

# Neonatal Intensive Care



**SAFETY**

**HEALTH**

**SATISFACTION**

*The pillars defining our quality care*

*We Care Together!*



*St. Maarten Medical Center*

Congratulations on the birth of your newest family member; this is indeed a wonderful miracle! The staff of the pediatric ward welcomes you to our neonatal unit. As new parents, you spent months planning and dreaming about your baby's birth. The specialized care your baby now requires may not have been part of those plans, and perhaps your feelings are not what you expected. Separation from your baby is difficult.

Your baby is now admitted and being cared for on the neonatal unit, and you probably feel overwhelmed, scared and have a lot of questions about your baby's condition and care. Wondering when he/she will get to go home and how you will cope with the unexpected situation. We as care team are here to support you. Although it may not be easy, we encourage you to try not worry.

We know you may feel a bit helpless, but you can rest assured knowing that while your baby is on the neonatal unit, he/she is in the care of professional Nurses and Pediatricians, and will get the best medical/nursing care available. This booklet was developed to help answer some of your questions and concerns, which we know you will surely have.

***Celebrate your miracle! They don't come along every day!!***

## What should you know:

### What is an incubator?

An incubator is a box made out of Plexiglas material that you can see through. It provides the correct environment which helps to keep your baby warm and helps him/her to keep the correct body temperature.

It also serves as a means of proper observation. The incubator has holes on the sides through which you can touch and stroke your baby.

Premature and sick babies are placed in an incubator until they are stronger and well. Your baby while in the incubator, only wears a pampers. When he is placed in a baby cot, he will need clothes. The nurse will inform and advise you accordingly.



### Some indications for admission to the neonatal unit may be:

- **Prematurity:** baby is born before due date.
- **Dysmaturity:** baby is small and low in weight for due date.

- **Macrosomic:** Baby is very large in weight.
- **Serotiene:** Baby born after due date.
- **Respiratory problems:** Breathing problems.
- **Neonatal infection:** baby is suspected of or has an infection.

The entire staff of the Pediatric ward at the St. Maarten Medical Center is concerned about your baby's health and well being. We want you to feel comfortable being here and helping care for your baby.

The nurse caring for your baby will guide you in the care you can provide as a parent. We work to create an environment that is safe, clean, calm, quiet and healing to help your baby recover. The care team will suggest ways we can work together to achieve this.

Things your baby may need:

- Clothes ( at least 1 suit)
- Blanket
- Pacifier (optional)

The St. Maarten Medical Center provides pampers, wipes, formula and any other need the patient may have.

## Infection prevention

These infants are at **high risk for infection**. You can help prevent the spread of germs by following these important infection prevention guidelines.

Proper hand hygiene is a simple and proven way to reduce the risk of infection for all patients:

- Disinfect your hands before entering the unit.
- Remove all jewelry, watches, rings. Jewelry can be a risk for infection so it is best to leave it at home.
- Fingernails should be short; chipped artificial nails should be removed. Germs on or under the fingernails can be harmful to your baby.
- Wash your hands and arms up to the elbows for 1 full minute.
- Before entering the unit turn off your cell phone or turn to vibrate/silent after wiping with designated material. (Cell phones can disrupt the function of the machines used to monitor your baby; (Cell phones also carry lot of germs due to the way of use).
- Wash hands with soap and water for 15 seconds each time you enter the unit.
- Wear a disposable gown.

- Wash hands with soap and water after changing your baby's diaper.
- Wash hands before and after touching/holding your baby.
- Before and after using the breast pump.
- After contact with any object, such as your cell phone.
- After using the rest room.

## What to do and what not do

### Do's

- Be prepared to discuss your baby's progress with the pediatrician on a daily basis.
- Be on time for feeding and bonding times.
- Do adhere to the rules of the neonatal unit, these rules are for the well being of your new born.
- Drink lots of fluids and rest well.

### Don'ts

- Do not compare the progress of your baby to that of another baby. Your baby is unique!
- Avoid providing information on your baby's condition to others.
- Do not comfort the baby of another.
- Do not allow other parents to touch or cuddle your baby.
- Do not visit your baby if you have a cold or flu symptoms (cough, fever, aches, runny nose) or exposure to diseases that spread easily such as chickenpox. *Please inform a staff member if you develop a cold while your baby is in the neonatal unit.*
- No plush toys or other toys should be placed inside the incubator or crib.
- Personal bags are not allowed in the unit.

## Rules and regulations

- Remove jewelry such as rings, watches and arm bracelets.
- Wash your hands with soap and water.
- With each visit wear a new disposable gown over your clothing.
- Parents will be asked to exit the unit during the doctor's patient rounds, this to safeguard patient privacy.

- Only parents are allowed to visit in the neonatal unit. Grandparents are each allowed 1 (one) visit from admission to discharge of the infant. No visiting allowed for siblings or children.
- Please ask permission if you would like to take a picture that may include a nurse or doctor; pictures taken on the unit should only include your baby. Video taping is not permitted at anytime.

## Feeding and bonding time

As your baby is premature or sick, feeding times may be different to when a baby is healthy. Regular feeding times for a neonate is at least every 3 hours. We promote breast feeding and encourage this once the condition of the baby permits this.

During these times make use of the time to bond with your newborn infant. Avoid visiting outside of these times, even though you might not be turned away and will be allowed to see your baby; however you will be advised not to wake the baby if he/she is sleeping. Sick babies needs rest.

You will receive a card with feeding and bonding hours which are as follows:

- **08:30— 09:30**
- **11:30— 12:15**
- **14:30— 15:15**
- **17:30— 18:15**
- **20:30— 21:15**

Progress update meeting with the pediatrician is daily: Monday to Friday from 08:30 to 08:45 am. Saturdays, Sundays and Holidays, the pediatrician will be available approximately 09:00 -- 09:30 am.

## Your involvement in the care process

During the initial stage of the admission you may not be able to breastfeed or bottle feed your baby depending on his/her condition. The nurse or pediatrician will explain you why your baby cannot have intake per os at this time. The nurse will guide you in how to take the baby's temperature and change pamper, how to tidy the baby. The nurse will also assist you in breastfeeding of your baby as needed. If needed the nurse may also teach you the skill of feeding via the nasogastric tube.

Other things you can do for your baby to enhance the bonding are soft touch, sing softly or hum to your baby. This can be very soothing to your baby, but don't over do it. Premature and sick babies cannot handle over stimulation. While a healthy baby might love being tickled or the sound of a rattle, a sick child will only become more stressed by this type of play, this can then interfere with the healing process.

Do not hold your baby and use your cell phone at the same time, this is your special time to get to know your new baby. Focus on holding and comforting your baby and learning to recognize his/her needs.

The list below offers a few things to consider:

- Your phone is covered with germs, it is best not to handle it while you are also handling your baby.
- Your phone is distracting to you and to your baby, you need to focus on your baby, and your baby needs quiet and rest.
- Your phone may invade someone else's privacy. Please help the nursing staff to honor patient's privacy.

## Breastfeeding

**Breast milk is a super food**, if the baby cannot take it now, does not mean he won't thank you for it later. You can pump the milk and store it for when he can take it. The breast milk may also be given via the nasogastric tube as feeding.

Breast milk has been shown to protect babies from infection, reduce their chances of having gastrointestinal problems later in life, and has been linked to a decrease in obesity, diabetes and even leukemia



You can pump the milk on the ward, with your own personal breast pump under supervision of the nurse; this can be stored on the ward. Milk expressed at home will not be accepted.

The sooner you start pumping the milk, the better your chances for having a good supply of milk. Pumping is a commitment as you will have to pump every three to four hours, especially in the beginning, in order for your breast to produce the amount of milk your baby will need.

## Kangaroo care

Kangaroo care is a method of caring for premature babies in which the infants are held skin to skin with a parent, usually the mother, for as many hours as possible, every day. The baby is naked except for a diaper and a piece of cloth covering his/her back, is placed in an upright position against a parent's bare chest.



## Jaundice

Jaundice is a common condition in newborns that causes a yellow color of the skin and whites of the eye caused by excess bilirubin in the blood.

The doctor would request a blood test to find out the level of bilirubin in the blood. If this is above normal, he would commence phototherapy.

Phototherapy is a treatment with a special blue light that helps get rid of the excess bilirubin in the blood. A very good sign that the baby is getting rid of the bilirubin is when he/she passes green color stools and the urine is also dark. It is important that the baby drinks well during this treatment, so he/she does not become dehydrated. The doctor might insert an infusion, so the baby can obtain extra fluids if needed.

## For your information

Other test the pediatrician can request are blood test, X-ray, stool test, urine test, ultrasound of the brain and abdomen, EKG test, culture swabs. Learn all you can about your child's diagnosis and treatment. Your baby cannot speak up for him/herself. Play the role of the infant's advocate. If you don't understand what's being done, do not be afraid to ask questions. **No one can fault you for making sure your child gets the best medical treatment possible.** You should be made aware of all big decisions in your baby's care and should be treated with respect. Asking questions and learning all you can will help reduce your fears and stress, which is good for both you and your little one.

## Contact information

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