

# Welcome to the Newborn Intensive Care Unit



**Children's Hospital of Richmond at VCU**



## WELCOME TO THE NICU

The staff of the Newborn Intensive Care Unit (NICU) at Children’s Hospital of Richmond at VCU welcome you and your family to our unit. We know this can be a stressful time and we want to assure you that we are here to provide support, care and expertise to both you and your baby during your time with us.

As you look around your baby’s room, you may see a lot of equipment, wires and flashing lights, and you may be wondering if there is anything you can do to help your baby. As a parent, you have a very special place on your baby’s care team. The comfort and love that only you can give is very important in your baby’s development. No matter what the medical condition of your baby, you can contribute to his or her care by just being present. We encourage and welcome you to be present anytime that you are able. We also welcome your participation in developing the care plan for your baby. Our goal is to work together to provide the best care for your baby.

This booklet is designed to help answer some common question parents have about the NICU. Please review this booklet and look at it often. The topics covered are listed to the right. Your baby’s nurse or another team member will answer any additional questions you may have.

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## NEWBORN INTENSIVE CARE

Our NICU provides the highest level of care a baby born early or with medical issues can receive in the region. The unit is located in the Critical Care Hospital at VCU Medical Center, the only facility in Virginia focused only on critical care. Our NICU staff is specially trained in meeting the medical and developmental needs of critically ill newborns and their families.

### The NICU Environment

Private rooms and cutting-edge technology set the stage for a positive healing environment and contribute to the NICU's safe and supportive atmosphere. The facility was created with input from a team of health care professionals, families and support personnel. Its design was based on years of research into the developmental needs of premature and critically ill newborns. Every detail of the NICU's layout, from its specially designed lighting system to its noise-reducing floor, was designed to support the needs of newborns and their families while providing the highest level of care.

### Patient Rooms

The NICU has 32 private rooms and four double-patient rooms for twins or multiples. The NICU team supports family involvement in all aspects of infant care and encourages a parent to spend the night in their baby's room. Each room includes a pull-out sofa, a desk with internet access, a secure closet, and a refrigerator for breast milk. A parent shower room is located in room 134 and restrooms are located throughout the unit.

### Additional NICU Resources

**Welcome area** – The NICU Welcome Area (located just outside the entry doors to the unit) has a family lounge, sibling playroom and family restroom. The family lounge provides a place to relax, watch TV, talk on your cell phone or eat. Ice and water dispensers and a refrigerator are located in the lounge. (Please remember to label all food with name, date and time.) The playroom is a special play area for siblings. Children must be supervised by an adult when in this area. The family restroom has a changing table to meet the needs of visiting siblings.

**On the unit** – The NICU has its own resource room which offers a place to spend time with family and visitors, check e-mail (computer access is available), or look up information.

**Overnight accommodations** – Family members who live outside the Richmond area and need overnight accommodations may stay at the Hospital Hospitality House or Ronald McDonald House. Both facilities are located near the Critical Care Hospital. Reservations are required. Ask your baby's nurse for more information.



## VISITING THE NICU

Parents are welcome in the NICU at any time. Siblings, other family members and friends are considered “visitors.” In an effort to decrease exposure to infection, we strongly recommend that the number of different visitors a baby receives is limited. We do encourage sibling visitation. Please see the guidelines on pages 5 and 6 and ask your baby’s nurse for more information.

## Entering the Unit

The NICU is located on the 6th floor of the Critical Care Hospital. Our address is:

Critical Care Hospital, 6th floor  
 Newborn Intensive Care Unit  
 1213 East Clay Street, Richmond, VA 23219  
 NICU Phone: (804) 828-9956

Please note that the NICU may be referred to as either the Newborn Intensive Care Unit or the Neonatal Intensive Care Unit on signs and in printed materials.

When you arrive on the 6th floor, you will see a greeter desk. The greeter will assist you with entering the unit and locating your baby’s room. If you arrive at a time when the greeter is not at the desk, press the intercom button on the left side of the hall just before the double doors which lead into the unit. A member of the NICU care team will answer the intercom and assist you or your visitors.

## NICU Visitation Guidelines

- Parents (legal guardians) will be issued an identification band ("ID band") which helps staff identify who can visit your baby. Wear your hospital-issued ID band and bring a photo ID with you every time you come to the NICU.
- Everyone entering the unit must thoroughly wash from fingertips to elbows with soap and water. This should also be done whenever you leave and re-enter the NICU. This hand washing process helps to decrease germs and reduce the risk of infection. Please remind visitors/family/friends to thoroughly wash before entering. There is a sink for hand washing outside the double doors at the entrance to the unit. Please also use the foam hand sanitizer as you enter your baby's room. When providing daily care, remember to wash your hands before feeding or holding your baby, after changing a diaper, etc. There is a sink for hand washing in each baby's room.
- All visitors must be accompanied by a parent (or legal guardian) of the NICU patient. Visitors should be escorted in and out of the unit by the parent or legal guardian.
- Visitation may need to be limited according to your baby's medical condition. Your baby's nurse will let you know if your baby has a special visitation policy.
- To protect the health of your baby, no one is to visit the NICU who has signs of illness or infection, such as fever, vomiting or diarrhea, or symptoms of a cold, such as a cough, stuffy nose or sneezing.
- Inform a staff member when you arrive or are leaving by pressing the nurse call button in your baby's room. This will help us know when you are here so that we can update you on your baby's progress and plan of care for the day.

## Sibling Visitation Guidelines

- Siblings are the only visitors under 12 years of age allowed in the NICU.
- All siblings under the age of 12 require a health screening by a nurse at each visit. Stop at the greeter desk outside the NICU to have your child's screening completed. If a greeter is not at the desk, press the intercom button and let a staff member know that a sibling would like to visit. Do not proceed to the baby's room until the sibling has been cleared by a nurse and followed hand washing procedures.
- To protect your baby, the visiting child must be in good health and have had no signs or symptoms of disease/illness within 48 hours of the NICU visit. As a further precaution, children who have been exposed to a disease that can spread to another person (such as chickenpox) within three weeks prior to the visit will not be allowed to visit.

- Siblings must be accompanied by an adult (18 years or older) at all times. Siblings must not be left alone with the baby.
- You are responsible for promoting a quiet environment for your baby by encouraging siblings to use an “inside voice.” If a sibling becomes loud, restless or disruptive, you will be asked to address the sibling’s behavior. If disruptive behavior continues, you will be asked to remove the sibling from the baby’s room. The sibling should be taken to the waiting room or sibling playroom and accompanied by an adult (18 years old or older).
- Consider asking a family member or friend to come with you when you plan to have your other children visit. This will allow you to spend time with your baby in the event that a sibling can only be in your baby’s room for a few minutes.

## Security Guidelines

The NICU is a secure, locked unit and we must all work together to keep every baby safe.

- Parents and visitors gain entry to the unit by using the intercom button at the entrance to alert a NICU staff member to open the NICU doors. A staff member will also assist you as you leave the unit. An alarm will sound if the door is pushed before a staff member releases the lock.
- We request that each set of parents and all visitors call before entering the unit rather than following others in when the door is opened. If you see someone following you into the unit, please alert a staff member. We want every visitor to call before entering.
- All visitors must be accompanied by a parent or legal guardian. If visitors come while you are already here, you will need to go to the main door and escort them to your baby’s room. All visitors must have a photo ID.
- The nursing staff that routinely cares for your baby all have VCU Health System ID badges with pink backgrounds. Only staff members with pink badges are allowed to take your infant for a test or procedure. For safety reasons, no baby is ever carried in the NICU. If you see someone carrying a baby, please alert a nurse. When babies are taken out of their room for a test or procedure, they always go in their incubator or crib.
- Never leave the room with your baby. If you need something for your baby, push the call button and inform the nurse of what you need. Do not let any of your visitors leave the room with your baby.
- While in the NICU you may get to know other parents. Although we encourage you to talk with other parents, to protect your baby’s health and safety, we ask that you do not invite other parents into your baby’s room. The family lounge and resource room are available for your use.



## CARING FOR A BABY IN THE NICU

Always remember that you are the most important person involved in the care of your baby. Your baby knows the sound of your voice, the feel of your skin, your smell and your heartbeat. Your baby needs you to be involved, even though you can't be here at all times.

Below is a list of ways you can help your baby now and throughout his or her stay in the NICU. Your baby's nurse will be happy to talk with you about what care items are most helpful for your baby and when to bring them. When your baby is ready, your baby's nurse will show you how to touch and hold your baby and help you with diaper changes, feedings and other care needs. Throughout your baby's stay, talk to your baby's nurse about other things you can do to help your baby grow and develop while in the NICU.

### Items You Can Provide for Your Baby:

- Breast milk (see section on page 8)
- A scent cloth (placed with the mom and dad then placed next to baby)
- A large blanket to cover the incubator
- Receiving blankets to use as linens in crib
- Clothing such as hats and socks
- Pictures to personalize your baby's bed and bulletin board (photos of family members or pets, a small drawing from a sibling, etc.)

Note: As your baby develops our nursing/therapy team may suggest additional items for you to bring such as bouncy seats or mobiles. If you plan to purchase a car seat soon, consider purchasing one designed for small babies.

## NICU Equipment

At first, many parents are nervous about the equipment their baby is attached to, but with guidance, time and practice become comfortable providing care. Some babies are cared for in an incubator or on a warming table, which keeps the baby warm until the baby is ready to control his or her own body temperature. Most babies have a probe taped to their tummy or back to monitor their temperature as well as three patches with wires that are attached to a monitor to record heart rate and breathing pattern. You may also notice a bright red light around your baby's foot or hand which measures oxygen level. These monitors are giving information to a nurse even when he or she is not in your baby's room. The monitors alert the nurse if there is a problem with a baby's heart rate, breathing rate or oxygen levels and notify the care team if equipment becomes disconnected. When you visit, your baby's nurse will review the equipment with you and help you become comfortable providing care for your baby.

### Importance of Breast Milk

Even if your baby is unable to nurse from the breast, your breast milk is very important. Breast milk has been shown to be the best source of nutrition for babies and it is especially important for babies in the NICU. ***We think of the breast milk you provide as a medicine for your baby.***

There are special enzymes and antibodies found only in breast milk that will help a baby's immune system, protect a baby from infections, and benefit development. Research has shown that breast milk also may aid in preventing necrotizing enterocolitis (NEC), a life-threatening illness common in babies born early that may cause parts of the intestines or bowels to die. Feeding a baby breast milk (even for a few weeks) lowers the chance that the baby will develop NEC. Studies show that babies who are fed only mother's milk do not get NEC as often as those who are fed formula.



***It is very important that a baby's first feedings be breast milk.*** Don't worry that you do not have enough milk. In the beginning you may only get a drop or two. Every drop is precious. If your baby is not yet eating by mouth, breast milk is still helpful and your baby's nurse can show you how to swab your baby's mouth using a Q-tip with breast milk on it. Talk to your baby's nurse about pumping and storing your milk. Breast pumps are available in the NICU and lactation consultants (professionals who have special training in helping with breastfeeding) are available to provide guidance and support for breastfeeding and breast pumping. Providing breast milk for your baby is something special that only you can do and EVERY DROP COUNTS!

Note: If you are unable to breastfeed or pump, your baby's nurse will talk with you about other options.



## Safety Reminders

All babies have the potential of falling and everyone must work together to keep babies safe from falls or other safety issues. Please obey the following safety rules when caring for your baby in the NICU and remind others to do the same.

- Keep side rails on warming tables and cribs in the UP position when you are not touching your baby.
- Be sure doors on incubators remain CLOSED when not in use.
- Ask for help getting your baby out of the incubator if he or she has IV lines or other equipment, or if you just feel uncomfortable moving your baby.
- NEVER turn your back on your baby during weighing or bathing. Keep your hand on your baby if you are bending or reaching for supplies.
- DO NOT SLEEP while holding your baby. If you are feeling groggy or unsteady, ask for assistance. Your baby will be put back in the incubator or crib and you may continue to visit without holding or come back when you are feeling more alert.
- Babies are not to sleep on your bed at all in the NICU.
- Always use safety straps on baby swings or bouncy seats and place these on the floor, never on the sofa or table.
- Be mindful of cords and tubing attached to your baby. We don't want you falling either!
- Don't hesitate to let your baby's nurse know if you have any safety concerns and always let your baby's nurse know when you are leaving.

## HELP MAINTAIN A CALMING ENVIRONMENT

This section provides information on how we can work together to provide the best possible environment for your baby. Babies do much better in a calm, quiet environment with low lights. Our NICU has been specially designed with equipment that helps us reduce noise and bright light so that we can meet your baby's needs as calmly as possible. As your baby's sight and sense of smell, touch, taste and hearing mature, here are some things you can do to help promote a calm, quiet and supportive environment for your baby:

**Vision** – Premature babies' eyes are still developing when they are born. Very premature babies' eyelids may still be sealed closed at birth, but will open slowly over time. Even older babies usually need to be awake and calm for a while before they will start to use their eyes. Protect your baby's eyes by keeping the lights in the room dim, covering the incubator with a blanket, and shielding your baby's eyes from bright light with your hands or a blanket when holding your baby.

Babies receive information from all of their senses and often babies cannot handle too many things at once. When your baby's eyes are open, keep what he or she is looking at simple. Your face is perfect to start with. Once your baby can keep his or her eyes open for at least 5 minutes, your baby may enjoy looking at simple photos or books for short periods. Keep in mind that sometimes even little things such as you talking, or even rocking in your chair, can prevent your baby from being able to focus. If your baby is not able to keep his/her eyes open and focus on you, stop rocking and/or talking to see if your baby can look for longer.

**Sound** – Babies are able to hear soft voices while they are in the womb. Talking, reading or singing softly to your baby after birth is a way for them to recognize you. Speak quietly when you are in your baby's room and avoid playing music so your baby can hear your voice. If you carry a cell phone it is important to put your ringer on vibrate when you are in your baby's room. Babies sleep better and have more energy to grow, eat and look at you when you limit talking in their room. We recommend that you go to the family lounge in the NICU Welcome Area to talk on a cell phone.

Newborn babies sleep up to 20 hours per day and will grow faster if they sleep well. Move quietly around your baby's room and try to limit noises from closing drawers, scraping chairs, etc. Encourage visitors to use an "inside voice" at all times when in the NICU.

**Touch** – Babies can feel our touch from the moment they are born. Care must be taken when touching a baby to be sure the baby feels safe and secure and does not become overwhelmed or overstimulated. The strategies listed below can help with this. They can be used when your baby is in the incubator/crib or while you are holding your baby. Talk with your baby's nurse about how and when you can incorporate these strategies into interactions with your baby.

- When getting ready to provide care or hold your baby, always touch your baby the same way each time you greet him or her. This helps your baby recognize your touch.

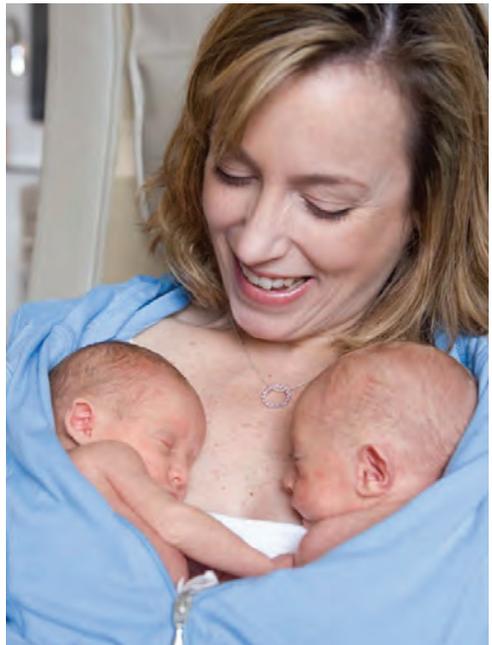
- Gently cup one hand around your baby's head (pictured on page 12) and another hand on the bottoms of his or her feet while your baby is in the crib/incubator or lying on your chest. Keep your whole hand touching your baby and hold your hand(s) still. This helps your baby feel safe and secure, like being back inside the womb.
- Use a consistent firm but gentle touch like the whole-handed touch described above. A back-and-forth touch, like stroking or rubbing, can be too much for a premature baby.
- Put your finger in your baby's hand so he or she can hold it.
- Provide Skin-to-Skin care as soon as your baby is ready (details below).
- When your baby is ready to be out of the crib or incubator for holding or feeding, wrap your baby in a blanket to help your baby feel secure. Use a whole-handed touch or the firmly wrapped blanket to gently control your baby's arm and leg movements.

## Skin-to-Skin Care

Skin-to-Skin care involves holding your baby skin-to-skin against your bare chest, while your clothes or a blanket create a pouch to keep your baby secure and warm. This special time provides an opportunity for your baby to hear your heartbeat, feel your warmth, and touch your skin. Studies have shown that Skin-to-Skin care helps babies sleep better and grow faster. Also, many moms and dads have said that Skin-to-Skin care helps them feel closer to their baby and more confident in helping to care for them. It can also help promote successful breastfeeding and increase breast milk supply. Ask your baby's nurse if your baby is stable enough for Skin-to-Skin care and he or she will be able to help you. On the days you plan to provide Skin-to-Skin care:

- Talk with your baby's nurse to set up a plan
- Allow at least one hour for your visit
- Make sure your skin is clean, dry and without open sores
- Do not wear perfume, cologne or powder
- Wear a loose-fitting, button-front shirt

Skin-to-Skin care will stop for the day at your request or if your baby shows signs of being overwhelmed or needing medical care. Your baby's nurse will talk with you about how to know when a Skin-to-Skin care session should be over. Please ask your baby's nurse if you have any questions about Skin-to-Skin care.





## DEVELOPMENTAL CUES (Your baby's way of "talking")

Babies born early and those who are sick or recovering typically don't have the strength to communicate by crying as older babies do, so they often communicate with us through their facial expressions, body movements and breathing. Listed below are some ways you may see your baby "talk" and what these signs may mean. In addition, your baby's nurse and other team members will help you to recognize your baby's cues to guide the interactions between you and your baby. Keep in mind that the best time to interact with your baby is when he or she is awake and alert.

### *Signs you may see when your baby is ready to interact:*

- Baby is awake and quiet
- Baby's face is relaxed and eyes are open and bright
- Baby can look at you and focus on your face
- Baby's breathing is easy and regular
- Baby's lips may press together or outward as if saying "ooh"
- Baby's arms and legs are relaxed and curved toward body
- Baby may bring hands gently toward the face

### *Signs you may see when your baby needs a break:*

- Baby is working harder to breathe (e.g., breathing hard with uneven breaths)
- Baby's heartbeat is unusually slow or fast
- Baby's skin changes color (becomes pale, red or grayish)
- Baby may yawn, hiccup, sneeze, gag and/or spit up or may strain as if bowels are moving
- Baby's "startles" become frequent
- Baby's eyes may close or baby may stare with wide open eyes as if unable to look away
- Baby may stiffen his/her arms and spreads his/her fingers
- Baby's movements become jerky
- Baby's face appears tense and worried

### *Signs you may see if your baby is self-soothing:*

- Baby may look away for a moment or two
- Baby snuggles against blanket roll, sides or bottom of bed
- Baby clasps hands together
- Baby sucks his or her lips, tongue, pacifier, hands or fingers

Self-soothing is when babies are able to calm themselves in order to cope with what's happening around them so they can either stay awake and interact or fall asleep. It is an excellent sign of maturity when a baby learns to self-soothe. You can help your baby self-soothe by reducing noise, light and movement in your baby's room and by trying the calming strategies listed below.

## Calming Strategies

Try the following calming strategies to help your baby stay alert or get into a deeper sleep. These strategies help babies calm down and support their efforts to self-soothe.

### *Things you can do to help calm your baby:*

- Talk to your baby softly
- Use your whole hand to touch your baby
- Leave your hand in one place when touching your baby (limit stroking)
- Move your baby slowly
- Help your baby get into a tucked position with arms and legs close to his/her body
- Wrap your baby in a blanket
- Guide your baby's hands to his/her mouth
- Offer a pacifier to your baby
- Hold your baby up against you



**Care Tip:** Always give your baby a chance to respond before trying something different, and only ask your baby to do one thing at a time. Looking, listening and moving at the same time may be too much.

## MEDICAL ROUNDS/PROGRESS UPDATES

Each morning a team of health care providers goes to each baby's room to discuss the condition, care and progress of each baby in the NICU. This is called "rounds." Parents are encouraged to attend medical rounds to ask questions, provide input, and be involved in the decision-making process. The discussion during rounds may include:

- 1) Your baby's current condition and progress
- 2) Your baby's plan of care, which may include medications, treatments, therapies and tests
- 3) Test results
- 4) Progress towards discharge

The attending physician, neonatal fellow, resident, nurse practitioner and nurse usually attend daily rounds. One day each week, therapists and additional team members such as the social worker, pharmacist, dietitian and patient care coordinator may also attend. This is called "multidisciplinary rounds." A plan of care is developed with parent input and recommendations from the entire health care team.

**To prepare for rounds**, we recommend that you write down your questions or concerns and the observations about your baby that you want to share with the team. If you cannot be here for rounds, ask your baby's nurse to bring up your questions. Please note that medical rounds are considered a time for brief questions. Complex questions about your baby's condition or concerns you wish to discuss privately can be addressed after rounds with the medical provider caring for your baby.

**Please feel free to call the NICU at any time for information about your baby.** Our phone number is (804) 828-9956. When you call, please identify yourself as the parent and ask to speak with the nurse caring for your baby. The nurse will ask you for your four-number password before giving any information and will answer any questions you have or refer you to other team members if necessary.

## NICU CARE TEAM

The team caring for your baby may rotate from week to week, but the team members communicate frequently to ensure your baby receives excellent care 24 hours per day. Here are a few team members that you may meet while your baby is here:

**Attending Physician:** The doctor responsible for overseeing a baby's care is called an attending physician. In the NICU, the attending physician is a **neonatologist** (a pediatrician who specializes in the care of babies born early or with medical issues). Attending physicians usually rotate every week.

**Neonatal Fellow:** Pediatrician training to become a neonatologist.

**Resident:** Doctor training to become a pediatrician.

**Neonatal Nurse Practitioner:** Advanced practice nurse who received specialized training in the care of babies born early or with medical issues.

**Physician Specialists:** Special doctors, such as cardiologists and surgeons, who may be consulted depending on your baby's needs.

**Nurse Manager:** A nurse with advanced training responsible for assuring and supervising the quality of nursing care provided in the NICU.

**Registered Nurses:** These nurses are directly involved in your baby's care and have special training and experience in the care of babies born early or with medical issues. They will keep you informed of your baby's progress and provide education on topics important to your baby's health. The registered nurse who most frequently cares for your baby is a **Primary Nursing Team Leader**. This team member helps develop your baby's plan of care and helps you learn to care for your baby.

**Patient Care Partner:** A non-licensed assistant who works closely with your baby's nurse.

**Office Service Specialist:** These NICU staff members answer the phone when you call for updates, may assist you with hand washing before you enter the unit, and can direct you to your baby's room.

**Respiratory Therapist:** A licensed professional who has specialized training in the care and management of breathing machines and respiratory issues (lung problems) common among babies in the NICU.

**NICU Social Worker:** The person who will help you with non-medical issues, such as insurance, transportation, where to stay, etc., and provide emotional support/counseling when needed.

**Patient Care Coordinator:** A person who can help you with insurance questions and other special needs, including arranging at-home care if needed when your baby is getting ready to go home.

**Chaplain:** A hospital-based person who can provide spiritual and emotional support.

**Occupational Therapist:** A professional with training in infant development who can recommend ways of handling, feeding and positioning your baby to reduce stress and promote development.

**Physical Therapist:** The specialist who evaluates infant development and may provide services to help with positioning, development, developmental play and self-regulation/calming strategies in the NICU and after you go home.

**Speech-Language Pathologist:** A professional with training in feeding/swallowing, communication and infant development who works with you and NICU staff to help provide developmentally supportive care.

**Others:** There are many other people that help to care for your baby. You may meet x-ray technicians, dietitians, pharmacists, etc. Also, our hospital is an academic health care center so many students come here to learn. A trained professional constantly supervises each student.

**You!** You are the most important person in your baby's future. You can and should be involved in the plan of care for your baby and in providing as much care as possible while your baby is in the NICU. Reviewing this booklet is a great first step. Please ask your baby's nurse or other team members if you have any questions about the information in this booklet.

**We welcome you to the NICU and we look forward to working with you as we strive to help your baby grow and develop.**

