

- You can put one hand around the baby’s head and slowly deepen your pressure.
- If your baby is doing okay, then place your other hand on the back or bottom or around his or her feet.



SIDE

- You can put one hand around your baby’s head.
- Check to see if your baby is handling it okay. If so, place your other hand on the back, bottom or feet.

WHEN YOU ARE READY TO STOP

- Please remember to lighten your pressure first and then slowly take one hand away at a time, checking to see that your baby is not becoming stressed.

These are just some ways that your touch can help your baby feel secure in the NICU.



WHEN CAN MY BABY WEAR CLOTHES?

Babies born prematurely are not able to regulate their own temperatures at first. This can be related to their small size and lack of fat to keep them warm as well as the prematurity of the brain to work as a thermostat. In the NICU, we have a policy that helps guide us when an infant is ready to start wearing clothes and wean from the incubator/isolette. Ask your nurse when your infant may be ready to do so.

When it’s time to dress your baby, you may use the clothes the hospital provides or you may bring in your own clothes. If using the hospital’s clothes, please set aside the items if your infant soils them so your nurse can place them in the appropriate linen bin. We are happy to use your infant’s own clothing items as well. Please make sure you label them with a marker with the infant’s name or initials. This helps us keep your clothes and the hospital’s clothes separate and ensures that they return to you to be washed.

GROWING and Feeding



In some cases, your baby may not be sick anymore, but he or she may still need to stay in the NICU to ensure he or she is feeding well and growing in strength and energy. We affectionately call these babies “feeder-growers” because it so accurately describes them. If you have a feeder-grower, this is a good thing – it means your child is well on his or her way to going home.



Even when your child is doing well, you need to be aware that seemingly small issues can cause delays in returning home. You may become frustrated at the length of your stay when this happens. We usually tell parents that our goal is to get your baby home by your original due date. Depending on your baby’s needs, this may or may not be the case for you, but it’s a good rule of thumb to follow.

Many babies will experience small setbacks even as they grow stronger, and we want them to be fully able to handle life at home before we release them. We all have the same goal – to return a safe and healthy baby home as soon as possible. Life in the NICU is full of ups and downs, but we’re asking you to hold the course and keep faith as we all work through this journey together.

Gestational AGE

Helpful tips from your baby during his or her hospital stay



27 WEEKS

- I may enjoy being “kangarooed” if it is quiet and the lights are low.
- I might be able to be “kangarooed” longer if I am not being rocked.
- Sleep is very important for me, so please protect my sleep times.
- Loud and sudden noises are stressful for me, so please open and close my incubator portholes carefully.
- Mommy and daddy’s soft voices are the ones I prefer when I’m awake.
- Your steady hand is the best touch for me right now.
- Too much interaction may be overwhelming for me, and I may extend my arms/legs or hold out my hand as if to say “STOP.”
- You can help me by giving me my pacifier or bringing my hands near my face or mouth. Please help me keep them there until I’m calm.
- Please bring me some pictures so I can show the nurses my family!

28 WEEKS

- My eyes may open occasionally but usually do not focus yet.
- Trying to look at faces or objects may be stressful for me right now. I might be able to open my eyes briefly if you shield them from the bright lights.
- Do I have a pacifier? It might help to keep me calm.
- Mommy and daddy’s soft voices may help soothe and quiet me.
- Please talk softly to me before you touch me. A steady, gentle pressure with your hands is the best touch for me.
- Please protect my sleep times, as it helps me conserve calories.
- I need support all around me to stay curled up with my hands near my face.
- Being repositioned or moved can be stressful for me, so it will help me if you go slowly and give me breaks if I need them.
- Do you enjoy kangarooing with me as much as I enjoy it with you?

29 WEEKS

- Loud noises and voices startle me and are very stressful.
- I may hold out my hand to say “STOP” if I am overstimulated.
- Other signs that say I am overwhelmed include:
 - My skin color changing from pink to pale
 - Frantic movement of my arms and/or legs
 - Fisting or my arms and/or legs in extension
- You can help me by giving me a boundary with your hands, talking very softly or try giving me my pacifier.
- It helps me if you protect my eyes from the lights if they are bright. (Is there a cover for my incubator?)
- If you’re holding me, you can shield my eyes with your hand.
- Steady pressure with your hands is best for me.
- Please remember to slowly take your hands away from me.

Gestational AGE

Helpful tips from your baby during his or her hospital stay

30 WEEKS

- I like holding onto your finger.
- I may frown, hiccup, sneeze or look away when I am too stressed.
- Arching my back or neck and pushing away are other ways I try to tell you I need help.
- You can help me by giving me a boundary with your hands.
- Sometimes being in my incubator is best for me because it is quieter, which helps me sleep.
- Lower lights will help me keep my eyes open a few seconds longer to see you.
- It soothes me to suck on my pacifier or fingers. Please help me keep my pacifier in my mouth until I'm strong enough to do it on my own.
- I may still like just one or two "nice" things at a time, such as:
 - Being held and looking briefly at your face
 - Hearing your voice as you hold me. Maybe you could sing softly to me. Let's add the rocking later, OK?
- Being kangarooed helps me feel safe.

31 WEEKS

- My sleep-wake states are starting to become more organized. I may begin to wake up before my feeding times.
- Noise, handling and lights can interfere with my sleep which is very important for me. Please protect my sleep times.
- I prefer your soft voice rather than music or mobiles.
- Bring me some books! Now I am beginning to process meaningful sounds. That means if you read to me I'll listen and learn.
- Kangaroo Care is "tops" in my book and may help me stay calm and even breathe easier.
- Sucking on my pacifier during tube feedings helps me get ready for the "real thing."

32 WEEKS

- I like being "kangarooed," but I also may enjoy being bundled and held close so I can see your face.
- Help me suck on my hands or pacifier when I am awake and while I am being tube fed.
- I may be able to follow your face with my eyes for a brief period of time right now.
- I may look away, frown or fuss if I need a break.
- I may become pale, stretch my arms out like an airplane or spread my fingers apart if I am overwhelmed.
- You can help me by:
 - Bundling me and holding me quietly
 - Giving me your finger to grasp
 - Giving me my pacifier or bringing my hands to my face or mouth and supporting them there



Gestational AGE

Helpful tips from your baby during his or her hospital stay



33 WEEKS

- I may be ready to interact with you if:
 - I am awake and my face, arms and legs are relaxed.
 - I try to smile or make an “ooh” face.
 - I am quiet and alert.
 - My color is pink and my eyes are bright.
 - I hear your voice and try to find your face.
- I may look for your face and be able to focus briefly if the lights are low.
- I do not like loud voices or noises.
- I may get the hiccups, especially if I have had a busy day. You can help me get rid of them by holding me close and still. You also can give me my pacifier.
- When you put me back to bed please turn my head to the left sometimes so I will like turning my head that way when I go home.

34 WEEKS

- Sucking on my fingers or pacifier during tube feedings may help me understand that when I suck, my tummy gets full.
- Routines help my sleep and wake times become more organized, such as diaper change, feeding, interaction, sleep... diaper change, feeding, interaction, sleep...
- I need lots of energy to take a bottle or breastfeed, so please protect my sleep times.
- If you shield my eyes from the bright lights I may be able to keep them open a little longer to look at you.
- Hold me close so I can look at your face.

35 WEEKS

- Suck, swallow, breathe ... suck, swallow, breathe Wow, that's hard work! Please help me by:
 - Allowing me to sleep until it's time to eat.
 - Bundling me with my hands near my face.
 - Giving me a break when I have stress cues.
 - Talking softly to encourage me while I'm eating, but let's rock later.
- I conserve calories when I am asleep. I may gain weight better and be able to take all my bottles sooner if I get plenty of rest. This means I'll be that much closer to going home with you!
- I enjoy seeing your face more than toys or mobiles.
- I would rather you read or sing to me than listen to music.
- I can hold my hands close to my mouth which helps me stay calm.

Gestational AGE

Helpful tips from your
baby during his or
her hospital stay

36 36 WEEKS

- I'm getting "big" and might try to lift up my head and pull up my legs.
- Please protect my sleep times so I will have the energy to take all my bottles.
- I still enjoy being kangarooed. Being snuggled against you is the best! I also enjoy being held so I can see you as you softly talk with me or sing to me.
- Massage is a really nice way to connect with me. Watch closely for my cues so I don't get overwhelmed. The developmental therapist or occupational therapist can help you.

37 37 WEEKS

- I may try to look for your face when I hear your voice.
- I can see best at a distance of about 8 to 15 inches and enjoy your face the most.
- I may try to look away, go to sleep or fuss if I am getting too much stimulation.
- I might enjoy being in an infant seat for short periods of time or looking at a simple toy.
- I like to be rocked, but not right after my feedings.
- Please try to wait until I'm starting to wake up before picking me up and interacting with me.

38 38 WEEKS

- I am able to move my arms and legs smoothly.
- I like to lift my head when I'm on my belly.
- I will turn my head to find you when I hear your voice.
- I love it when you hold me and talk with me.
- I need some tummy time when I'm awake and alert.
- I need to be placed on my back when it's time for me to go to sleep.
- I still need lots of quiet time so I can sleep and grow and go home sooner with you.

39 39 WEEKS

- 39 weeks is considered full-term for a baby. Babies who are born in the window from 39 to 41 weeks are usually developed exactly where they need to be to do well outside the womb.



LACTATION Services



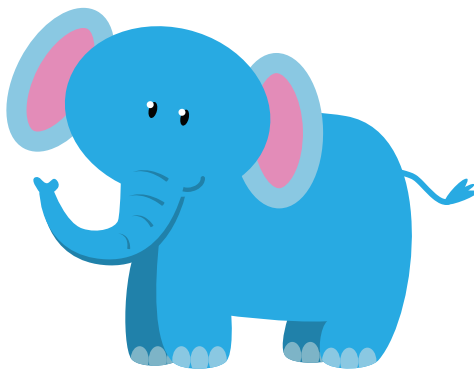
Congratulations on the birth of your baby! There are so many benefits to breastfeeding your baby but it is especially important for babies that are born early or babies that are sick. Your care team would like to encourage you to strongly consider using breast milk to feed your NICU baby. It works as medicine to help your baby heal and grow strong and it is one of the best gifts you can provide for your baby.

HERE ARE A FEW OF THE MEDICAL REASONS WHY WE WANT YOU TO BREASTFEED YOUR BABY.

- Lower risk of infection
- Better brain development and higher IQ
- Better eye development
- Fewer ear and respiratory infections including RSV
- Fewer skin allergies, less eczema
- Healthier hearts
- Significant reduction in risk of SIDS
- Less tummy trouble, fewer food allergies

HOW DO I GET STARTED?

1. Watch "Making Enough Milk" on your education guide on your TV.
2. Ask for help!
3. Pump early and often to make the most milk for baby.



Lactation SERVICES

ESTABLISHING AND MAINTAINING YOUR SUPPLY

The first days and weeks after birth are the time to start a milk supply. Your first pumping attempts will produce tiny drops of thick, yellowish milk called colostrum. A tiny or sick baby does not yet need that much milk every day. But, it won't be long before they do. For that reason, you must maintain a good supply.

HERE ARE SOME IMPORTANT TIPS FOR PROTECTING YOUR MILK SUPPLY:

- **Use a hospital-grade electric breast pump.** "Double pumping" allows you to pump both breasts at the same time. You will receive a prescription for a breast pump in the hospital.
- If possible, start pumping the first hour after birth or as soon as possible.
- Pump at least 8-10 times a day for 15 minutes each time or until flow stops, then pump for 2 more minutes.
- Research shows that **you need to pump at least 100 minutes a day** to maintain a milk supply. Pumping less than this can result in a low milk supply.
- Double pumping is important. It saves time and it stimulates release of prolactin better than single pumping. Prolactin is a hormone that tells the cells in the breast to make milk.
- **Remember that the first 2 weeks after birth are the best time to create a full milk supply.** Start a regular pumping routine now to maintain your supply.
- Use "hands-on" pumping to increase your milk supply. Mothers who combine hand expression and compression with an electric breast pump make more milk than those who do not.
- We will provide bottles for you to use while baby is in the NICU.

PUMP LOG

Use the pump log included in the binder. It will help you keep up with how often and how long you are pumping. Soon your milk will be in and you will not need a log, but it is very helpful in the beginning.

PUMP AND EMPTY YOUR BREASTS OFTEN

You need to pump often and until your breasts are empty. Breasts that are filled with milk decreases the rate of milk production.

Another good reason to empty your breasts completely when you pump is to increase the amount of calories in the milk. It ensures the collection of hindmilk, the milk that is released last. Hindmilk is high in fat and contains the calories your baby needs to grow well.

HAND EXPRESSION (Watch: “Making Enough Milk” for demonstration)

Hand expression is another way to remove milk from the breast. **It is often more effective than using a pump in the first day or two after birth.**

- Begin by massaging your breast. Start at the chest wall and move toward the nipple and use a stroking or circular motion.
- Next, make a “U” with your thumb and fingers and place the “U” just behind the areola (the dark area surrounding the nipple).
- Lift and press back toward your chest wall.
- Finally, gently press or squeeze your fingers together without scraping fingers over your skin.
- Rotate your fingers around the areola and repeat until the breast is empty.
- Collect the milk in a clean container. The NICU will provide bottles for milk collection and storage.

KANGAROO CARE

- Kangaroo care or “skin-to-skin” holding is simply holding your baby on your bare chest with your baby dressed only in a diaper. You will both be covered in warm blankets.
- Kangaroo care helps your milk supply by stimulating oxytocin. Oxytocin is another hormone that helps lactation.
- Studies show that mothers who provide regular kangaroo care makes up to 200 ml more milk, and they are more successful when they start full breastfeeding.

MILK LET-DOWN

Milk let-down is the release or flow of milk that occurs after you begin pumping or nursing your baby. For some moms, it is hard to let down while pumping.

Here are a few tips to make let-down easier:

- Use warm compresses.
- Pump right after providing kangaroo care.
- Pump while at your baby’s bedside in the NICU.
- Start your pumping session by massaging the breast. Massage each breast gently but firmly, using a circular or stroking motion. Start at the back of the breast and move forward. Rotate your hands to get all around the breast.
- Stop the pump to massage your breast about halfway through the pumping session. This will help with complete emptying of the breast.
- Eat or drink something while pumping.
- Keep a favorite photograph or other item nearby that reminds you of your baby.
- Pump in a comfortable spot where you feel relaxed.

KEEPING YOUR EQUIPMENT CLEAN

Washing your hands is the most important thing you can do to keep your baby’s milk safe from germs. Wash your hands thoroughly with soap and water before pumping or handling clean pump equipment.

Keep your pump equipment clean. After each session, take apart all the pump pieces and wash them with hot, soapy water. Rinse well. Place clean pieces on a clean towel to dry.

Note: Tubing usually does not need to be cleaned, but you may notice that condensation forms inside the tube. This can cause mildew to grow over time. If you notice condensation, let the pump run for a few minutes with the tubing connected while you clean up the other pump parts. This will help dry out the tubing.

Sterilize your pump equipment once per day. We will provide microwave sterilization bags for your pump parts. The microwave over the sink in the NICU is designated for this use. The instructions are on the bag.

The NICU will provide bottles for pumping.

KEEPING YOUR MILK SAFE FOR YOUR BABY

- Freshly pumped milk can be kept at room temperature for up to 4 hours.
- Refrigerated milk (36-40°F) can be kept for up to 8 days.
- Frozen milk (in a freezer with a separate door from the refrigerator section) can be kept up to 6 months.
- Milk kept in a deep freezer (0°F) can be kept for up to 12 months.
- Thawed (but not warmed) will last 24 hours in refrigerator. But do not refreeze milk that has been thawed.
- Once milk has been warmed for a feeding, it is good for up to 1 hour at room temperature.

Note: Use medium-warm water to warm milk. Do not ever use boiling water or microwave milk.

TRANSPORT MILK CORRECTLY

- When possible, transport breast milk before freezing it.
- Place the milk in an insulated bag with a frozen gel pack.
- When traveling long distances with frozen milk, follow these steps to keep the milk from thawing:
 - *Keep the containers of milk together in a cooler.*
 - *Put frozen gel packs all around the milk.*
 - *Fill any extra space in the cooler with crumpled paper or towels to help insulate the milk.*
- Do not use ice cubes to keep milk frozen. They will speed up the thawing of your frozen milk.

LABELING

- All containers **MUST** be properly labeled in order to keep your baby safe.
- Ask a nurse for the bar code stickers when you visit your baby in the NICU. You will write the following on each sticker.
 - *Your baby's name on each milk bag.*
 - *The date and time of collection.*
 - *Document any alterations to your diet as well (for example, no dairy).*
 - *Colostrum should be marked with the order it was pumped (#1, #2, #3, etc.).*

TIME-SAVING TRICKS

- To make your nighttime pumping easier, prepare your equipment before going to bed. Remember, fresh breast milk is fine at room temperature for 4 hours. You can simply pump and go back to sleep. Place your milk in the refrigerator as soon as you get up for the day. This will reduce extra steps and getting out of bed in the middle of the night.

- Try a hands-free bustier for double pumping. Or buy nursing bras that close in front, in the center. The flaps can be closed around pump funnels so that you can pump with your hands free.
- If you must travel a long way to visit your baby, consider pumping during your trip if you are the passenger. You can use a hand pump to empty your breasts. Also, some electric pumps have adapters that can be used in cars.

COMMON QUESTIONS

Q. It has been 2 days since my baby's birth, but I haven't been pumping because I don't have milk yet. Is that OK?

No, you should still use the pump every 3 hours. It is common for moms to pump only small amounts or even just a few small drops in the first days after birth. This liquid is called colostrum and it should be collected and given to your baby. Don't worry if there are not enough drops to collect. You should pump anyway to ensure that prolactin has been stimulated and that your body is getting the message to make milk. Your milk volume should increase between days 3 and 5 after giving birth. The nurses can use even the smallest amounts of colostrum to swab your infant's mouth. This helps them get as much of the nutritional and anti-infection properties of colostrum as possible.

Q. Does my baby really need these tiny drops of colostrum?

Yes. Your baby should receive this special milk for the first feedings (either fresh or thawed after being frozen). Colostrum is high in protein and has special anti-infection and anti-inflammatory properties.

Q. Do I need to pump at night?

Yes. It is a good idea to pump once each night. Remember, you need to remove milk from your breast and stimulate prolactin to maintain your milk supply. Try not to let more than 4 or 5 hours pass between nighttime pumping sessions. If possible, try not to set an alarm clock. Instead, pump when you naturally wake to use the bathroom.

Q. Is freshly pumped milk better than milk that has been stored?

After baby get the initial colostrum, freshly expressed milk should be used whenever possible. Use milk that has been refrigerated or frozen only when fresh is not available.

Q. My first pumping session produced colostrum, but now I'm not pumping any colostrum. What happened to my milk?

Don't worry. This happens to many mothers and does not affect how much milk you will be making starting on days 3 to 5. Keep pumping every 3 hours and expect your milk supply to begin to increase on day 3. Call Lactation Services if your supply has not increased by 5 days after birth.

Q. Do I need to bring my pump when I come to visit my baby?

No. The NICU will provide a pump in your baby's room. **You must bring your pump kit given to you after baby was born.**

Q. I have an electric breast pump at home. Can I use it?

We recommend a hospital-grade pump when possible. Use the hospital pump as much as possible while visiting your baby. Electric pumps bought for home use do not work as well for a mom who is relying only on a pump to maintain her milk supply. Most insurance policies and medical coupons pay for the rental of a hospital-grade pump while your baby is staying at

Lactation SERVICES

270-417-5338

lactationservices@owensborohealth.org

the hospital. Hospital-grade pumps are available for rent at HLS Home Supply (270)-869-9197. But if your insurance does not cover the cost of a rental pump, you may use your personal pump.

Q. Where do I get more storage bottles?

While your baby is in the hospital, we will provide storage containers. Ask your baby's nurse for more when you need them.

Q. What is the difference between foremilk and hindmilk?

Foremilk is the milk that is released first, and hindmilk is milk released at the end of a pumping session. Hindmilk is higher in calories and fat content. It is important that you pump your breasts to empty them so that your baby will get this nutritious hindmilk. Your premature infant needs these extra fats and calories for growth.

MORE TIPS AND TRICKS FOR INCREASING MILK SUPPLY

- Food known to increase milk supply include:
 - Carrots
 - Beets
 - Sweet potatoes
 - Barley
 - Rice
 - Sesame seeds
 - Lentils
 - Almonds
 - Cashews
 - Pineapple juice
 - Dark green leafy vegetables
 - Oatmeal with flaxseed
 - Flaxseed meal
- Drink a glass of water each time you pump or breastfeed.
- Lactation Cookies: Many recipes are available on the internet.
- REST/RELAX when possible. It is stressful to have your baby in the NICU so take breaks. Listen to relaxing music, take a walk, take a nap when possible and movies are available on the TV in baby's room.
- Look at your baby or baby's picture while pumping.
- Eat healthy. You do not have to have a perfect diet to breastfeed, but you and baby will feel better the better you eat.
- Avoid birth control pills.

YOUR BABY'S NURSES AND LACTATION SERVICES ARE HERE TO ASSIST YOU IN BREASTFEEDING OR PUMPING AND GIVING YOUR BABY YOUR BREAST MILK. REST ASSURED, YOUR EFFORTS TO PUMP YOUR MILK AND BREASTFEED YOUR BABY ARE IMPORTANT. BREAST MILK WILL HELP YOUR BABY'S BRAIN, ORGAN DEVELOPMENT, AND REDUCE ILLNESSES NOW AND IN THE FUTURE.

REFERENCES: © UNIVERSITY OF WASHINGTON MEDICAL CENTER
REPRINTS ON HEALTH ONLINE: [HTTP://HEALTHONLINE.WASHINGTON.EDU](http://healthonline.washington.edu)

BABY FEEDING/ Diaper Changing Schedule

[illegible]

Questions for my baby's care team: _____

BABY FEEDING/ Diaper Changing Schedule

[illegible]

Questions for my baby's care team: _____

BABY FEEDING/ Diaper Changing Schedule

[illegible]

Questions for my baby's care team: _____

BABY FEEDING/ Diaper Changing Schedule

[illegible]

Questions for my baby's care team: _____

BABY FEEDING/ Diaper Changing Schedule

[illegible]

Questions for my baby's care team: _____

BABY FEEDING/ Diaper Changing Schedule

[illegible]

Questions for my baby's care team: _____

BABY FEEDING/ Diaper Changing Schedule

[illegible]

Questions for my baby's care team: _____

GLOSSARY

ANEMIA

A disorder resulting from too few red blood cells.

ANTIBIOTICS

Drugs used to destroy or stop the growth of some infections.

APNEA

A pause or temporary stop in breathing, commonly seen in premature or ill infants.

ARTERIAL BLOOD VESSELS

Vessels through which blood passes away from the heart to various parts of the body.

ARTERIAL LINE

IV access specifically for monitoring blood pressure and can be used to get blood samples painlessly.

ASPIRATION

1. Breathing liquid or pieces of material into the windpipe or lungs.
2. The removal of material from the windpipe or lungs by suction.

BAGGING

A means of breathing for the baby by using a mask, which is attached to an ambu/resuscitation bag placed over the baby's nose and mouth to pump air into the lungs; also may attach the breathing tube to the ambu/resuscitation bag.

BILIRUBIN

A breakdown product of red blood cells. Excess amounts in the blood cause jaundice or a yellowing of the skin.

BILIRUBIN LIGHTS OR BLANKET (BILILIGHTS)

Fluorescent blue-colored lights or pad used to treat jaundice; they aid in the breakdown of the bilirubin in the skin. During this therapy, the baby is unclothed to expose as much skin as possible to the lights, and the baby's eyes are protected with patches.

BLOOD GAS

A test using a small amount of blood to measure the level of oxygen and carbon dioxide in the blood.

BOLUS FEEDING

Feedings given every two to four hours, either through a tube placed in the stomach or with a bottle.

BRADYCARDIA

A slower than normal heartbeat; often associated with apnea.

BRAIN Z

A bedside monitor that measures electrical activity of a baby's brain.

BUBBLE CPAP

A way to help a baby breathe. A cannula (or prongs) is placed at the tip of their nose. This cannula is attached to a machine that can blow oxygen-filled air into your baby's nose. Your baby is breathing all on his/her own. Bubble CPAP is just giving them a little help getting air into and out of their lungs.

CATHETER

A tube for introducing fluids into or draining fluids out of the body.

CHEST X-RAY

An X-ray or picture of the lungs.

CHEST TUBE

A tube inserted through the chest wall to remove air and/or fluids from the baby's chest.

COOLING BLANKET

A blanket that is used to cool a baby's temperature if medically needed.



CULTURE

Taking a sample of blood or other body fluids to check for an infection.

CYANOSIS

A bluish color of the skin and lips resulting from a low level of oxygen.

DANDLE ROO

A positioning aid used to support nerve development of premature infants.

DEVELOPMENTAL CARE

Helps your baby to transition to their new environment. The environment of the NICU affects a baby's health. We try to keep the lights dim, avoid loud noises and disturb babies as little as possible. This can help premature and sick babies get better faster.

EDEMA

The accumulation of excess fluid in body tissues; noticeable as a puffiness of the skin.

ELECTRODE

A round or rectangle-shaped pad attached to the baby's skin and used to count the heart rate and breathing rate on the monitor.

ELECTROLYTES

The levels of sodium, potassium and chloride in the blood that must be maintained to function and grow properly. A blood sample is taken to measure electrolyte levels.

ENDOTRACHEAL TUBE (ET)

A tube passed through the mouth or nose into the trachea or windpipe to assist the baby in breathing and is usually attached to a ventilator, also called an ET tube.

EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)

A heart-lung bypass procedure for babies with severely damaged or immature (ECMO) lungs. It also can be used for support after certain types of heart surgery. Babies must be transferred to Norton's for ECMO.

EXTUBATION

Removing an endotracheal tube (ET).

FEEDER-GROWER

A baby who is no longer sick, but is still in the NICU to eat, gain strength and grow.

FLOW

The force of air delivered to a baby through a nasal cannula (or prongs) that is placed at the entry to the nose.

GESTATIONAL AGE

The length of time from conception to birth or how long the baby stays in the womb. Full-term gestation is between 38 and 42 weeks.

GIRAFFE BED/ISOLETTE

A special type of bed that can be used as an open warmer and incubator. It is primarily used for very small babies.

GOING TO THE ZOO

A code term that means babies are "going home." We use "going to the zoo" anytime we are around a baby in the NICU.

GRAM

A unit of weight measurement in the metric system. 28.35 grams equal 1 ounce. Refer to the weight conversion chart listed after the glossary.

HEAD ECHO

A test using sound waves to make a picture of the brain and other structures; usually used to detect bleeding in the brain.

HEART ECHO

A test using sound waves to make a picture of the chambers of the heart, heart valves and related blood vessels.

HEART MONITOR

A machine that has special electrodes that are placed on all babies in the neonatal nurseries. It is used to measure heart rate. It can also be used to measure breathing rate, blood pressure and oxygen saturation if needed.

HEEL STICK

A small prick made in the baby's heel to obtain a blood sample for a lab test.

HEMOGLOBIN

The iron-containing portion of the red blood cell; its function is to carry oxygen from the lungs and distribute it throughout the body.

HIGH-FREQUENCY VENTILATION

A special type of ventilator that moves air in and out of the lungs at very rapid rates and at reduced pressure; this therapy is reserved for very specific indications.

HYPERALIMENTATION (TPN)

The process of feeding a baby through a vein with a nutrient solution of vitamins, minerals, protein, glucose/sugar and sometimes fat/intra lipids; also called hyperal or TPN.

GLOSSARY

HYPOXIA

A decrease in the oxygen supplied to or used by the body tissue; may result in tissue damage.

INCUBATOR

A bed enclosed in clear plastic that helps to maintain the baby's body temperature using dry or moist heat while keeping the infant visible at all times.

INDOCIN

An intravenous (IV) medication that helps close an opening in the heart that was necessary before the baby was born; see "patent ductus arteriosus."

INTUBATION

Insertion of an endotracheal (ET) tube through the mouth or nose into the trachea or windpipe.

INTRACRANIAL HEMORRHAGE

Bleeding within the brain substance or ventricles (cavities of the brain containing spinal fluid).

IV (INTRAVENOUS)

A hollow catheter inserted into a vein; used in giving blood, medication and other vital fluids.

JAUNDICE

The yellow color of a baby's skin caused by too much bilirubin in the blood. Treated with phototherapy or bilirubin lights/blanket.

KANGAROO CARE

A bonding method involving skin-to-skin touching while holding the baby against the chest.

KILOGRAM

A unit of weight measurement in the metric system; 1 kilogram is equal to 1,000 grams or 2.2 pounds.

LUMBAR PUNCTURE/SPINAL TAP

The removal of a small amount of spinal fluid from the spinal canal with a special needle. The fluid is analyzed for infection, bleeding and other disorders.

MECONIUM

The first bowel movement/stool passed by a newborn. It is usually a dark green-black color and sticky.

MECONIUM ASPIRATION SYNDROME

A condition resulting from the baby having a bowel movement while still in the uterus/womb and inhaling/breathing it into the lungs. This usually occurs just before or during birth.

MUCUS

Thin, watery secretions/drainage from the nose, throat or bowel.

MURMUR

An additional sound heard with the normal lub-dub sound of the heart. It may or may not indicate a problem.

NASAL CANNULA

A means of providing oxygen through tubing or small prongs inserted in the nose.

NASAL CPAP

Continuous positive airway pressure in the lungs to assist the baby to adequately inhale. CPAP is provided through prongs inserted in the nose and tubing attached to a ventilator. The ventilator does not breathe for the baby; it only provides pressure so the lung tissue does not stick together or collapse when the baby exhales. The baby is doing all of the breathing.

NEONATE

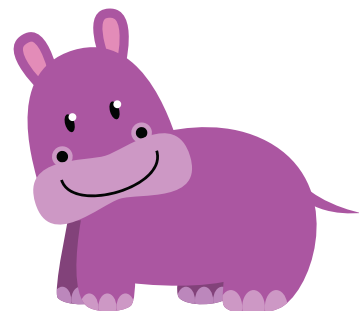
A newborn infant.

NEONATAL ABSTINENCE SYNDROME (NAS)

A condition in which a newborn baby is withdrawing from certain drugs taken by the mother during pregnancy.

NEONATOLOGIST

A doctor who specializes in the care of critically ill newborns.



NG/NASOGASTRIC FEEDING

Feedings given by way of a tube passed through the infant's nose into the stomach; feedings can be continuous, or every two to four hours.

NITRIC OXIDE

A special gas given through the ventilator that can help decrease resistance in the lungs, allowing the infant to breathe better.

NJ/NASOJEJUNAL FEEDING

Feedings given by way of a tube passed through the infant's nose into the small intestine; usually are continuous feedings.

NNP - NEONATAL NURSE PRACTITIONER – A registered nurse with advanced education in the knowledge and management of sick newborns. The nurse practitioner works closely with the neonatologist.

O2

Another word for oxygen.

OPEN WARMER

A non-enclosed heated bed that will help maintain a baby's body temperature.

OSCILLATOR

A ventilator used in special situations that moves air in and out of the baby's lungs at a very fast and shallow rate. The baby's chest looks and feels like it is vibrating.

O2/OXYGEN SATURATION

The level of oxygen in the baby's blood; helps determine if the baby needs additional oxygen, and how much oxygen to give; also called SATS.

PACKED RED BLOOD CELLS (PRBCS)

Oxygen-carrying part of the blood used to replace the blood the infant loses.

PATENT DUCTUS ARTERIOSUS (PDA)

An opening between the major arteries of the heart and lung that allows blood to bypass the infant's lungs and allows a mother's lungs to provide oxygen for her baby. If this opening does not close after birth, the infant's lungs cannot provide enough oxygen. Special medical or surgical treatment may be needed.

PEDIATRIC CARDIOLOGIST

A doctor skilled in the care of babies and children with heart problems.

PEDIATRIC INFECTIOUS DISEASE PHYSICIAN

A doctor who treats babies with recurring or persistent disease caused by an infectious agent such as bacteria, fungus, parasite or other rare infection.

PEDIATRIC NEPHROLOGIST

A doctor who specializes in the treatment of babies and children with kidney problems.

PEDIATRIC NEUROLOGIST

A doctor who treats babies with problems involving the nervous system.

PEDIATRIC SURGEON

A doctor with special training in the surgical care of babies and children.

PHOTOTHERAPY

A treatment for jaundice. See bilirubin lights.

PICC LINE

A special type of IV line. It is a bigger and longer plastic tube than a regular IV. It is placed into a bigger vein. It is used to give certain medications or special fluids for nutrition called TPN. PICC stands for peripherally inserted central catheter.

PNEUMOTHORAX/PNEUMO

A condition in which air escapes into the chest wall causing the lungs to collapse; a chest tube is inserted to remove the air and/or fluid that has leaked through the chest opening and to allow the lungs to refill with air.

PREMATURE

Any infant who is born before 38 weeks' gestation.

PROSTAGLANDIN/PROSTINS

A medication used to keep the PDA (patent ductus arteriosus) open; given to infants with certain heart conditions until surgery can be done.

PULSE OXIMETER/SAT MONITOR

A monitor used to detect the baby's oxygen level in the blood and heart rate through a light sensor attached with tape to the baby's hands or feet.

REFLUX

A condition that causes the infant's feeding to partially, or completely, come up the digestive tract, causing the infant to spit up.

REPORT

The time the nurse who is finishing a shift tells the nurse who is beginning a shift about your baby.

RESPIRATORY DISTRESS SYNDROME (RDS)

A breathing disorder often seen in premature babies that causes the tiny air sacs in the lungs to collapse; usually due to immaturity.

RESPIRATORY SYNCYTIAL VIRUS (RSV)

RSV; Palivizumab; Respiratory syncytial virus immune globulin; Bronchiolitis - RSV Respiratory syncytial virus (RSV) is a very common virus that leads to mild, cold-like symptoms in adults and older healthy children. It can be more serious in young babies, especially those in certain high-risk groups.

RETINOPATHY OF PREMATURITY (ROP)

An eye disorder that may be associated with prematurity and the oxygen use required by premature babies.

ROOM AIR

The air we breathe contains 21 percent oxygen. Babies on oxygen therapy are breathing oxygen that ranges from 22 percent to 100 percent.

ROUNDS

The time spent by the doctors at each baby's bedside discussing the baby's condition, special needs and concerns of the day.

SEPSIS

An infection usually caused by bacteria in the blood, urine or spinal fluid.

SEPTIC WORKUP

A variety of tests, including cultures/samples of blood, urine, mucus and spinal fluid that help determine if an infection is present. If an infection is suspected, antibiotics may be started before the culture report returns from the lab to prevent the infant from getting sicker. If no infection is found, the antibiotics are stopped.

SIDS (SUDDEN INFANT DEATH SYNDROME)

An unexplained death of an infant.

SLEEP SACK

A wearable blanket that replaces loose blankets in the crib, which can cover your baby's face and interfere with breathing.

SNOEDEL

It offers parents a means to comfort and bond with their baby. It absorbs the scent of the parent when placed against their skin for two to three days. It is placed in the baby's bed so the baby is able to smell the parent's scent, which offers comfort when their parents are not present. It may be washed if soiled, but the parent will need to place it against his or her skin for another two to three days for it to absorb the scent again.

SPINAL TAP/LUMBAR PUNCTURE/LP

The removal of a small amount of spinal fluid from the spinal cord with a special needle for a lab test to check for infection or bleeding.

STOOL

Bowel movement.

SUCTION

A machine with tubing used to remove secretions/drainage from the nose, mouth, lungs, chest or stomach.

SURFACTANT

A substance that lines the tiny air sacs of the lungs and keeps them from collapsing each time the baby breathes out. Sometimes, an artificial surfactant can be given down the endotracheal tube to possibly decrease the degree of respiratory distress syndrome.



GLOSSARY

TELEMETRY

A heart rate monitoring system that is used in the nursery for babies with heart problems.

TRACHEA

Windpipe.

UMBILICAL ARTERY CATHETER (UAC)

A tube inserted into the bellybutton (umbilical cord) blood vessels (artery) to use in giving the baby IV fluids and draw blood samples. Also allows the baby's blood pressure to be monitored.

UMBILICAL VENOUS CATHETER (UVC)

A tube inserted into the bellybutton (umbilical cord) blood vessel (vein) to use in giving the baby IV fluids; blood sometimes can be drawn from this line.

URINALYSIS

A test to analyze urine for any abnormal substances that are present and may suggest disease. The most significant substances detected by urinalysis are protein, glucose, acetone, red and white blood cells and bacteria.

VENTILATOR/RESPIRATOR

A machine that can deliver oxygen, breaths and pressure to the baby's lungs.

VENTRICLES

Cavities/pockets in the brain containing spinal fluid that bathe and cushion the brain.

WEANING

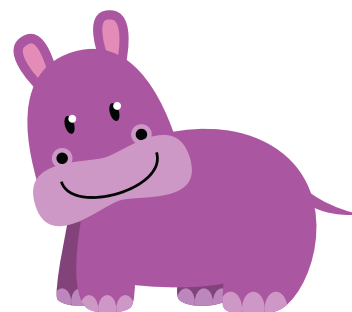
A method of slowly decreasing the ventilator rate and amount of oxygen so the baby can breathe without the ventilator. Also a method of slowly decreasing the temperature in the incubator as the baby grows so he/she eventually can keep warm without other heat sources.



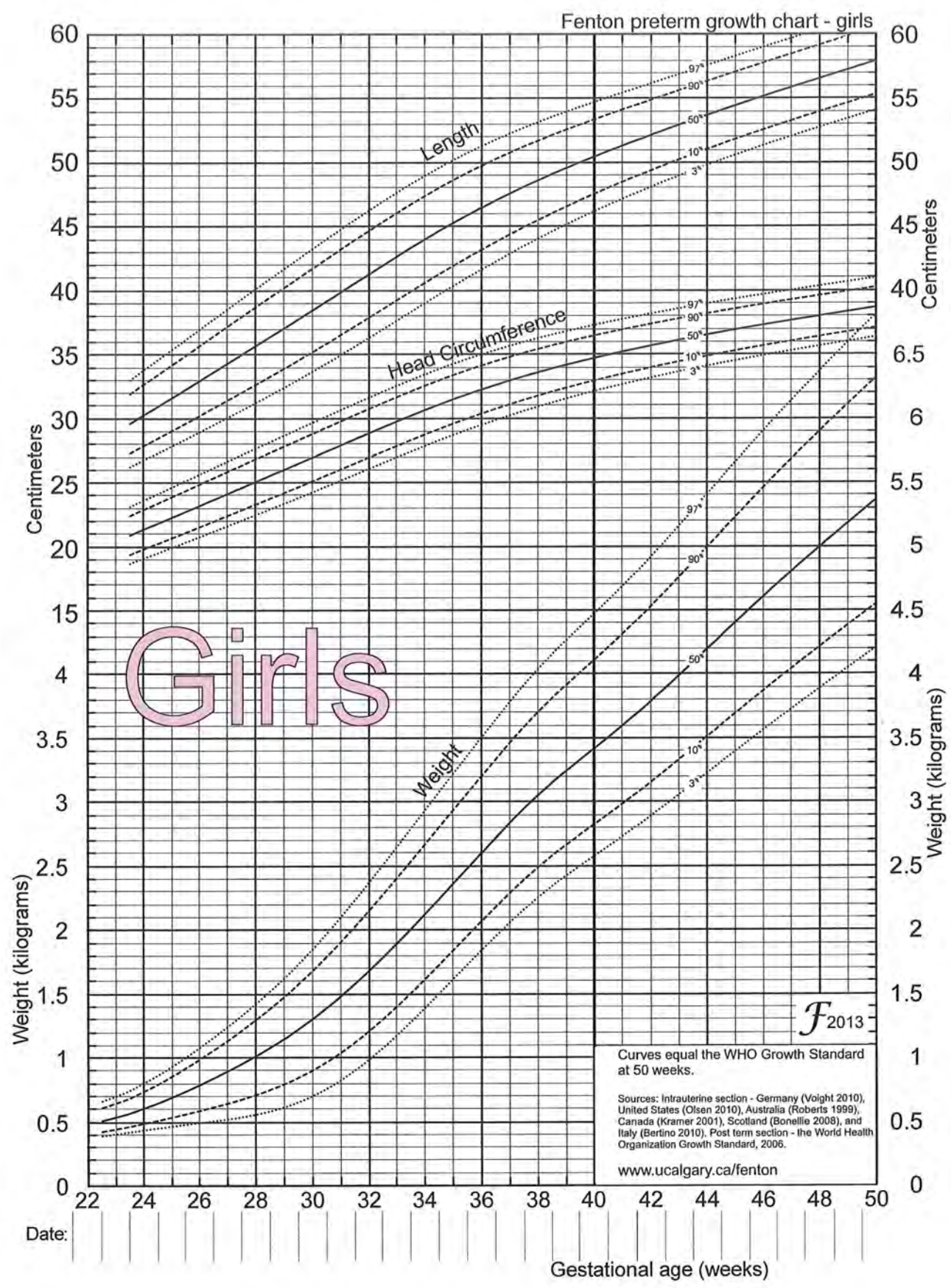
WEIGHT CONVERSION CHART

POUNDS/OUNCES TO GRAMS CONVERSION CHART

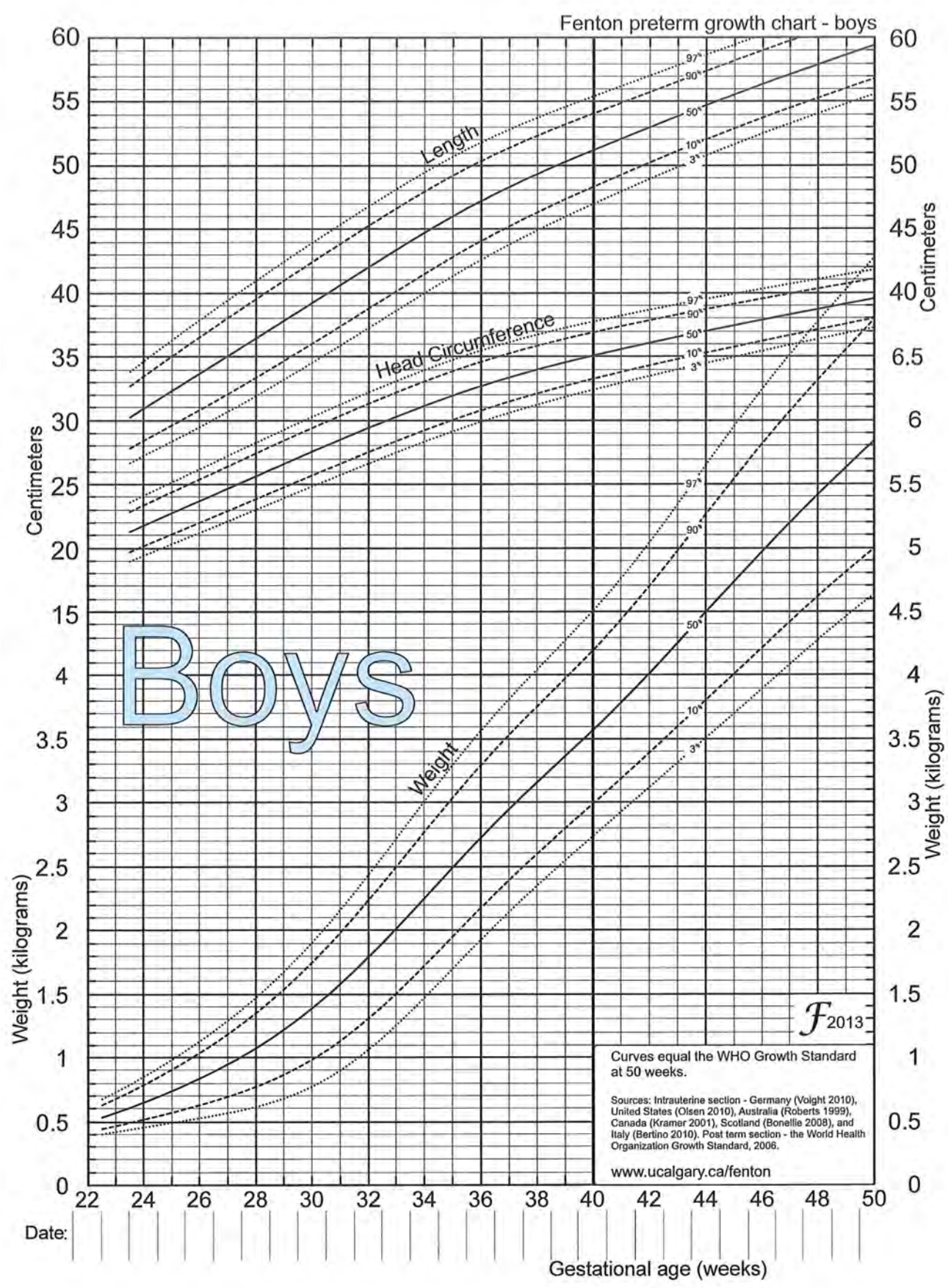
		POUNDS →										
		0	1	2	3	4	5	6	7	8	9	10
OUNCES ↓	0	0	454	907	1361	1814	2268	2722	3175	3629	4082	4536
	1	28	482	936	1389	1843	2296	2750	3204	3657	4111	4564
	2	57	510	964	1418	1871	2325	2778	3232	3686	4139	4593
	3	85	539	992	1446	1899	2353	2807	3260	3714	4167	4621
	4	113	567	1021	1474	1928	2381	2835	3289	3742	4196	4649
	5	142	595	1049	1503	1956	2410	2863	3317	3771	4224	4678
	6	170	624	1077	1531	1985	2438	2892	3345	3799	4253	4706
	7	198	652	1106	1559	2013	2466	2920	3374	3827	4281	4734
	8	227	680	1134	1588	2041	2495	2948	3402	3856	4309	4763
	9	255	709	1162	1616	2070	2523	2977	3430	3884	4338	4791
	10	284	737	1191	1644	2098	2552	3005	3459	3912	4366	4820
	11	312	765	1219	1673	2126	2580	3033	3487	3941	4394	4848
	12	340	794	1247	1701	2155	2608	3062	3515	3969	4423	4876
	13	369	822	1276	1729	2183	2637	3090	3544	3997	4451	4905
	14	397	851	1304	1758	2211	2665	3119	3572	4026	4479	4933
	15	425	879	1332	1786	2240	2693	3147	3600	4054	4508	4961
		← GRAMS										



Growth Chart - GIRLS



Growth Chart - BOYS



Pediatricians

ONE HEALTH PEDIATRICS

1000 Breckenridge St., Suite #300

Owensboro, KY 42303

270-688-4480

Nicole Davis, DO

Amit Dulabh, DO

Shanna McGinnis, MD

John Phillips, MD

Sarah Osborne, APRN

Micah Price, APRN

OWENSBORO PEDIATRICS

2200 East Parrish Ave, Building B, Suite #101

Owensboro, KY 42303

270-683-3232

Courtney Crews, MD

John Houston, MD

Andrea Johnston, MD

John Lauzon, MD

Lynette Martin, MD

Jeremiah Mason, DO

Amy Ray, MD

Michael Yeiser, MD

Josie Kroeger, APRN

Mckenzie Mattingly, DNP

Amanda Murphy, PA-C

Adair Price, PA-C

Kathi Simpson, APRN-CPNP

THE NEEL CLINIC

2816 Veach Road

Suite 205 / Building 2

Owensboro, KY 42303

270-926-9821

Lori R. Marrero, APRN

Manilal Shah, MD



WIC OFFICE

Green River District Health Department
1501 Breckenridge St.
Owensboro, KY 42302
270-686-7747

ONLINE RESOURCES

March of Dimes - www.marchofdimes.org
www.facebook.com/parentsofpreemiesday
<http://handtohold.org>
www.facebook.com/preemiebabies101
www.peekabooicu.com
www.support4NICUParents.org

VACCINATION SCHEDULE

VACCINE	BIRTH	1 MO.	2 MOS.	4 MOS.	6 MOS.	9 MOS.	12 MOS.	15 MOS.	18 MOS.	2 YRS.	4-6 YRS.	11 YRS.
Hepatitis B (HepB) Protects against chronic inflammation of the liver, life-long complications	1	2			3							
Rotavirus (RV) Protects against rotavirus diarrhea and vomiting			1	2	3							
Diphtheria, Tetanus, Pertussis (DTaP) Protects against diphtheria, tetanus and pertussis (whooping cough)			1		2			3			4	5
Haemophilus Influenza Type B (Hib) Protects against infections of the blood, brain, joints or lungs (pneumonia)			1	2	3		4					
Pneumococcal (PCV) Protects against infections of the blood, brain, joints or lungs (pneumonia)			1	2	3		4					
Inactivated Poliovirus (IPV) Protects against polio			1	2	3						4	
Influenza Protects against the flu and complications. Annual flu shots are recommended.					YEARLY							
Measles, Mumps, Rubella (MMR) Protects against measles, mumps and rubella (German measles)							1				2	
Varicella Protects against chickenpox							1				2	
Hepatitis A (HepA) Protects against inflammation of the liver							1					
HPV Protects against the human papillomavirus												1
Menactra* Protects against meningitis												1

*1st of 3 doses

This immunization schedule is recommended by the Centers for Disease Control and Prevention. If you have any questions, please contact your pediatrician.

INTRODUCING...

Weight _____ Lbs. _____ Oz. Height _____ In.

I was born on _____ at _____ a.m./p.m.

My eye color was _____ My hair color was _____

Everyone thought I looked like _____



Scrapbook PAGES



We chose the name _____ for you because _____

Our first impressions of you: _____

Your doctor first said these words about you: _____

You had to stay in the NICU because... _____

BABY STEPS ALONG THE WAY

During your stay at the NICU, you celebrated many firsts. Here are some special memories so that you can always recall these joyful moments.

THE FIRST TIME...(DATE)

I felt your skin _____

You began to eat on your own _____

You wrapped your tiny finger around mine _____

You breathed on your own _____

I held you in my arms _____

You looked at me _____

I saw you without equipment _____

You cried out loud _____

I fed you _____

You had a bath _____

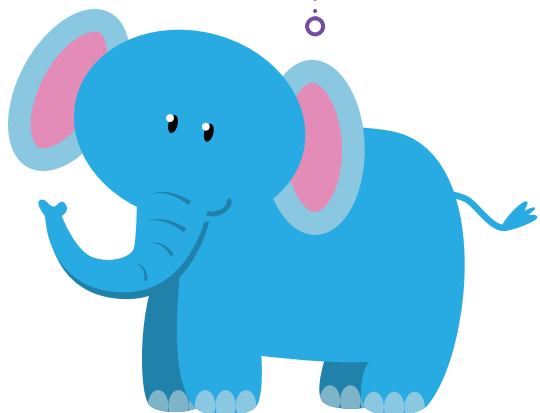
You wore your own clothes _____

You moved to an open crib _____

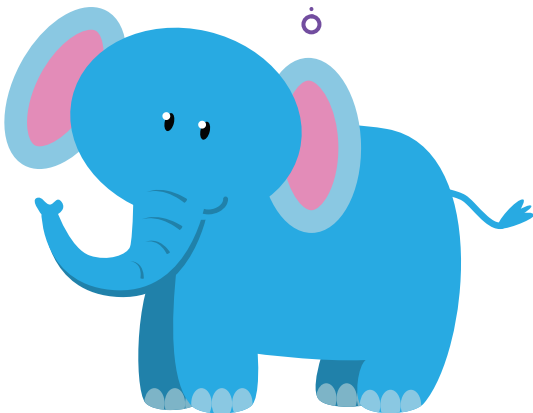
Other special moments we shared with you in the NICU _____

Your feet were so tiny!

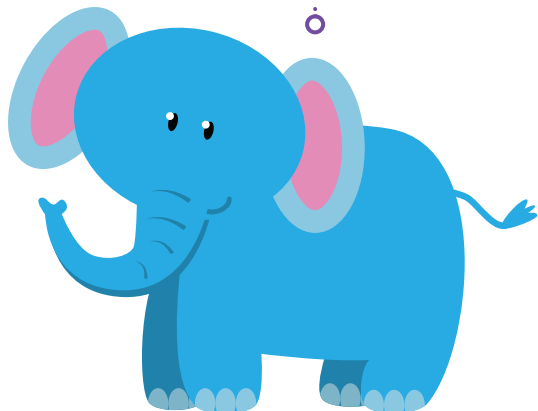
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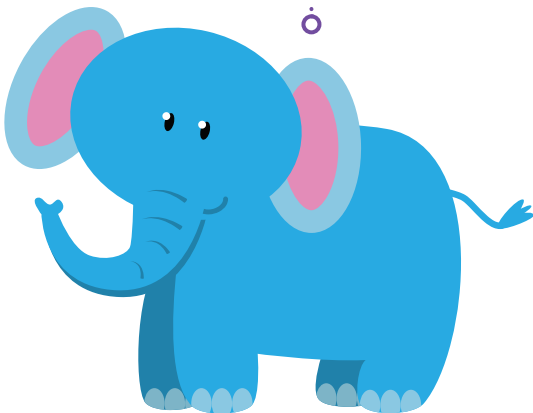
Scrapbook PAGES



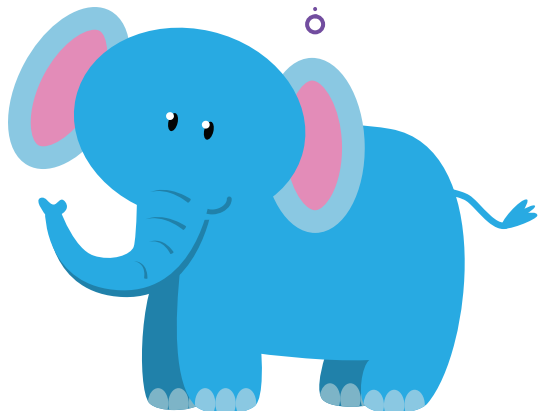
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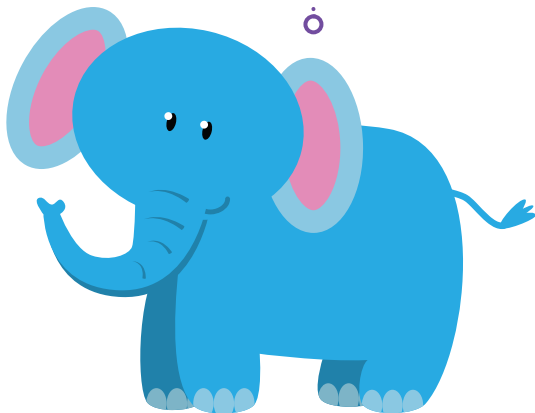
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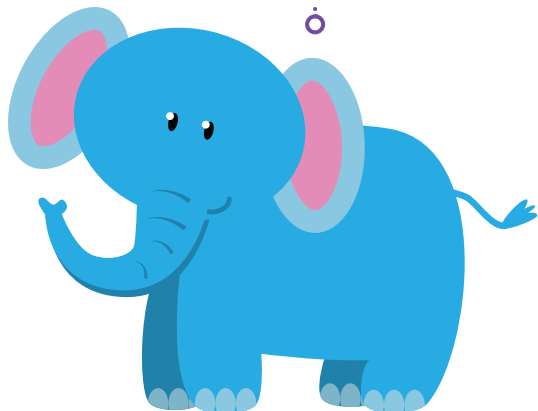
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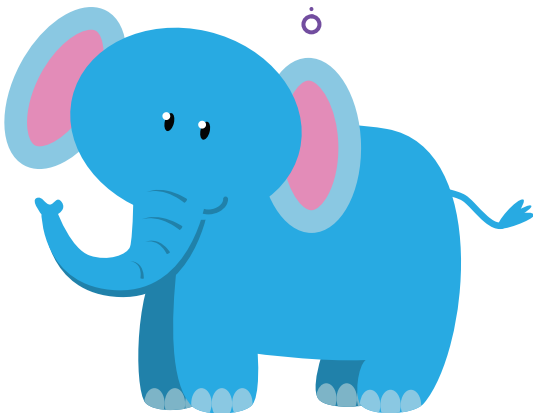
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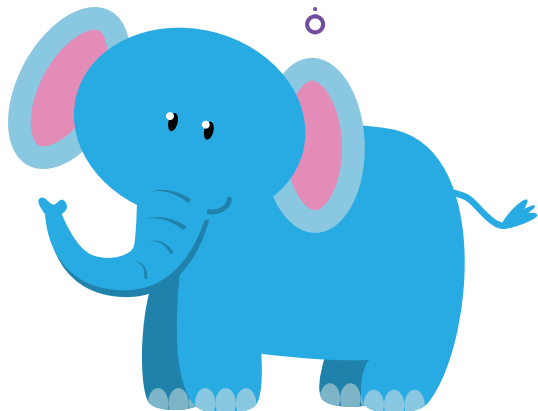
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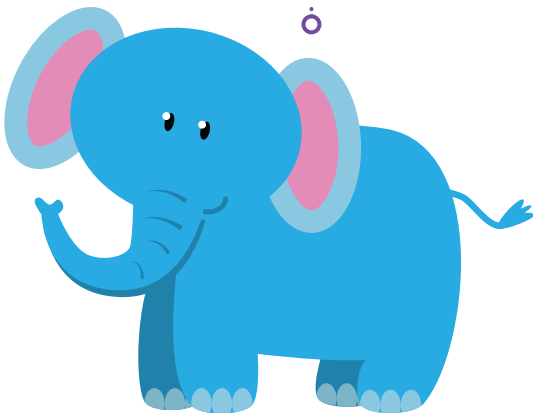
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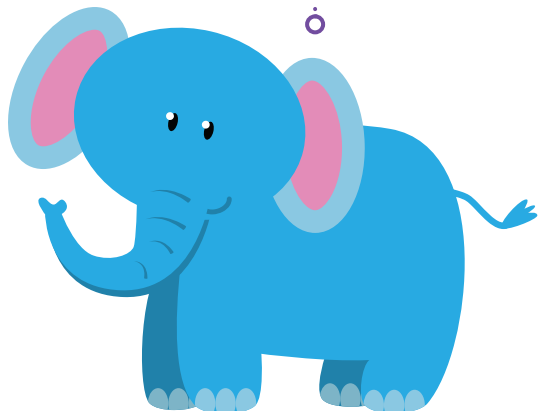
Scrapbook **PAGES**



Scrapbook PAGES

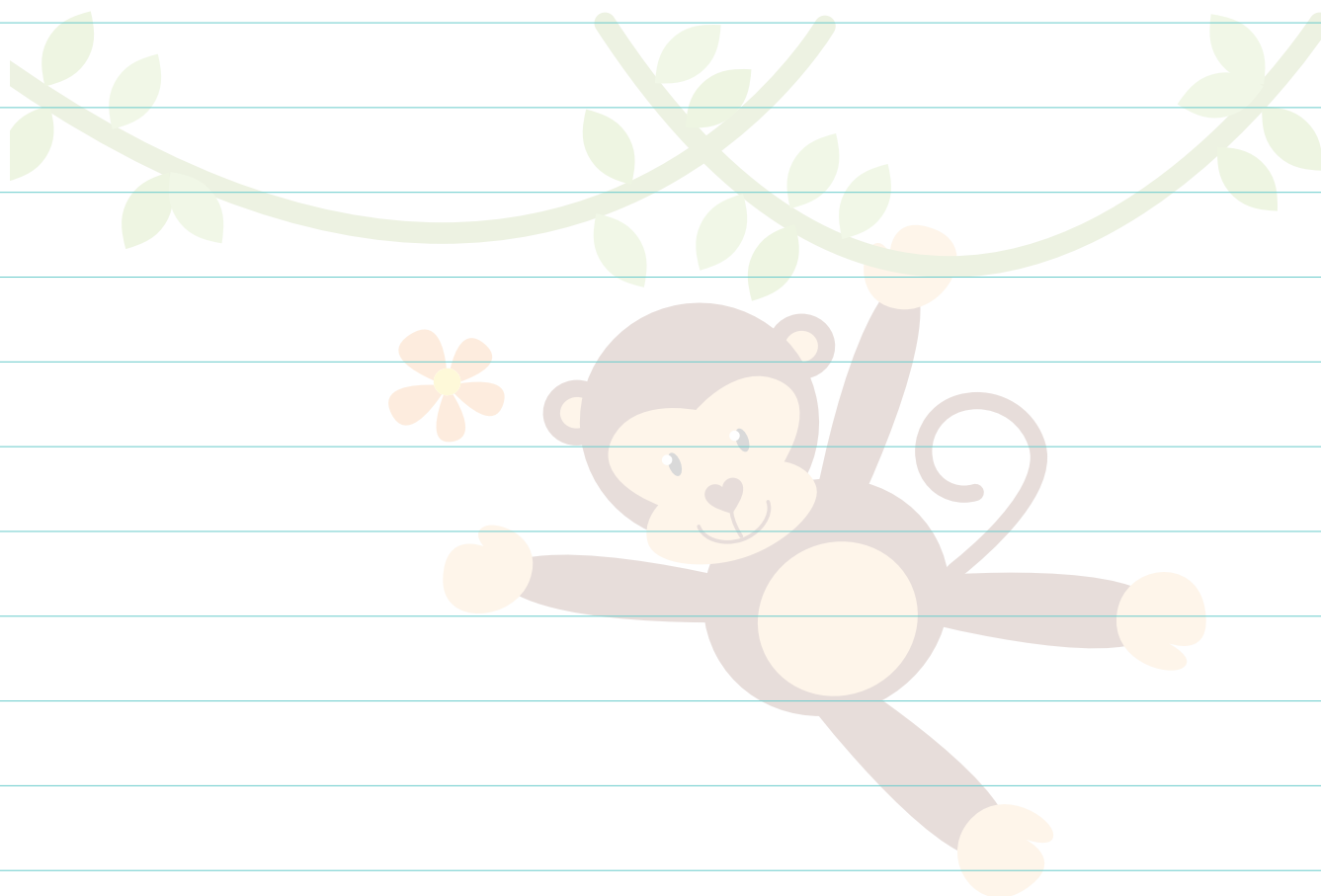


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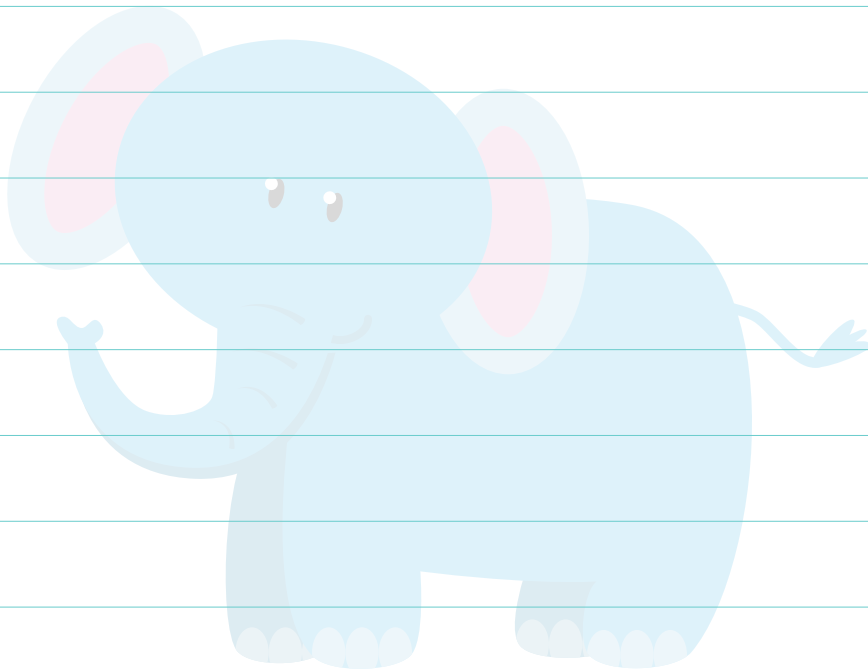
JOURNAL Pages

Use this space to record any thoughts and feelings you want to write down. Writing can be a form of therapy and release for many, so don't be afraid to put pen to paper.



JOURNAL Pages

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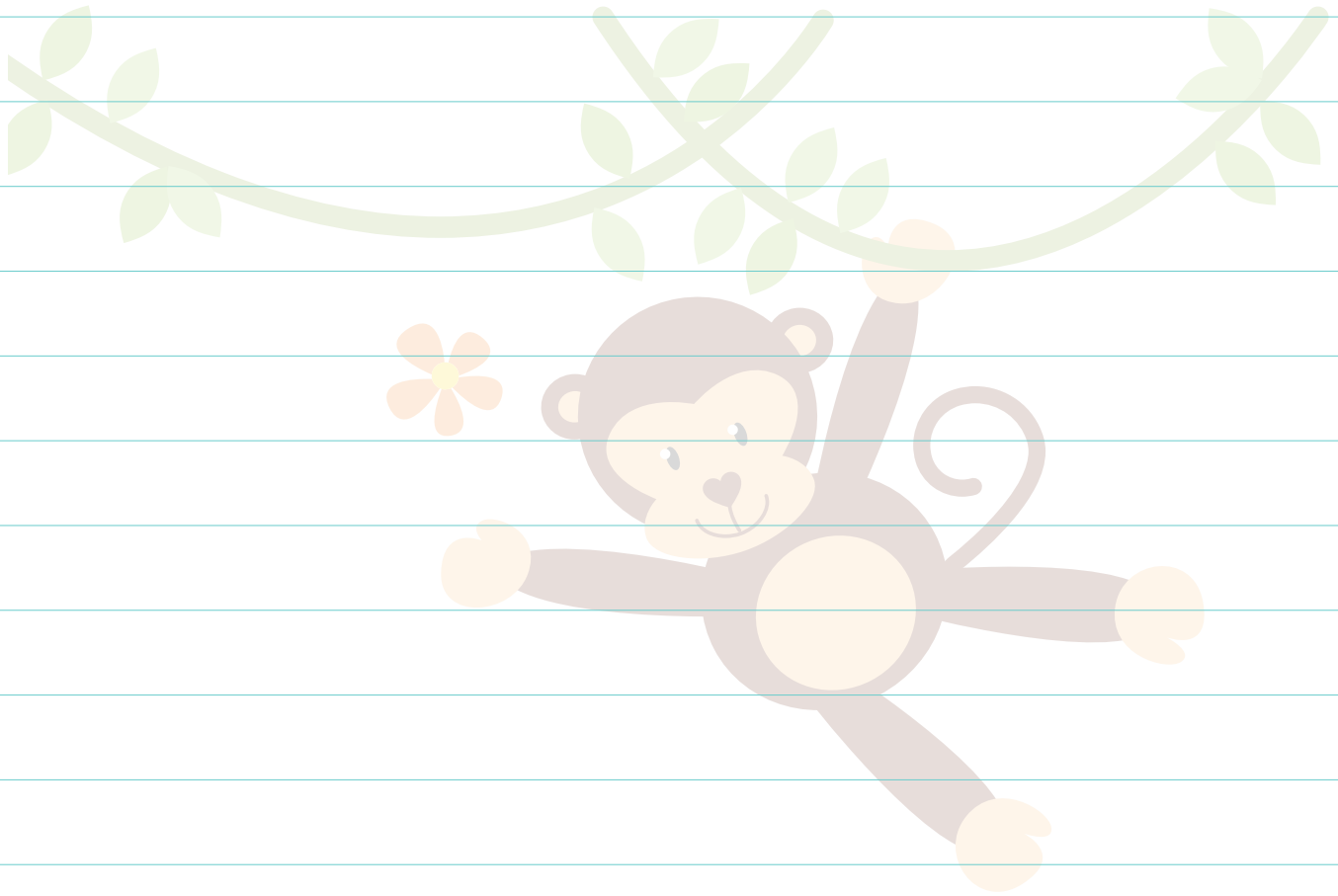
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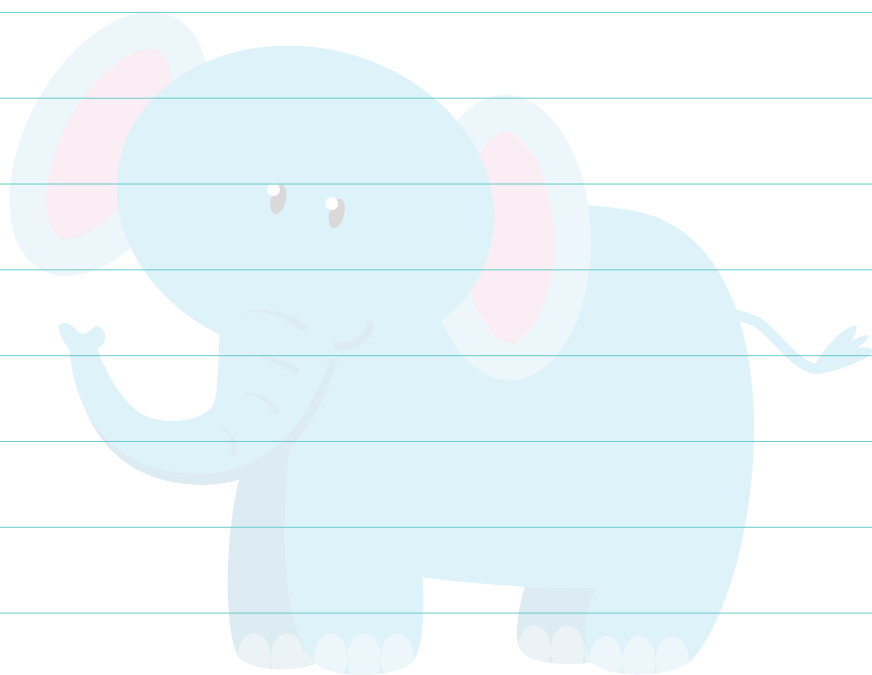
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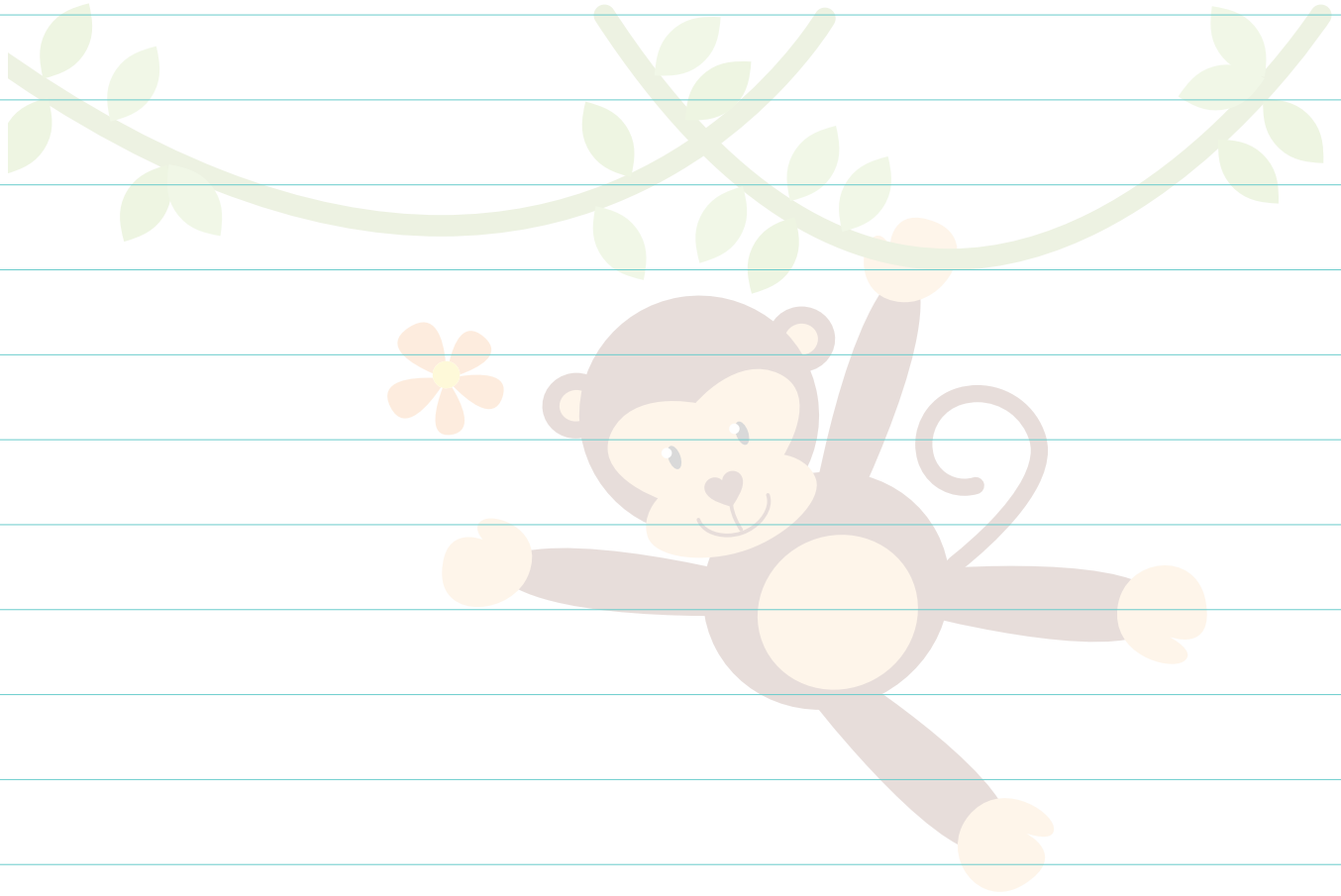
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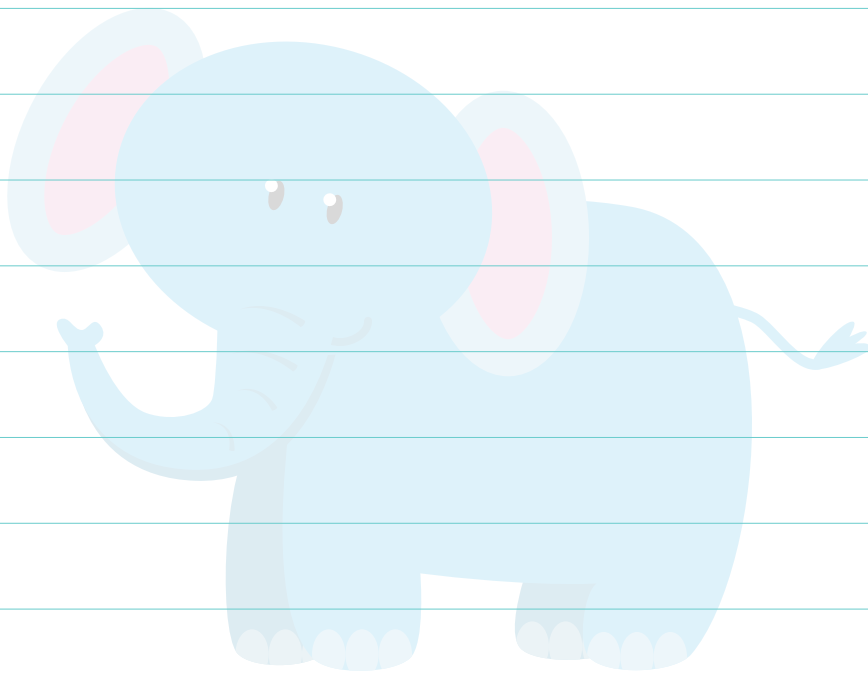
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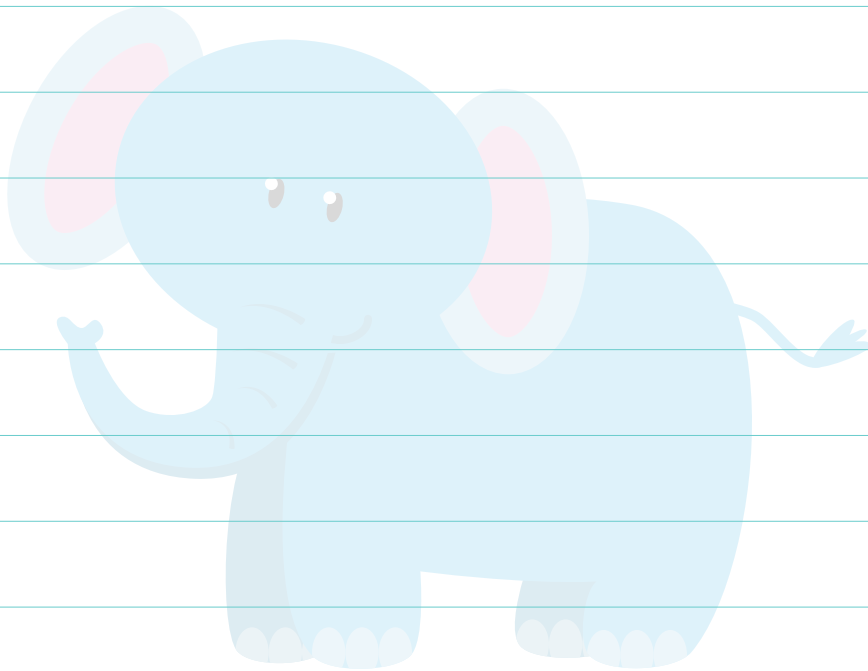
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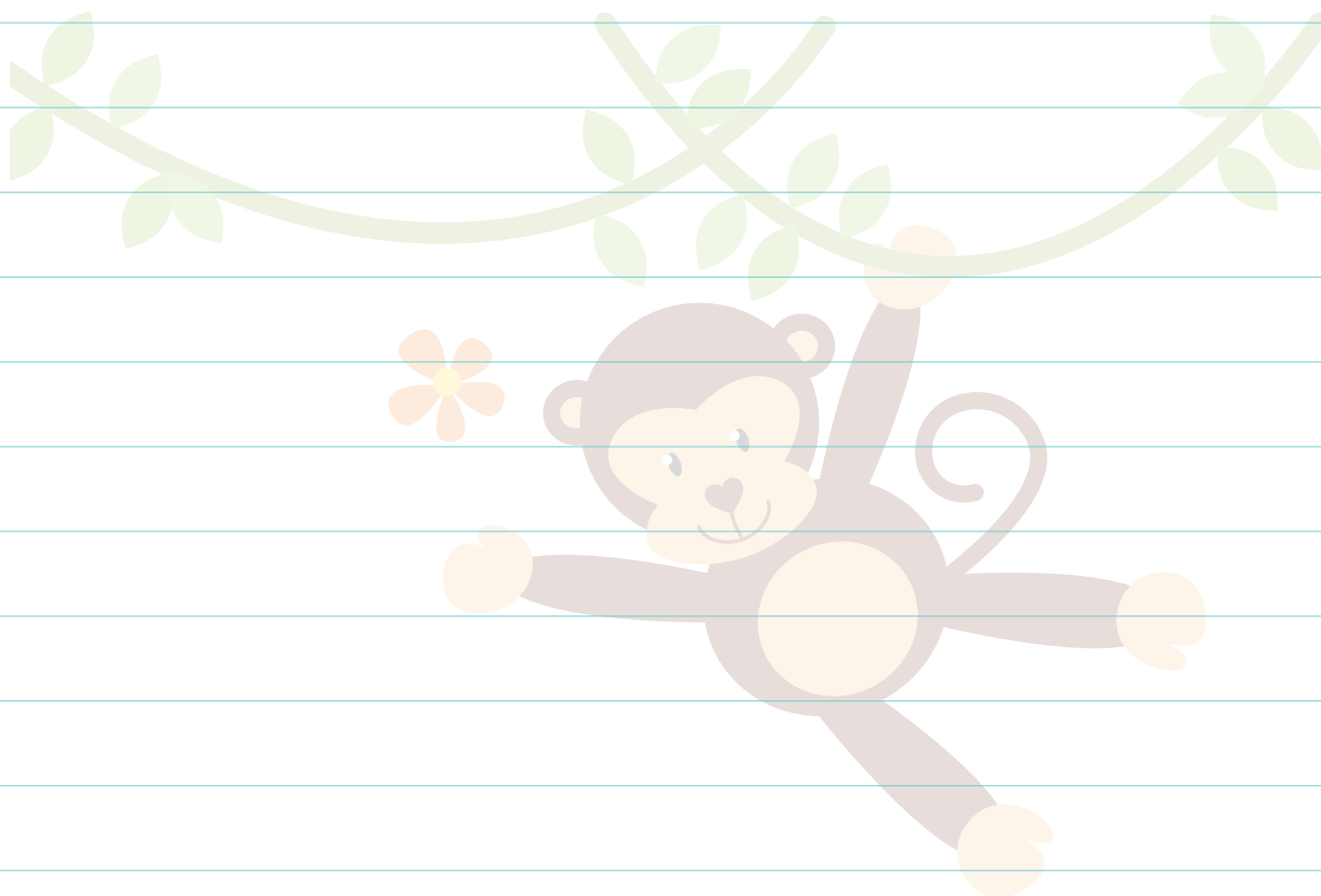
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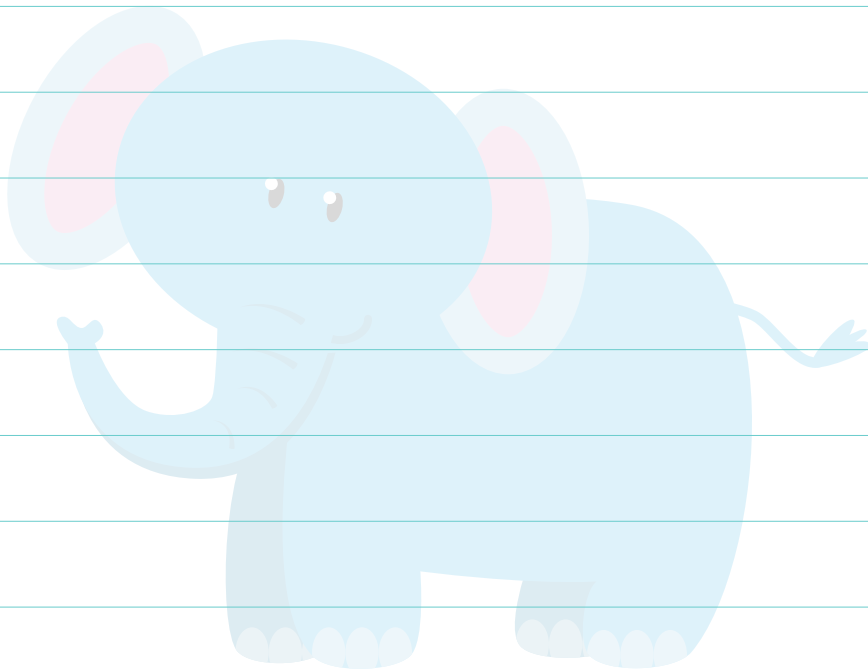
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JOURNEY

Beads



When you are the parent of a baby in the NICU, your journey can be intense. You will never forget this time – these memories will become defining moments for you. With all the uncertainty a NICU stay brings, it is difficult to take time to celebrate, but we believe it is important to acknowledge even the baby steps along your journey. These are accomplishments and milestones that only someone who has spent time in the NICU can truly understand.

Journey Beads offer a way for parents to do just that. By the time you leave the NICU, your Journey Beads will tell your baby's story. Here's how it works:

Your baby will earn a Journey Bead for every milestone he or she meets in the NICU. We will string the beads on a necklace so the completed necklace will display your baby's courage and tell the story of his or her time in the NICU. We will include a bead description list with each baby's necklace to show what each bead represents.

JOURNEY Beads

Journey Beads offer a way for parents to do just that. By the time you leave the NICU, your Journey Beads will tell your baby's story. Every baby is not on phototherapy, and thus not all will be assigned Journey Beads.

HERE ARE SOME OF THE MILESTONES WE CELEBRATE:

NICU CARE

- Admission to the NICU (starter bead)
- Name
- Off oxygen/air
- Off antibiotics
- Phototherapy
- NG tube out
- Head Ultrasound
- Wearing clothes
- To an open crib
- CCHD
- ECHO
- Eye Exam
- Hearing screening
- Car seat challenge
- To the Zoo (ending bead)

PARENT INTERACTIONS

- First hold
- First bath
- First diaper change
- First feeding

FIRST HOLIDAYS

- Valentine's Day
- St. Patrick's Day
- Easter
- Mother's Day
- Father's Day
- Fourth of July
- Halloween
- Thanksgiving
- Christmas

If you would like to participate in the journey bead program, please speak to your nurse to get started!

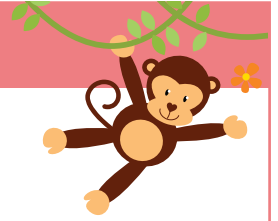
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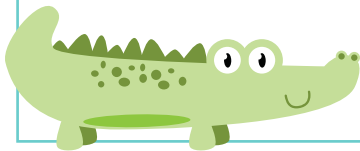
Track my milestones, goals and things you learned about me this week.

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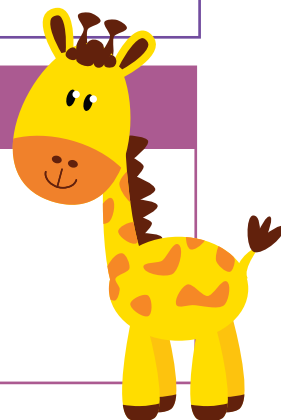


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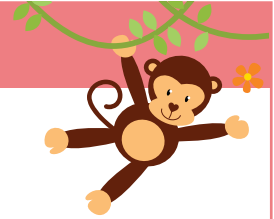
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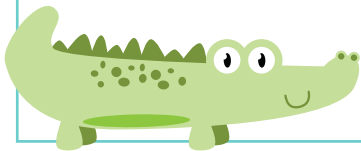
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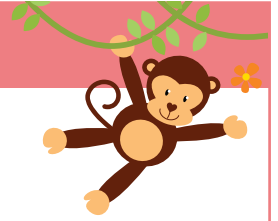
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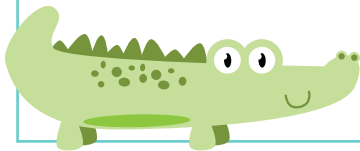
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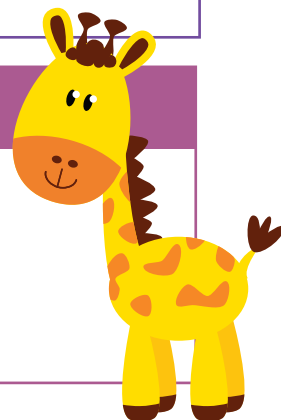


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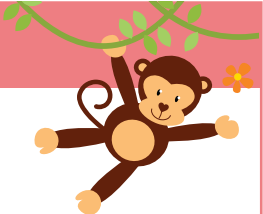
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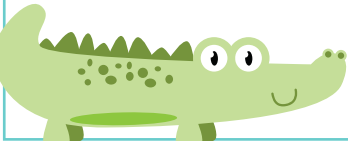
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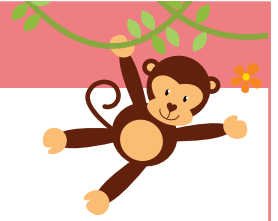
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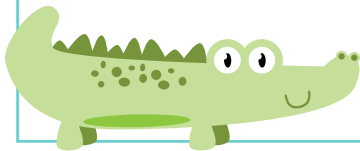
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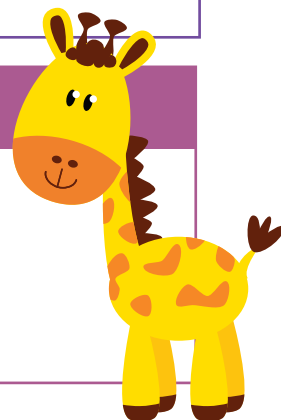


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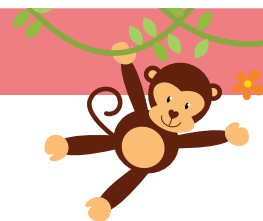
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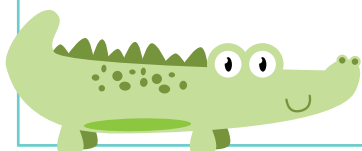
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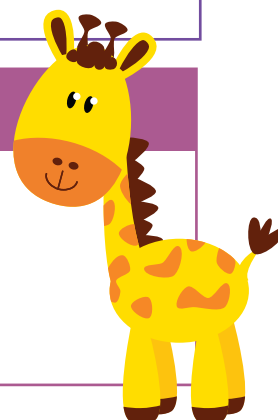


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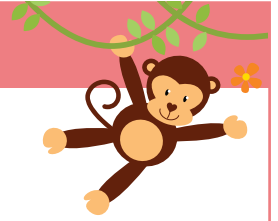
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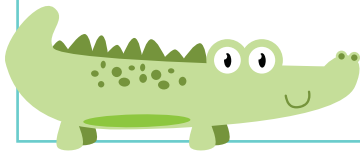
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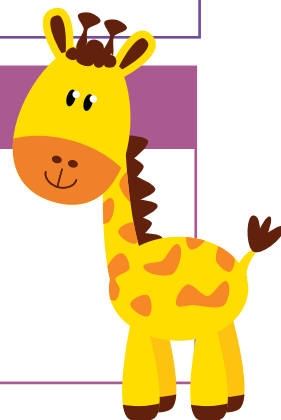


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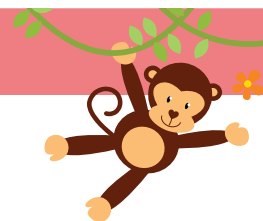
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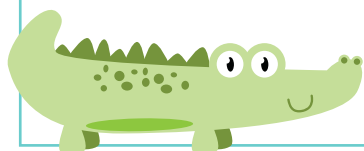
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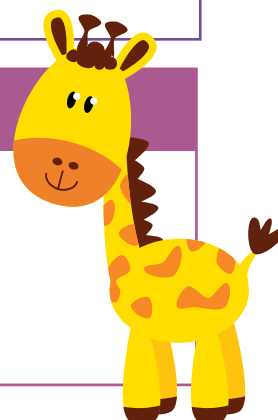
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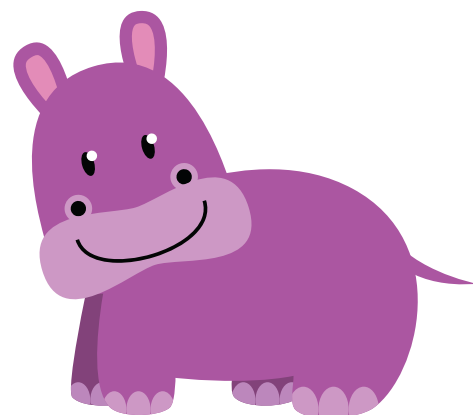
GOING to the Zoo!



Because of the unique nature of the NICU, many traditions and practices have arisen that may sound odd to outsiders. The more time you spend in the NICU, though, the more these things will make sense.

One of our NICU traditions is not to talk about “going home” when we are around the babies. Instead, we use the code phrase, “going to the zoo,” as in, “He is gaining strength every day. Pretty soon, he’ll be ready to go to the zoo!”

NICUs all over the United States use this terminology. The idea is that talking about going home might jinx the actual event, so we avoid mentioning it altogether. It’s just another part of the NICU culture that you will grow to appreciate.



Preparing to go to the ZOO

When the time does arrive for your baby to go home, your doctors and nurses will give you information about how to care for your child at home. The nurses can also help you make arrangements for home health care or medical equipment if needed. Make sure that you are instructed how to care for your child at home. Do not be afraid to ask if you don't understand something or need help coordinating services.

Many things must be done before you can leave the hospital. Even if the doctor tells you in the morning that you can go home, it still may take several hours to get everything ready for you to leave. This will give you time to ask any last questions and feel good about the transition that is coming.

HERE ARE A FEW TIPS TO MAKE YOUR CHILD'S DISCHARGE EASIER:

MEDICINES

- Be sure you understand the medicines your doctor has prescribed for your baby. Clarify dosage amounts and times with your nurse and pharmacist to make sure you know exactly how and when to give the prescribed medicines. This is vitally important – write down all the information so you will remember when you get home.
- If you will be giving shots to your baby, make sure you are comfortable with the procedure.
- Call your pharmacy in advance to make sure they have the medicine your baby needs. Some pharmacies may not have particular compound medicines, so you may have to order them elsewhere. You may also be able to take advantage of delivery options.
- Be sure to keep a list of your baby's medicines with you at all times. If your baby needs more medical treatment, doctors and nurses must know your baby's prescriptions.

MEDICAL EQUIPMENT

Some children may need special equipment when they go home, such as oxygen or special feeding products. Your nurse and your care manager will help you contact a home health agency and will help you get all the equipment you need. Practice until you feel comfortable using the equipment, and ask questions to make sure you understand all the instructions.

PERSONAL BELONGINGS

Don't forget to gather all of your personal belongings to take home with you. Check closets, drawers and the safe. If you are breastfeeding, ask your nurse to pack any stored milk on ice before you leave.



Car SEATS

Your infant will need a car seat prior to going to the Zoo. Check with your nurse to see if they will require a car seat test (this includes using the base). Some car seat tips:

Prior to going home, check to see the weight specifications of your baby's car seat. Some car seats are crash-tested for infants down to 5 pounds and some are crash tested for infants down to 4 pounds. We want to make sure your infant goes home in the correct car seat. If your infant weighs less than 4 pounds at discharge, talk to your nurse about available options for car seats.

Check to make sure your car seat isn't expired. All car seats have a manufacture date somewhere on the car seat (usually on the back). Car seats are good for 5-6 years beyond the date printed on it. Check the manufacturer's website to confirm when that specific car seat expires. Over time, the materials that make up the car seat can break down and not protect the infant as well as when it was new.

Make sure your car seat has not been in an accident, especially if you are borrowing it or purchasing a used car seat. Guidelines for when it is ok to use a car seat that has been in an accident can be found at: <https://saferide4kids.com/blog/restraints-after-crash/>.

The only items used in a car seat that should be used are those that the manufacturer includes in the car seat box. Adding head supports and covers that snap into the seat could affect how the car seat keeps your infant safe. Additionally, these items have never been crash-tested by the car seat manufacturer and could interfere with how the car seat was made to keep your infant safe.

You can make an appointment to have your car seat installation checked with the following agencies:

- | | |
|-----------------------------------|--------------|
| • Owensboro Health | 270-688-4878 |
| • Owensboro Police Department | 270-687-8840 |
| • Daviess County Sheriff's Office | 270-685-8444 |
| • Kentucky State Police | 270-826-3312 |

For more information, visit www.OwensboroHealth.org/CarSeatSafety.



Safe SLEEPING

Now that you are headed home to be on your own, one of the most important things you can do for your new baby is to practice safe sleeping habits with him or her. You can do several things to reduce the risk of harm to your baby while he or she is asleep - we call them the ABCs of safe sleep.

A - ALONE

The safest place for your baby to sleep is in your room, but not in your bed with you. No matter how tempting it may be, sleeping with your baby in your bed is dangerous for the child.

B - BACK

You should always put your baby on his or her back for sleeping at night or during naptime. The stomach or side is not as safe as the back - in fact, when babies sleep on their back on a firm mattress in a crib or play yard, their risk for SIDS decreases. Back-sleeping does not increase the risk of the baby choking.



C - CRIB

Babies should sleep on a firm mattress in their crib, bassinet or play yard. Bumper pads, toys, pillows and blankets should not be in the crib because they increase the danger of suffocating for the baby. Never put your baby down to sleep on a couch, swing, adult bed, car seat or even on your chest. These places are not designed for a baby to sleep.

D - DANGER

Be aware of your own ability to care for your baby. Drinking and drug use will impair your awareness and ability and cloud your judgment. This makes sharing a bed with a baby even more dangerous. You should also avoid smoking around your baby - even secondhand smoke will weaken their lungs.

Shaken Baby SYNDROME

Shaken Baby Syndrome is a serious brain injury that results from forcefully shaking a baby or a toddler. It can result in permanent brain damage or even death.

It occurs many times when a parent or caregiver is frustrated with the baby (often because he or she won't stop crying) and forcefully shakes the baby to try to correct the problem.

If you suspect that your baby may be injured, seek immediate medical help at the emergency room. You may be able to save your child's life if you act quickly enough.

You may be tempted to resort to anything when your baby will not stop crying, but remember that it only takes a few seconds to cause irreversible brain damage. Always treat your baby gently.

If you are having a hard time with the stress of parenting a baby, please ask for help. Your doctor or your baby's doctor can refer you to a counselor. If other people help take care of your baby, make sure they are also aware of the dangers of shaken baby syndrome.

NICU Reunions



While no one plans to spend time in the NICU, you will want to remember your time here. In fact, this experience will last your entire life. One of the best ways to celebrate your child's recovery is to attend our annual NICU Reunions. These gatherings include all "graduates" of the NICU, their parents and families, and the doctors and nurses who cared for them.

More than 600 people attended our inaugural reunion in 2014. This can be a happy – and emotional – time for everyone. Parents are grateful for the NICU staff and excited to catch up with other parents with whom they share a special bond because of their common experiences. When the staff sees their former patients doing so well, it reaffirms the importance of the work they do and gives them inspiration to continue giving their absolute best day after day.

NICU reunions are a celebration of life, a renewal of special bonds and a marking of milestones. We can't wait to see you there because that means you will have come through your journey with flying colors!

Former patients and families from the past year and those that attended last year's reunion receive an invitation to Owensboro Health NICU Reunions. Watch your mail, social media and the newspaper for information on the celebration each September.