



**ADK Hospital**

caring about you, when you need it most!

# NEONATAL INTENSIVE CARE UNIT GUIDE FOR PARENTS



WELCOME TO ADK NICU



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# WHAT IS NICU?

Neonatal Intensive Care Unit (NICU) is a specialized area in the hospital that takes care of sick babies who requires intensive care. Babies who need NICU admissions are often born early (ie, premature), have health problems, had a difficult birth, or have some combination of these concerns. The NICU staff includes specialty-trained pediatricians, nurses with special training to care for infants in the intensive care setting.



## VISTING GUIDE

- ▶ Parents can visit their baby anytime throughout the admission.
- ▶ If any emergency procedure is being done parents maybe asked to wait out till the procedure is over.
- ▶ If mothers are feeding their babies ,male parents may be asked to wait out ,so as not to violate anyone's privacy
- ▶ Other visitors are also allowed to come and see the babies through the window frame inside of NICU, yet it is advisable not to stay for long .NICU is a restricted visiting area, this for the safety of the babies as they will have low immunity.
- ▶ To enter NICU, please ring the bell once and wait till door is opened, repeated ringing of bell is not recommended as babies might get disturbed by the bell sound.
- ▶ Anyone with cough and cold is not recommended to visit NICU and if really required than a mask is advisable to be worn for as babies are vulnerable and easily can get infected.

## AT ENTRY

- ▶ Leave street foot wear out side
- ▶ Wear a clean NICU slipper/foot wear
- ▶ Keep mobile phone on silent mode
- ▶ Hand rub on entry and hand rub before touching baby. Best practice is washing of hands upon entry and then hand rub when required.
- ▶ Taking pictures and videos is not allowed inside NICU.

## ON ADMISSION

- ▶ All parents will be given an explanation about the need for admission prior to admission to NICU.
- ▶ All parents are required to give at least two contact numbers at the time of admission.
- ▶ NICU nurses will communicate what might be required for the baby. This will be usually baby diaper, if formula fed the formula container, baby clothes, baby bath, baby oil.etc...
- ▶ Every day after doctor's rounds parents will be called to come for explanation (please note the rounds time is not fixed but usually will be called between 8 am to 4 pm)
- ▶ If any change in treatment than that will be communicated.
- ▶ If parents cannot come and wish to talk to doctor through phone this can also be facilitated



The NICU contact number is 3300220

# YOU CAN PARTICIPATE IN THE CARE OF YOUR BABY IN THE NICU

Changing your baby's diaper, taking a temperature, tucking in blankets, changing clothes, and giving a bath are all skills that can be learned; let your nurse know when you are ready to begin learning how to provide these care needs.

It is understandable that seeing your baby with all tubes or sick might be difficult for parents. If you begin to feel faint, nauseous, or emotional, let a member of the NICU team know right away so that you can get support immediately.

Preterm babies can be given skin to skin care that helps in bonding, baby weight gain and better health outcomes, this is also known as kangaroo mothercare (KMC)

The more informed you are, the better you will understand what is happening to your baby. Always ask and clarify if any doubts, we will welcome your queries and concerns.





## PARENTS CARRYING THEIR BABY, HELPS IN BONDING



Containers and bottles can also be sterilized from NICU

Ask about your baby's schedule, particularly about when feedings are provided, and ensure that feeds are brought in according to the timings.

When bringing expressed milk make sure to bring it in closed containers that is properly sealed and is sterilized.

Ask if your baby can be carried and if possible nurses will assist you to hold your baby. This can be helpful in cases where baby is not breastfed and expressed milk is given to baby. Just before expressing, if mother wishes she can carry baby. The sight, smell and loving thoughts of the baby will help in stimulating the breast milk to flow.

Some parents fear that asking to participate in the care of their baby will "get in the way" of the nurse. Remember that you are your baby's parent. Your baby will go home with you, not the nurses. Rest assured that most nurses are eager to help you become "the expert" in your baby's care. Sometimes participation is simply "being there."





YOU CAN  
PARTICIPATE  
IN THE CARE  
OF YOUR  
BABY IN THE  
NICU

## WHAT WILL YOU SEE?

Most NICU babies will be attached to monitors and will be with IV fluids. Babies maybe on a warmer, incubator or cradle. Babies with breathing problems may require the use of a machine to help breath normally or even simple oxygen therapy.



**PRETERM  
BABY IN AN  
INCUBATOR**

**BABY ON  
CRADLE  
GETTING  
PHOTOTHERAPY.**



## CARING FOR A NEWBORN IN THE NEONATAL INTENSIVE CARE UNIT (NICU)

There are many devices a NICU may use to ensure that your newborn is healthy and growing.

### NASAL CANNULA

Provides pressure and Oxygen to Support breathing

### FEEDING TUBE

Delivers breast milk, formula and medicine

### INTRAVENOUS LINE

Provides medicine and fluids

### TEMPERATURE PROBE

Helps warming bed regulate the baby's temperature

### UMBILICAL CATHETER LINE

Provides fluids and medications and used for blood sampling

### BLOOD PRESSURE MONITOR

Measures the baby's blood pressure

### PULSE OXIMETER

Measures the amount of oxygen in the blood



## WHAT YOU MIGHT SEE

A sicker baby might have more devices that help them. Such can be the tube that is kept through the mouth into the trachea (windpipe) to help baby to breath. The baby maybe on bubble CPAP where a small mask is placed on the baby's nose and it is connected to a device which helps baby to breath



An umbilical line is a catheter that is inserted into the artery or vein of the umbilical cord and it gives a means of giving fluids and medicines. It is also used for withdrawing blood for investigation without the need of having to needle prick the baby for blood sampling.



## UVC LINE IN NEWBORNS

Picture reference: <https://www.slhd.nsw.gov.au/rpa/neonatal/html/newprot/uvc.html>

A baby who is kept without feeds or given OG tube feedings may have a tube from their mouth or nose that goes into the stomach. This tube maybe used to give the feeds. A baby who cannot be breastfed may still be given oral feeds using spoon or palladae/katori(Indian spoon)



# COMMONLY ASKED QUESTIONS

## 1 HOW LONG WILL NEED TO STAY IN THE NICU?

A full-term baby with minor breathing problems, jaundice, or an infection often will only need to stay for a few days to a week.

Babies born very early, around 23 to 25 weeks' gestation, stay in the NICU the longest and often until around their due date of 40 weeks. Babies born after 30 weeks' gestation have a shorter stay and will often go home several (2 to 6) weeks before their due date.

## 2 WHAT ABOUT FEEDING THE BABY?



Babies who are very sick might be kept without feed and only on fluids or may even be started feed through a tube. Some babies may be spoon fed before they can be breastfed. Babies will not be harmed if not fed as they will be given IV fluid to meet their daily requirements. Once any kind of feeding is started, parents and caretakers have to work hand in hand to ensure babies are fed as required. Please note that even if your baby is not fed, mothers should keep on expressing milk to ensure continuity of lactation(milk production).





### 3

## WHAT CAN YOU EXPECT WHEN BABY IS NICU?

Remember that each baby is different and how they respond to treatment is also different. There will be good days and bad days, slow improvements and fast recoveries. Through it all we are here to help and ensure your baby is provided the best care. Be ensured that your baby's care will always be discussed and any concerns raised will be addressed.

# TAKE HOME TIPS

## HOW DO I CLEAN MY BABY?



Wash the face neck and underarms of the baby daily

Do not bath the baby before 24 hours of life

Use luke warm water for bathing

Expose only the area to be cleaned

Wash the buttocks if soiled and dry thoroughly

Cover baby

Give eye care

Wash the head and dry

Wash the body, arms and legs, dry thoroughly

Cover baby nicely

Change diapers whenever wet

For girl babies when cleaning genitals wet a cotton ball, hold her legs apart and wipe between the labia with the cotton ball. **Start at the front and gently wipe backwards. Make sure not to wipe from backwards to front as this can cause mixing of microorganisms and later maybe a source of infection.**

## HOW DO I GIVE EYE CARE AT HOME?



- Wash your hands with soap and water
- Clean eyes with cotton swab soaked in luke warm water
- Use separate swabs for each eyes
- Clean from medial to lateral side
- Do not apply anything in the eye

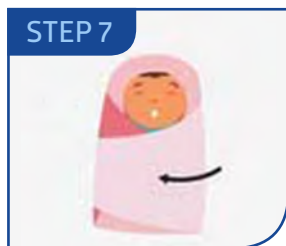
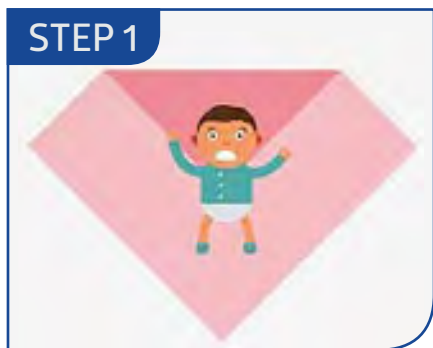
## HOW DO I CARE FOR MY BABYS UMBILICUS?



- If umbilicus is soiled, wash with clean water
- Dry with a clean cloth
- DO NOT apply any substance to the umbilicus
- Leave umbilicus exposed
- Put Diaper below the umbilicus if it has not dried and fallen off.
- If babys umblicus smells bad or has discharge can consult a doctor.

Picture refrence: <https://raisingchildren.net.au/newborns/health-daily-care/hygiene-keeping-clean/hygiene-daily-care>

# HOW DO I WRAP MY BABY?



## WHY DO I NEED TO DO SO?

Because it is very easy for baby to get cold as:

- ▶ Baby have less brown fat
- ▶ Baby's head is large in proportion to body
- ▶ Helps baby to sleep and calm down

## HOW DO I KEEP MY BABY WARM?

- ▶ Maintain room temperature at 28°C
- ▶ Cover the baby properly
- ▶ Breast feed
- ▶ Give skin to skin care(KMC)
- ▶ You can identify if your baby is cold when baby's abdomen feels cold to touch when in contact with the back of your hand.

## WHAT CAN BE A CONCERN ONCE I TAKE BABY HOME?

- ▶ Not feeding well
- ▶ Inactive, not responding
- ▶ Fast breathing with moderate or severe chest In-drawing
- ▶ Yellow skin and eyes
- ▶ Abnormal movements (e.g. jerky)
- ▶ Fever (temperature > 37.5°C)
- ▶ Temperature below 35.5° C
- ▶ Having 10 or more pustules
- ▶ Vomiting for more than 12 hours

## HOW TO KEEP MY BABY ON BED?

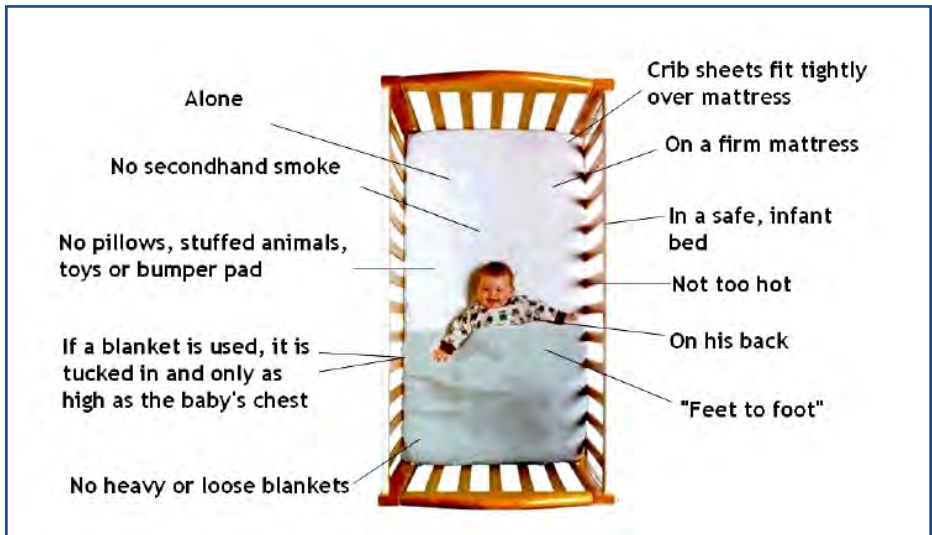


Do not keep baby on stomach or side lying position



Put the baby on their back with no pillows under the head

## HOW DOES AN IDEAL SAFE BED LOOKS LIKE?



Picture reference: <http://www.youandkids.com/aap-recommendation-sand-sleeping-safety-tips-babies-24-0-months/>

# HOW DO I FEED MY BABY?

- Mother and baby has to be comfortable
- Ensure correct positioning and attachment

## 1 POSITIONING

### BREASTFEEDING POSITIONS



CRADLE POSITION



CROSS-CRADLE  
POSITION



FOOTBALL HOLD



LAI D BACK POSITION



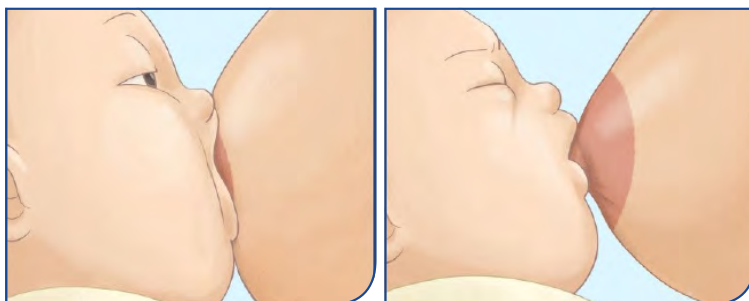
SIDE LYING POSITION

## KEY POINTS OF POSITIONING

- ▶ Baby's head in line with the body
- ▶ Whole body is well supported
- ▶ Baby turned towards the mother
- ▶ Baby's abdomen touching mothers abdomen

## 2 SIGNS OF GOOD ATTACHMENT

- ▶ Baby's mouth wide open
- ▶ Lower lip turned outwards
- ▶ Baby's chin touches mother's breast
- ▶ Majority of the areola inside baby's mouth



GOOD ATTACHMENT

POOR ATTACHMENT

Picture reference: <https://www.mydr.com.au/health-and-videos/video-nipple-problems-breastfeeding>



# 3

## SUCKLING

### EFFECTIVE SUCKLING

Baby takes several slow deep sucks followed by swallowing, and then pauses

### INEFFECTIVE SUCKLING

Baby suckles for a short time but tires out and is unable to continue for long enough

## HOW DO I KNOW IF MY BABY FED WELL?

- Sleeps after feed and will be satisfied
- Gains weight (125g each week)
- Passes urine at least 6 to 8 times a day

## WHAT DO I DO IF MY BABY VOMITS?

Turn the baby to a side, make sure not to lift the baby upright, remove any vomit from the mouth or nose and gently pat or rub baby's back as shown



- 1 You can also place your baby in your lap on his
- 2 Put your hand underneath the babys chest
- 3 With your other hand apply circular movements and light patting on his back

Picture refrence: <https://raisingchildren.net.au/babies/parenting-in-pictures/wind>

# WHY DOES MY BABY CRY ALL THE TIME?

## ▶ HUNGER DUE TO GROWTH SPURT

Baby may seem hungry, possibly because baby is growing faster than before

## ▶ MOTHERS FOOD

Baby may get upset when mother eats certain foods, as the food passes to baby through breast milk

## ▶ MEDICINES MOTHER TAKES

If mother smokes or takes other drugs, baby is more likely to cry than other babies

## ▶ OVER SUPPLY

Poor attachment may result in too much of foremilk and not enough hind milk. So baby may have poor weight gain and may due to hunger

## ▶ COLIC

Baby may pull up his leg as if he has abdominal pain and cry. These babies may have a very active gut or wind which is called colic

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