



NICU

Important information

UAMS Women's Health

NICU
Patient Education

501-526-1500
501-686-7791



NICU SAFETY COMMITMENT

Parents, staff, and visitors all have a role in making the NICU a safe place for you and your baby.

To ensure you and your baby are safe during your NICU stay, here is a list of some safety measures we use in our unit:

- Special training for staff and volunteers
- Mother/baby badges that are a special color
- ID banding and barcode scanning for all medication and feeding
- A special security bracelet on your baby's ankle once he or she moves to an open crib or bassinet
- Security doors on all mother/baby units

There are also things you can do to help your baby stay safe:

Please do not sleep with your baby in your bed, while holding your baby, or while providing kangaroo care.

- If at any time you feel weak or dizzy, do not hold or carry your baby. Call your nurse for help.
- If you are holding or providing kangaroo care and start feeling sleepy or plan on sleeping, call your nurse to assist with putting your baby back in his or her bed.
- If you fall asleep while holding your baby or providing kangaroo care, your nurse will move the baby back to his or her bed.

To keep your baby sleeping safely in the hospital and at home:

- Do not sleep with your baby.
- Place your baby on his or her back in a crib for every sleep.
- Once in an open crib, use only sleep sacks. Do not use blankets to swaddle your baby.
- Approved developmental positioning aids are the only items allowed in the crib. Once your baby is close to discharge, there should be no items in the crib with your baby.
- Babies who fall asleep in a bouncy seat, swing, or other device should be moved back to their crib.
- Babies who fall asleep in their car seat should be moved to a crib once they are no longer traveling in the car.



NICU SAFETY COMMITMENT

■ Babies are at a higher fall risk due to new surroundings and equipment.

- The sides of the bed (warmer, isolette, or crib) must remain up and locked in place at all times.
- After providing care for your baby, always check the clamps and doors on the bed to make sure they are latched.
- Please allow your baby's nurse to remove and return your baby from a warmer or isolette.

■ Please use a chair without wheels when holding your baby. Except during Kangaroo Care (skin to skin), please wear a hospital gown over your clothing when holding your baby.

■ Babies who are moving to a different room should ride in a crib, bassinet, or isolette and should not be carried.

- Do not allow anyone who is not wearing an appropriate colored ID badge to remove your baby from the room. Make sure the photo matches the person wearing the badge.
- If in doubt about anyone in your room, immediately call your nurse.

■ Room curtains should remain open except during breastfeeding so the nurse can see the baby and monitor. If you need more privacy, you can close the curtain of the parent area.

■ Please do not touch any medical equipment, or silence any alarms. Monitors, pumps, ventilators, oxygen tubing, and other equipment should only be adjusted or silenced by the nurse or other trained staff.

■ Please do not visit your baby if you have been sick or exposed to someone who has been sick. This includes any fever, cough, runny nose, sore throat, vomiting, diarrhea, or rash.

■ Please make sure you and any other family members or visitors are up to date on all recommended immunizations.

■ Please do not smoke before holding your baby.



NICU FAMILY AND FRIENDS GUIDELINES

Our mission in the Neonatal Intensive Care Unit (NICU) is to provide excellent medical care for your baby and support for you and your family. We encourage parents and family, as important members of the medical team, to participate in the care of your baby as much as you can.

Below is a list of guidelines that should be followed to ensure the best and safest care of your baby during his or her NICU stay:

VISITING HOURS

The NICU is open to adult family members and friends 24 hours, every day.

- All visitors and friends, unless specified by the parents, must be with one of the parents to visit the baby's room. In most cases, only 2-4 people may enter the baby's room at one time.
- Please check in at the nursery front desk when you arrive.

Siblings are also welcome to visit the NICU.

- Siblings under age 12 must be watched by an adult at all times, including in the waiting areas.
- They will be screened for illness at the front desk prior to entering the NICU, and may visit each day from 8 a.m. until 8:30 p.m.
- For safety reasons, siblings under the age of 18 are not allowed to stay in the NICU overnight. Other children under the age of 12 who are not siblings should not visit infants in the NICU.
- Young siblings should sit in a chair or be held by a parent while in the patient room. Children should not sit/play on the floor, or walk around the patient room.
- For the safety of our infants, there may be other visitor restrictions in place during cold and flu season. These will be posted at the front desk.

Proper behavior is expected of all parents and visitors. Raised voices, foul or abusive language, or other disruptive behavior will not be tolerated.



NICU FAMILY AND FRIENDS GUIDELINES

STAFF COMMUNICATION

You are welcome to be present for rounds with the medical team during the day, but can also be updated at other times during the day or overnight. Your baby's nurse can answer questions for you at any time; however, we ask that you limit phone calls during change of shift (between 6:30 and 7:30 each morning and evening) to allow the nurses to give report without interruptions.

If you would like to speak with a doctor, please let your nurse know. If a doctor is not available to come to the bedside right away, we can arrange for a visit or phone call at another time.

Should you have any questions or concerns about your baby's care that are not answered by the bedside nurse, other staff is available to assist you. This includes the charge nurses on duty for the shift, and the Clinical Services Manager (CSM). The UAMS Patient Relations office is also available and can be reached by phone at 501-296-1039.

PRIVACY:

- You will be asked to provide a password in order to receive information about your baby over the phone. You can share this password if you like, but whoever has it will be able to hear medical information about your baby.
- Before you leave the hospital after discharge, you will need to complete some simple paperwork. Please be sure to give us several contact numbers in case the medical team needs to reach you while you are away. You may write these numbers on the white communication board in your baby's room.
- Please respect the privacy of other families in the unit. You may take pictures or video of your own infant, but not of other babies. We will not be able to give you any information about other babies or families in the NICU.

STAYING OVERNIGHT:

- Two individuals who have been issued a badge may sleep separately in the baby's room overnight. The curtain for the family area in the room may be closed for breast feeding/pumping privacy, but should remain open if more than one person is sleeping in the family area. You may request linens from your baby's nurse. These should be stored in the drawers beneath the sofa, and the bed returned to its couch position by 8 a.m. each morning.
- Appropriate sleeping attire must be worn when staying overnight. Except for sleeping and showering, shoes must be worn in the unit at all times.



NICU FAMILY AND FRIENDS GUIDELINES

PREVENTING INFECTION:

All parents and visitors who enter the NICU must be in good health.

Please do not visit if you are ill, which includes:

- Fever
- Cough
- Vomiting or diarrhea
- Runny nose
- Sore throat
- Rash

Remember to wash your hands before and after touching or holding your baby. There are also hand gel dispensers and device-cleaning stations (with wipes for your cell phone or other devices) around the unit.

OTHER:

- Please keep your cell phones on vibrate or silent when in the baby's room, to help us keep noise levels to a minimum.
- To maintain the cleanliness of your baby's room, a separate family area and kitchen is available for eating. Drinks with covered lids may be kept with you in your baby's room, but please do not bring any food items into your baby's room.
- UAMS is a smoke-free campus. This includes e-cigarettes and vaping devices.
- Please keep your personal items in the family area of your baby's room. UAMS is not responsible for lost or stolen items, so please keep your valuables with you at all times.
- Certain appliances may not be used in the baby's room. These include, but are not limited to, the following: hairdryers, curling irons, fans, and separate TVs or gaming stations. If you have any questions about other devices or equipment, please check with your baby's nurse.
- Home infant safety or monitoring devices that have not been approved by the UAMS Clinical Engineering Department may not be used in the NICU.
- Please do not tape or otherwise mount anything to the painted walls or cabinets in your baby's room, as this can damage the walls and surfaces.



**Ronald
McDonald
Family Room®
UAMS**

Ronald McDonald House Charities of Arkansas

Invites you to visit the

Ronald McDonald Family Room UAMS Medical Center 5th Floor NICU

The Ronald McDonald Family Room (RMFR) at UAMS offers day use for families with babies in the Neonatal Intensive Care Unit (NICU). The RMFR is a place to relax or have a cup of coffee just steps away from your child's room.

Open from 8:00 am – 8:00 pm every day, the RMFR offers the following:

- A kitchenette with a microwave, refrigerator, and snacks as well as a comfortable dining area to enjoy your meals.
- Shower facilities
- Laundry facilities
- A seating area with a television
- A play area for kids



We create an environment where every NICU family feels comfortable, supported, and treated with compassion.

Some important things to know about the RMFR.

- The RMFR is open for day use to parents, grandparents or other caregivers with a valid NICU badge only.
- All visitors should be accompanied by a NICU parent or caregiver while in the RMFR. Please limit the number of guests to no more than 5 at a time.
- Day guests are only permitted in the common areas only.
- Sleeping is not permitted in the common area.
- All guests must be fully clothed. Nightgowns and pajamas are not allowed. Shoes must be worn at all times.
- Restroom and shower facilities are available for families staying in the NICU.
- Smoking, drinking, use or possession of illegal substances is not permitted.
- Children must be supervised by a parent or guardian at all times. Guests are not allowed to leave their children in the care of other NICU parents or RMFR staff.
- Day guests are asked to clean up after themselves in the kitchen, dining and common area. **All food and drink must be kept in kitchen and dining area.**
- RMFR families are expected to respect and be courteous to other RMFR guests. Guests who do not abide by the guidelines will be asked to leave and not allowed further use of the RMFR.

For more information, or if you have questions about the RMFR, please contact your social worker RMFR staff at 501- 686-8850.

The Family Home of Little Rock

What is the Family Home?

The Family Home is a “home-away-from-home” for families whose child is in the neonatal intensive care unit (NICU) at UAMS or parents of cancer patients at Arkansas Children's Hospital. The home is also available for patients who are receiving outpatient cancer treatments at the Winthrop P. Rockefeller Cancer Institute. More info can be found at familyhomelr.org.

The Family Home was developed to provide a homelike atmosphere for families facing the stress of medical treatment for themselves or for their child. Families are able to share their concerns, experiences and fears with others facing similar circumstances.



Who is Eligible to Stay?

You can stay at the Family Home if:

- You live outside of a 50 mile radius of Little Rock
- Your child is being cared for in the UAMS NICU or Oncology at ACH
- You are receiving outpatient cancer treatments at the UAMS Cancer Institute
- You have been referred by a hospital social worker, physician or nurse

How Do I Make a Reservation?

The Family Home only takes referrals. If you are interested in staying at the Family Home, please speak with your social worker or call us at (501) 978-2900. If rooms are available, we will handle your reservation.

What Amenities Are at the Home?

The Family Home is a 15 bedroom, non-smoking facility containing a volunteer-staffed cancer support center.

- One private bedroom with bathroom per family
- Living areas with TV and DVD players
- Bed and bath linens
- Free laundry facilities
- 3 fully equipped kitchens/dining areas
- Library & computer room

How Much Does It Cost?

The cost is \$10 per night. If you are unable to meet this request, talk with your social worker to make special arrangements. No family is ever turned away because of inability to pay.

When Can I Check In?

Once your social worker has reserved a room for you, you can check in anytime between the hours of 8:00 a.m. and 5 p.m., Monday through Friday.

What is the Address?

The Family Home is located at 4300 W. Markham, directly across from UAMS.

Who are all these people around my baby?

The NICU is a busy place. The babies need constant monitoring and 24-hour care from different health care providers. All of these health professionals are part of a team that is working to help your baby get stronger and help you cope while your baby is in the NICU. You are an important member of this team as well. Please ask questions and be involved in the care of your baby!

Here is a list of NICU staff and what they do. Some or all of these people may be a part of the team taking care of your baby/babies.



- **Chaplain-** a person who provides pastoral, emotional and spiritual support to patients, their loved ones, and staff.
- **Charge Nurse (Royal Blue Scrubs)-** a nurse who makes sure that the NICU runs well.
- **Discharge Planner (Royal Blue Scrubs)-** a nurse who makes sure that everything is in line and complete in order for your baby to be discharged from the hospital and have the care they need when you get home.
- **Lactation Consultant (Royal Blue Scrubs)-** a nurse who has special training in helping women breastfeed and pump breast milk to provide to the babies.
- **Neonatal Nurse Practitioner (NNP) (Ceil Blue Scrubs)-** a health care provider who has special nursing and medical training in caring for sick babies. The NNP works with the babies' doctor and other medical team members and can do medical procedures for babies.
- **Neonatologist (Ceil Blue Scrubs)-** a pediatrician (children's doctor) who has special training in caring for sick babies.
- **Occupational Therapist (OT) (Wine/ Maroon Scrubs)-** a health care provide that assists with helping your infant with pre-feeding non-nutritive skills, oral development, tolerance for touch and position changes, and physical development.
- **Patient Education Specialist (Brown Scrubs)-** a person who is trained to develop and provide appropriate education for NICU families.
- **Pediatric Resident (Seal Blue Scrubs or Business Casual with White Coat)-** a doctor who is getting medical training in taking care of babies and children.
- **Pediatrician (Seal Blue Scrubs or Business Casual with White Coat)-** a doctor who has special training in taking care of babies and children.
- **Pharmacist (Black Scrubs)-** a person who has special training in how medications work and the side effects they may cause.

This information was created and reviewed through a partnership with the UAMS Patient and Family Advisory Councils and the UAMS Center for Health Literacy.

- **Physical Therapist (PT) (Wine/ Maroon Scrubs)**- a health care provider who may assess positioning, handling, coordination, active movement, developmental reflexes, and perform neonatal massage.
- **Registered Dietitian (RD) (Purple Scrubs)**- a health care provider who is trained as an expert in nutrition. The RD works with the babies' doctors and nurses to help make sure that babies get all the nutrients they need. Nutrients, like vitamins and minerals, help the body stay healthy.
- **Registered Nurse (RN) (Royal Blue Scrubs)**- a health care provider who has nursing training. An RN in the NICU has special training in caring for sick newborns.
- **Respiratory Therapist (RT) (Teal Scrubs)**- a health care provider who cares for babies with breathing problems. An RT is trained to use medical equipment needed to care for babies.
- **Social Worker**-A person who helps families cope with their baby's NICU stay. The social worker can connect families with resources, give emotional support, and plan for when baby comes home.
- **Speech and Language Therapist (Wine/ Maroon Scrubs)**- a health care provider who has training to help your baby demonstrate the appropriate developmental skills to safely feed by mouth in the NICU and have the best potential to continue feeding well after discharge home.
- **TLC Volunteers**- a volunteer who has been background checked, screened and fully trained to perform the following tasks: holding stable babies, reading to babies, talking or singing to babies, providing therapeutic touch, or softly playing a musical instrument in the baby's room.

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Parent Information Sheet

We encourage you to call the NICU for updates on your baby's care. However, calls related to the AngelEye System should ONLY be made if it is an emergency or the camera has been turned off for longer than an hour. Please note that recording and/or sharing of video or photos taken through the AngelEye System is strictly prohibited and will result in immediate termination of AngelEye viewing privileges.

Calling the NICU

- You can call the NICU 24-hours a day at (501) 526-1500.
- Nursing shift change occurs from 6:30-7:00AM and 6:30-7:00PM. Please limit calls during this time. If there is any serious change in your baby's condition, we will call you as soon as possible.
- We ask that parents make all phone calls concerning their baby and then relay the information to family members. We do not give information to family members or friends.

Would there be any reason why I would not have access to use AngelEye?

If your baby is not in a private room (with 2 or more unrelated babies) you may not have the option of using the AngelEye system because of privacy concerns. In an effort to support safe, uninterrupted patient care, we may have to limit camera visitation or remove access if increased anxiety or unnecessary phone calls occur.

Who can view the baby?

Your baby can be viewed over the internet by you and only the family/friends you allow to access the Angel Eye Camera System. Only these people with authorized access and NICU staff can view the video.

What will the WebCam show?

The camera is for you to see only your baby. We do not point cameras at the monitors. The NICU provides the amount of light a baby needs for their gestational age. If the lights are off, the view of your baby will not be as clear. Phototherapy lights can be used with the camera and do not affect the way the baby is seen any more so than in person.

What does 'live-feed' mean?

This is the ability to receive live video of your baby over the Internet from any computer or phone when the camera is turned on. Please note the "live-feed" screen may lag, jump, or pixelate depending on your connection speed. If the view of your baby looks like a still image, please refresh your screen; check your internet connection and connection speed. Slower internet connections may cause the initial connection to fail. If the image never shows up and you continue to see a "spinner" on the screen, try clicking the Camera link again.

Will Angel Eye work on my phone?

The Angel Eye camera is available on mobile devices. Android and iOS apps are available for download! If you are having difficulty with the app showing your baby's "live-feed", please login at <https://uams.angeleyecameras.com>.

Will the WebCam be on all the time while my baby is in the NICU?

The camera will be turned off during "care" times per hospital policy, or when you (the primary account holder) wish to have the camera turned off (during your visit, when baby is out of bed, etc). Please remain calm and refresh your screen often; if your video remains offline for at least 1-hour, contact the NICU and ask for "Angel Eye Camera Assistance".

Monitoring your baby

Please try to reserve phone calls to when you are deeply concerned about your baby, as we will already be alerted if their alarms go off. The most common monitors measure heart and breathing rate, blood pressure and the blood's supply of oxygen. If vital sign gets too high or too low, the monitor will alarm and alert the NICU Team.

What do I do if the camera is misaligned?

NICU staff will check on your baby often to make sure camera is on and positioned properly – camera views can change because babies do move around! We perform safety rounds often; a staff member will check on your baby's comfort, position, and overall safety. If the camera is misaligned for more than 1 hour, please call the NICU and ask for "Angel Eye Camera Assistance". Remember to inform your friends and family that only parents can call with concerns about the AngelEye system.

How many user/family accounts can I create?

The Primary Family account has the ability to create an unlimited number of friend user accounts. You can add a family member by clicking "My Family Members" on your side bar.

How do I delete a user/family account?

Deleting a family member removes their account from Angel Eye. To do this, go to the MY FAMILY MEMBERS tab and click the DELETE button.

How do I change my account information?

To alter your account information, click the Gear icon at the top right of your screen and go to EDIT USER INFORMATION. You will be able to change your name and email address.

How do I change my password?

To change your password, first click the Gear icon at the top right of your screen. In the drop down list, click EDIT PASSWORD. You will be able to recreate your password.

Forgot your Password

If you find that you have forgotten your password, you can simply click the FORGOT PASSWORD link under the SIGN INTO MY ACCOUNT button. You will receive an auto-generated email with a new password.

Tech Support

Contact the NICU at 501-526-1500 and ask for "Angel Eye Camera Assistance".
For immediate help, call (855) 456-6805 or email support@angeleyecameras.com

How to get started:

1. Complete and turn in the AngelEye consent form. Make sure that your name and email address are easy to read.
2. Check your email for a message from AngelEye promoting you to create a password for your Primary Parent Account. Your invitation email will be from 'support@angeleyecameras.com' with the subject line containing the phrase 'Angel Eye Camera Account'.
3. You must first login thru the web browser at <https://angeleyecameras.com> to set up your account. From your email click the button labeled 'Open Angel Eye and Set Password', accept your agreement, create/confirm password then click 'Submit'.
4. Once you have your user ID and password, download the free "Angel Eye Mobile" app for iOS or Android in the app store and allow push notifications.
5. To view Angele Eye in a language other than English, click the top left corner of the AngelEye account to show a drop-down menu and click SELECCT LANGUAGE. Then select the language of your choice.
6. Invite an unlimited number of family members and friends to see your baby by creating a user account for them. Suspend access at any time through the ACCOUNT icon.
7. Reference educational materials and other resources from the Resource folder.
8. View one-way patient update messages from the care team on the AngelEye System.
9. View family chat messages from users by clicking the CHAT icon.

UNDERSTANDING Equipment in the NICU

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There are many pieces of medical equipment in the Neonatal Intensive Care Unit (NICU). This sheet describes the most common equipment. Your baby may not need every piece of equipment. Depending on the baby's medical condition, other pieces of equipment may be needed.

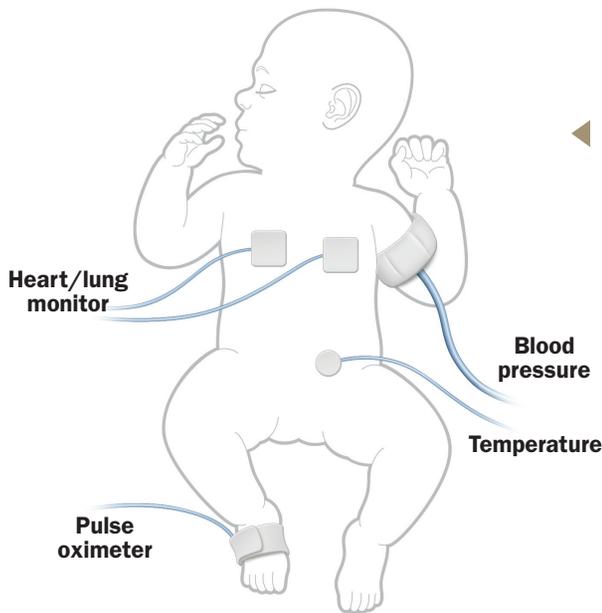
Environment ►

Babies in the NICU are usually kept warm using either:

- A clear plastic box called an isolette or incubator
- An open bed with a radiant warmer



Isolette



◀ Monitoring

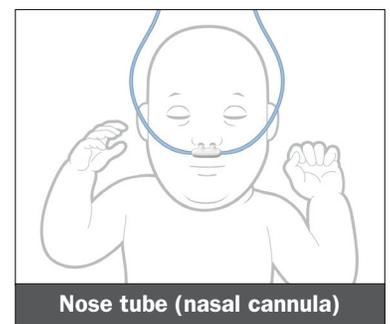
These machines measure your baby's vital signs. Common equipment to check vital signs include:

- A sensor on the chest to measure heart rate and breathing rate using a cardiorespiratory (or heart/lung) monitor
- A sensor on the skin to measure temperature
- Cuff on the arm or leg to measure blood pressure
- Cuff on the hand or foot to measure the relative amount of oxygen in the blood (pulse oximeter)

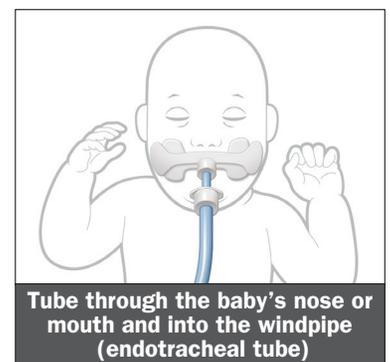
Breathing ►

Some babies need help breathing. How much help depends on the baby's medical condition. Common ways to help include:

- Extra oxygen delivered through a small tube in the nose (nasal cannula) or through a mask
- Continuous positive airway pressure (CPAP), a treatment that uses mild pressurized air to help keep the lungs open. The air may be delivered through a mask or a special tube in the nose.
- Mechanical ventilation uses a machine to help the baby breathe by moving air in and out of the lungs. Ventilators use endotracheal [en-doh-tray-kee-uhl] tubes (ET), which go through the baby's nose or mouth and into the windpipe. There are various types of ventilators; the health care team will decide which is right for your baby.



Nose tube (nasal cannula)



Tube through the baby's nose or mouth and into the windpipe (endotracheal tube)

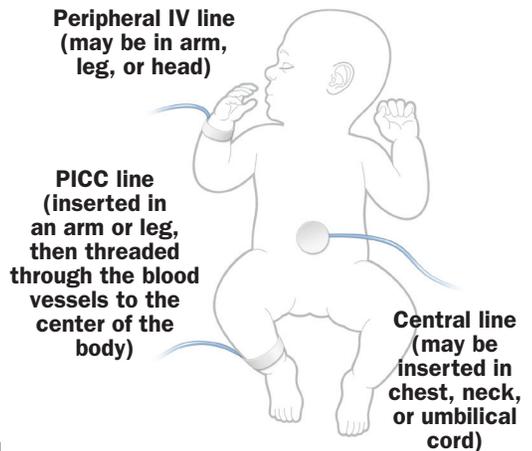
Understanding Equipment in the NICU (continued)

Delivering Fluids ►

An intravenous (IV) line is a small catheter (tubing) inserted into a baby's vein. The IV allows the health care team to deliver fluids, nutrients, medicines, and blood to the baby as needed.

- Peripheral IVs deliver their contents into parts of the body that are away from the heart (such as arms, legs, or the head). These IVs are relatively easy to insert and remove but must be changed frequently.
- Central IVs deliver their contents into the central part of the body (near the heart). Central lines can be inserted almost anywhere, then threaded through the blood vessels to a vein near the heart. Central lines inserted in arms and legs are usually called peripherally inserted central catheter (PICC) lines.

Central lines are harder to insert, but they last longer than peripheral lines. Fewer IV changes mean less discomfort for your baby.



◀ Feeding

Some babies cannot feed by mouth. Instead, they receive breast milk or formula through a tube that reaches the stomach. The tube may go through the baby's:

- Mouth (orogastric or OG tube) or
- Nose (nasogastric or NG tube)

In a few cases, the health care team may recommend a gastrostomy or G tube for feeding. When needed, a G tube is inserted through the wall of the baby's stomach during a special procedure.

Imaging ►

The health care team has several ways to take an image (picture) of structures inside the body. The type of imaging used depends on what tissue (for example, lungs, brain, bones) needs to be seen. Common types of imaging equipment include:

- X-rays
- CT (or CAT) scan, which uses X-rays
- Ultrasound, which uses sound waves
- MRI (magnetic resonance imaging), which uses radio waves

Some of these images can be taken in the NICU. Other types may require that your baby go to a different part of the hospital.

Ask the health care team when you have questions about your baby—they are there to help.

Please visit www.nicu-pet.com to download additional copies.

NOTES:

Signature: _____ Date: _____ Time: _____



For a Better State of Health

The Relationship Based Care Program at the UAMS Neonatal Intensive Care Unit (NICU)

What is Relationship Based Care?

In the UAMS NICU, we offer Relationship Based Care. This type of care includes being able to choose a nurse to care for your baby when they are working. This is called a primary nurse. Your primary nurse may not always be able to care for your baby, but they will be there as much as they can.

How do I get a primary nurse?

You may choose a primary nurse to care for your baby during their hospital stay. Just talk with the nurse you wish to be your primary and then a commitment agreement will be signed!

How will Relationship Based Care help me and my baby?

Having a primary nurse:

- Helps you build a trusting relationship with the person who is caring for your baby
- Makes sure your baby gets constant, high quality care
- Helps you learn how to take care of your baby’s medical needs at home
- Lets your health care team know about small changes with your baby that may not be possible if you had a different nurse every day

Babies that have a primary nurse:

- Have a lower chance of getting an infection while they are in the hospital
- Need less time on a ventilator or oxygen
- Spend fewer days in the hospital
- Need less time with a feeding line (IV nutrition)

What is Relationship Based Care?

Your primary nurse and others on your baby’s health care team will let you help care for your baby when possible.

You may be able to:

- Change your baby’s diapers
- Breastfeed or bottle feed your baby
- Give your baby a bath
- Take your baby’s temperature and blood pressure
- Keep your baby’s mouth healthy
- Hold your baby against your skin
- Keep your baby in a position that helps their development
- Give your baby a pacifier with a feeding tube

Someone from your baby's care team will show you how to do these things safely.



Bond with your baby

You will also be able to:

- *Read or sing to your baby
- *Talk to your baby's health care team when they come to your room (rounds) each day

This will help you learn what your baby likes and dislikes and how to take care of your baby when you get home!

What is Kangaroo Care?

Kangaroo Care (sometimes called skin-to-skin) is a special way for you to hold your baby. The NICU can sometimes make you feel isolated from your baby and Kangaroo Care may help with that feeling. This is a special time for you to share with your baby, and we look forward to supporting you with your Kangaroo Care sessions. Many NICUs practice Kangaroo Care, and research has shown that Kangaroo Care may benefit your baby in many ways. The name comes from the Kangaroo, which holds its baby in its pouch.



How can Kangaroo Care help my baby?

- Kangaroo care can help a premature baby gain weight faster.
- Babies cry less and sleep better.
- Babies' heart rates, breathing patterns, and temperatures are more stable.
- Babies feed earlier and more successfully.
- Kangaroo Care may shorten your baby's hospital stay.
- Kangaroo Care may decrease your baby's risk of severe infection.
- Kangaroo Care may improve your baby's brain development.

Research has shown that parents can benefit from Kangaroo Care:

- Kangaroo Care can increase a mother's milk supply.
- Kangaroo Care increases success and duration of breastfeeding.
- Kangaroo Care reduces maternal depression, anxiety and stress.
- Kangaroo Care helps with parent/infant bonding. Kangaroo Care allows you to feel more confident that you are helping your baby get better sooner.

How do I start Kangaroo Care?

Most NICU babies can participate in Kangaroo Care, although there are a few exceptions. Your baby's medical team will help you decide when your baby can begin Kangaroo Care. Ask your baby's doctor or nurse when you can begin Kangaroo Care with your baby. Once ready, you can schedule a time with your baby's nurse to do Kangaroo Care with your baby every day. Both mothers and fathers can do Kangaroo Care.



How is Kangaroo Care Done?

- Decide on a time that works well for you, your baby, and his or her nurse. It is important to have clean skin. Please shower with soap daily.
- Remember that preterm babies can be very sensitive to smells so please avoid the use of perfumes or scented lotions.
- Please do not smoke before coming to do Kangaroo care. If you cannot avoid smoking, please change your clothes and brush your teeth before entering your baby's room.
- You will need to hold your baby for at least an hour to provide all the benefits of Kangaroo care, so it is best to take care of any bathroom break before you start.
- You may also want to schedule Kangaroo Care around pumping times.
- Wear a shirt that opens in the front.
- Mom, it may be best for you to remove your bra, so your baby can lay directly on your chest.
- Please do not use your cell phone while holding your baby (this is important for infection control reasons). You may turn it off, or leave it on vibrate in the family area of the room to allow undistracted time with your baby.
- Your nurse or another visitor may take photos during Kangaroo Care. Please arrange that prior to holding.
- If your baby has a breathing tube, two NICU staff members will help you get ready to hold your baby.
- Your baby's nurse will secure any IV lines to your baby's diaper.
- The nurse will determine if the transfer will be a parent-standing or parent-sitting transfer.
- You may feel nervous or scared when first starting Kangaroo Care. This is very common, and we are here to help and support you and your baby throughout this process. You will feel more at ease every time you hold your baby.

How will my baby react to Kangaroo Care?

Most babies love this special "cuddle time" with you. It may take your baby a few minutes to settle in and be comfortable. Your baby's nurse will continue to monitor your baby throughout this time. Once settled, most babies will fall asleep. Although you may get very comfortable too, it's important for you to stay awake. You should plan on holding your baby at least one hour.

This information was created and reviewed through a partnership with the UAMS Patient and Family Advisory Councils and the UAMS Center for Health Literacy.

What if my baby doesn't tolerate Kangaroo Care?

- Sometimes your baby may not be ready for Kangaroo Care and may show us this by dropping his/her heart rate, decreasing his/her pulse ox, or requiring more oxygen. There's nothing you did to cause this.
- If your baby doesn't tolerate being held, Kangaroo Care may be discontinued. Please don't be discouraged! We can try Kangaroo Care another day.

For Parent-Standing Transfer (when you can get in & out of a chair):

- Place your forearm under the blanket underneath your baby. With your other hand, cup your baby's head. Lean over the isolette and gently lift your baby to your chest.
- The nurse will assist you into a seated position with the baby remaining in place.
- The nurse will close your shirt or gown around the baby and the outer blanket.
- The nurse will remain near the bedside for the duration of the session.
- Make sure you have the call light within reach.
- To transfer the infant back to bed, the transfer procedure is simply reversed.

For Parent-Sitting Transfer (when you feel more comfortable receiving your infant while sitting):

- Accomplished by the same process as Parent-Assisted Transfer, except another staff member acts as "standing parent" during the transfer.
- You will be seated in a chair close to the ventilator.
- The nurse will place your infant on your chest.
- The RN or RT will secure the vent tubing by taping the tubing to your shirt or gown.
- The nurse will close your shirt around the baby and the outer blanket.
- Don't be scared if your baby's alarms go off. The alarms may frequently go off when your baby is temporarily disconnected. Your nurse and other NICU staff members are right there to help you.
- Once you are comfortable in your chair, your nurse will remain at or near the infant's bedside for the time you hold your baby. But don't be afraid, we will always be nearby, should your baby or you need us.
- We know you will love holding your baby, and you will want to do it again. It is best to talk with your baby's nurse and schedule a time during the day to do Kangaroo Care.
- Don't forget Dad! We want him on the schedule too! It is better for Mom and Dad to rotate days to do Kangaroo Care. We recommend one person hold per session to allow baby to rest for a longer period of time.
- Grandparents: we haven't forgotten about you! We like to give Mom/Dad the first chance to begin Kangaroo Care, but we certainly encourage your involvement also. If your baby is tolerating regular sessions of Kangaroo Care, please have Mom or Dad ask your baby's nurse about scheduling a time for you to hold the baby.

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Feeding and Nutrition of Preterm Babies

HOW WILL MY BABY BE FED?

Feeding through an IV:

Babies who are born very early (preterm/premature) cannot feed themselves yet. If your baby is very sick or very premature, he/she will likely be started on an IV right after the birth.

The IV contains fluids and total parenteral nutrition (TPN). TPN has all the nutrients that your baby needs to grow:

- Protein
- Fat
- Sugar
- Vitamins and minerals

Feeding through a tube into the stomach:

A baby will stay on TPN until he/she can get enough nutrition from milk that goes into the stomach:

- An orogastric (OG) tube is placed from the baby's mouth to stomach.
- Small feedings of milk go through the tube into the stomach
- The baby slowly gets more milk through the tube and less TPN.
- Finally all nutrition the baby needs comes from the milk.



Extra nutrients:

Babies who are very premature and small get extra protein, calories, and vitamins in their milk. This is so the baby's brain and body gets everything needed to grow.

CAN I BREASTFEED MY PRETERM BABY?

Breast milk greatly helps premature babies. Things to know, so your baby can get breast milk:

You may not be able to breastfeed your baby right after delivery.

- You can still pump your milk for your baby.
- Ask our nursing staff or lactation (breastfeeding) staff to help you.

If we can't use your breast milk, talk to your doctor about milk from a donor.

The first milk you will pump is very important for your baby. It has special benefits.

- This milk is called colostrum, or early milk.
- We will help your baby get the colostrum right away. Small amounts can be absorbed through the baby's cheek.

We can answer your questions about:

- Benefits of breast milk
- How to pump and give colostrum to your baby
- How to keep a good milk supply when pumping

WHEN WILL MY BABY GAIN WEIGHT?

What is normal:

- All babies lose weight in the first few days after birth. This is from changes in body fluids and loss of extra water.
- Some preterm babies take up to 2 weeks to regain their birth weight.

How the NICU helps your baby gain weight:

- Every night, NICU babies are weighed. Once a week, their head size and length are measured.
- NICU doctors and nutrition staff check to make sure your baby is growing as he/she needs to.
- They will change your baby's feedings, if needed.

WHEN WILL MY BABY LEARN TO BREAST- OR BOTTLE-FEED?

What has to happen first:

Feeding takes a lot of energy and body coordination. Most babies need to be at least at 33-34 weeks before they can breast- or bottle-feed. Each baby is different. Some start as early as 32 weeks to begin to learn to suck on the breast. Some are not ready until much later. These things need to happen first:

- The baby's lungs must be developed enough so they are breathing more on their own.
- The baby must be able to suck, swallow, and breathe in a way that is safe for feeding.

When your baby is ready:

Our NICU has a team that can help you and your baby learn how to breast- or bottle-feed. The team includes:

- Occupational and speech therapists
- Lactation experts
- Experienced nurses

Mother's Own Milk: Establishing and Maintaining a Good Milk Supply for Your Preterm Baby

Stimulating the breast often during the first days and weeks after giving birth is a great way to get a good milk supply. For moms who deliver preterm babies, it is important to begin expressing milk as soon after delivery as possible. To get your body to make more milk you must remove the milk your body has already made, so it is important to express milk every two to three hours (8 to 12 times every 24 hours).



In addition to expressing your breast milk using your hands (hand expression) and pumping frequently, there are other things you can do to help build your milk supply:

- Empty your breasts as often as your baby might eat (every 2-3 hours).
- Try to pump both sides at the same time using a hospital-grade electric pump.
- Have a calm, soothing routine when you pump:
 - Use a warm cloth to warm your breasts.
 - Sit in a comfortable chair with a table close at hand.
 - Have a drink nearby such as water or milk (pumping makes you thirsty).
 - Have your pump supplies within reach (extra bottles, washcloth for drips, and lids for bottles).
 - Play calm, soothing music in the background.
 - If possible, pump while you can see and hear your baby. If you are away from your baby, have his/her picture or a blanket or piece of clothing that he/she has worn recently. *Seeing, hearing, and smelling your baby are very powerful ways to get your milk to “let-down.”*
- Pump after you hold or feed your baby.
- Massage all areas of your breast before and during pumping to help the milk to move from the deeper breast tissue to the nipple where it exits the breast (also called “hands on pumping”).
- Have your partner massage your upper back and between your shoulder blades to help relax you and help the let-down reflex.

Herbs, Nutritional Supplements and Medications:

- A balanced diet is very important—your body needs fuel and building blocks to make milk.
- Continue to take prenatal vitamins or multivitamins while you are producing breast milk.
- A bowl of oatmeal each day may help maintain or increase your milk supply. Oatmeal is a healthy addition to your diet and will cause no harm to mom or baby.
- Before you begin taking a new medication or supplement, discuss the risks and benefits with your healthcare providers and a trained lactation specialist.
- Fenugreek may help increase your milk supply when taken as a part of a balanced diet that includes plenty of liquids. There is limited information about the safety of fenugreek, especially for moms of preterm babies, but there are very few warnings of it causing harm. Other things should be done before starting a supplement such as fenugreek.
- Herbal preparations such as “lactation tea” sometimes contain fenugreek, milk thistle and many other herbs. These products may contain herbs that decrease milk supply or can cause harm to babies.
- There are no prescription medications available in the United States that will increase milk supply.

Things that do not help your milk supply or may cause harm:

- Reglan may cause permanent side effects in you or your baby and is not recommended for increasing milk supply.
- Beer, hops, and brewer’s yeast do not improve milk supply. Multiple studies show decreased milk production in the hours after ingestion as well as poor feeding and increased drowsiness in babies.
- Over hydration: while dehydration will affect your milk supply, drinking too much water may be dangerous as well. “Drink to your thirst” means you should drink water or low-fat milk when you feel thirsty (on average 8-10 eight ounce glasses a day). So basically, drink a glass every time you feed or pump.
- Mint: peppermint and spearmint may decrease your milk supply.
- Too much caffeine will decrease your milk supply.
- Cold medications containing decongestants or anti-histamines usually cause temporary decrease in milk supply.
- Some birth control medications may affect your milk supply. Have a careful discussion with your healthcare provider about birth control options that will have little or no effect on your milk production. Breastfeeding alone is not considered effective birth control.

Other considerations, if the above techniques have not helped:

- Anemia can cause difficulty developing a good milk supply.
- Some women in the post-delivery period have low levels of thyroid hormone. Discuss this with your healthcare provider (OB or primary care physician)—often correcting the imbalance improves milk production.
- Retained parts of the placenta may cause a failure to produce enough hormones to produce milk, and can cause also illness, pain, bleeding and infection in the mother. Removing those parts of the placenta will often correct this problem.
- A small number of women lack the hormones that are important for breast milk production. Your healthcare provider can help you decide if checking for these rare conditions is needed.
- *Please contact your lactation consultant if you have any concerns about your milk supply. The first month after birth is a critical time for developing a lasting supply. Our lactation team is here to help you be successful.*



Music Therapy in the NICU

Music can be played for your baby as early as 28 weeks. Research shows that the greatest benefits of music therapy occur between 28-35 weeks.

Benefits of playing music include:

- *Soothing infants
- *Increasing oxygen saturation
- *Reducing stress
- *Increasing language stimulation

Lullabies (like *Twinkle, Twinkle, Little Star* and *Rock-a-bye Baby*) help promote language development.

Other benefits of music may include:

- *A decrease in hospital stay
- *An increase in the infant's ability to calm self
- *An increase in weight gain

Here are some things to consider during music therapy:

- Music should be kept low.
- Music should be soothing, constant and relatively unchanging.
- Please don't provide music for over 15 minutes at a time and no more than 1.5 hours per day.
- Your baby's brain is growing and needs to rest so please protect their sleep and play before or after cares or during Kangaroo care.
- Radio stations should not be used.
- Music should be discontinued if your baby shows any signs of distress (finger splay, hiccups, gagging, arching, change in muscle tone, change in color)



You May be Wondering... **When Will My Baby Come Home?**

Whether your baby arrived a few weeks or a few months early, he/she needs at least that much time to grow and develop into a baby ready for discharge home, so keep your due date in mind.

When your baby reaches all of the goals below, he/she will be ready for discharge:

- Maintains temperature in an open crib
- Breathes well without extra oxygen, or with only a small amount that can be provided at home (usually ½ liter per minute or less)
- Eats everything by mouth
- Gains weight consistently
- Has no significant episodes of drops in heart rate (bradycardia), oxygen levels (desaturation), or breathing rate (apnea)
- Can ride in a car seat safely — A car seat test (also called an angle tolerance test) will be done to make sure breathing and heart rate remain normal while your baby sits in his/her car seat.



There are also some things you can do to prepare for discharge:

- Find a pediatrician for your baby. If you don't have one in mind, we can help you find someone in your area who will take good care of your baby after he/she leaves the NICU.
- Complete infant CPR and safety class.
- Stay with your baby for at least 24 hours to make sure you are comfortable mixing formula, feeding, giving medicines, and providing other care.

Taking your baby home from the NICU can be both scary and exciting. We will be here for you along the way as you get ready for this important next step.



What Can I Do for You?

Help for a family with a baby in the NICU

Parents,

When someone has a baby in the NICU, family and friends often ask "What can I do to help?" It can be hard to accept help, even when we need it most, but here are some suggestions on things you can ask for when someone offers help.

Feed me:

- Create a schedule of meals so that dinners are taken care of. This might even include an online resource for help.
- Coordinate preparation of frozen meals or casseroles for quick preparation.
- Put together lunches for me to bring to the hospital so I do not have to spend so much money in the cafeteria.
- Come see me at the hospital for a "cheer me up" lunch, snack or coffee break.
- Bake some cookies, preferably using a recipe that encourages milk production. :)

Wrangle my Herd:

- Offer to watch other children so that we can spend time in the NICU. Coordinate a schedule of willing friends and family who are willing to assist.
- Coordinate play dates for the other children.
- Offer to take care of the animals in the house. Walk the dogs, feed them, or even keep them overnight. Change/clean kitty litter. Etc.

Organize me:

- Wash and fold laundry or take it to be done.
- Pick up, organize, and clean the house or provide and organize a cleaning service.
- Retrieve my mail and packages.
- Grocery shop and put groceries away.
- Help with communications about the status of my baby's health. Create a list of people who need or should be contacted to help keep them in the loop.

Lift me Up:

- Send my family a daily text or email with a positive "thought for the day". Coordinate with others who might be willing write messages as well.
- Create a relaxing playlist of music that I can listen to when needed.
- Put together a goodie basket with nutritious snacks, magazines, crosswords etc. to help pass time.
- Gather bathroom, hygiene and travel supplies for the hospital stay.



Help for a family with a baby in the NICU Cont.

Handle my Business:

- So many decisions in life require time-consuming research/prayers. Help me with some of this research and spreading the word about prayers needed.
- Co-workers- please stand in for me at meetings and help cover my work that is priority. Help me organize the things that are not priority.
- Meet cable man, plumber, etc. at my home for me.
- Water all of my plants, mow my lawn, etc.

Give me Some Green:

- Financial support may help to pay for other children in daycare, fill in for lost time at work, and may help with the hospital bills when my baby gets to go home.
- Gas cards and restaurant gift cards could help tremendously.

Bringing Home Your Baby

Before bringing home your baby, learn to:

- Comfort your baby
- Change your baby's diapers and clothes
- Feed your baby
- Give your baby a bath
- Give your baby meds that they will get at home
- Give any special care that will be given at home
- Put your baby in a car seat the right way
- Give cardiopulmonary resuscitation (CPR) and relieve choking.



Before leaving the hospital, be sure to:

- Ask for a copy of your baby's care summary. This will help if you have problems or move in the future.
- Ask about your baby's shots. Some shots may be given before you go home. Get a record of your baby's shots.
- Find out the results of the tests performed on your baby and if repeat testing is needed.
- Find out which doctor will be caring for your baby after you go home.
- Decide if you want your son to be circumcised.
- If your baby is going home on an apnea monitor or oxygen:
 - Learn to work all of the equipment you will use
 - Find out who to call for problems or emergencies

Be sure to go to all doctors' visits, even if your baby seems healthy.

Here is what we need you to do **BEFORE** your baby goes home!

Your baby will need a primary care provider (PCP) for the newborn appointment after they are discharged from the hospital.

So please choose a doctor and let someone on your baby's care team know who you have chosen.

If you need help finding a doctor, please ask your baby's nurse/doctor to contact the NICU Discharge Coordinator for a list of doctors in your area.



If your baby has **ARKids insurance**, please call Connect Care to choose (assign) a doctor.

Connect Care has a toll free number: 1-800-275-1131

Connect Care is open Monday – Friday, 8am – 4:30pm

AND

You will need to attend the Discharge Teaching and Infant Safety Class so please go to the NICU front desk and sign up for a class before your baby's week of discharge!

- Classes are available every Monday at 11 am and Friday at 2 pm, unless it is a holiday.
- Classes are free and open to all caregivers.
- Classes are limited to 8 people so please list all of the names of people who plan to attend with you!
- Please meet in the Patient and Family Education classroom on the 9th floor of the main hospital at your scheduled class day/time.
- Please allow one hour for the class.



If you are unable to attend one of the scheduled classes, please let your baby's nurse know so other arrangements can be made.