

COMMON NICU TERMS

Apnea – breathing stops for longer than 20 seconds

Bili – bilirubin is the yellow color to the skin resulting from jaundice

BP – blood pressure

Bradycardia (Brady) – heart rate drops to less than 100 beats per minute

CPAP – Continuous Positive Airway Pressure, breathing machine used to assist baby with breathing

EBM – expressed breast milk

HMF – human milk fortifier used in combination with breast milk for increased calories

Jaundice – yellow tinge to newborn skin caused by large amounts of pigment (bilirubin) in the blood. Premature infants, bruising, certain blood types are prone to jaundice. Bilirubin levels are tracked, if necessary phototherapy is used.

Mec – meconium is the first black and tarry stool passed by the baby

N/G – nasogastric tube used to assist in feeding babies

NPO – nothing by mouth, feedings on hold

O₂ – oxygen

Sat – oxygen saturation is the concentration of oxygen in the baby's tissues

TPN – intravenous solution given to premature infants as a nutritional substitute

UAC/UVC – intravenous lines in the umbilical cord used to take blood samples and provide fluids

EQUIPMENT IN THE NICU

Incubator/isolette – small plastic enclosed bed used to control your baby's temperature

IV pump – a machine that delivers small amounts of fluid and medication

Monitor – allows the nurse to view your baby's heart rate, respiratory rate, blood pressure, and oxygen saturation

Phototherapy – used for babies with jaundice, eyes remain covered under special lights.

Radiant warmer – open heated bed used initially for baby's care

Ventilator – a machine that helps your baby to breathe

Please feel free to ask questions, participate in your baby's care as much as possible. It is important for you to take time for yourself as well. Having your baby in the NICU may be overwhelming or upsetting. We strive to answer your questions as fully as possible and give you information to help you adjust to your baby in the NICU. Active participation and involvement in your baby's care helps make a smoother transition from hospital to home.



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Maternal/Child Services
Neonatal Intensive Care Unit
(NICU)

Your Baby In
The NICU



healthy
together

WHY IS MY BABY IN THE NICU?

If your baby is premature or sick, the Neonatal Intensive Care Unit can monitor your baby closely and provide necessary medical care.

HOW LONG WILL MY BABY BE IN NICU?

This varies and depends on why your baby was admitted to the unit. Generally, when your baby is gaining weight, in a crib, feeding well (either breast or bottle feeding) and not experiencing any breathing difficulties, he or she may be discharged.

WHAT CAN I DO FOR MY BABY?

We understand that having your baby in the NICU can be stressful and frightening. Being separated from your baby is difficult. There are ways to help you feel connected to your baby. We suggest planning your visit during your baby's feeding times so you can participate in the feed, change diapers, bath, and cuddle your baby. Feel free to call the unit at 684-6510 anytime. You may also attend a car seat clinic and a CPR class available through St. John's Ambulance.

VISITORS TO NICU

If you are sick, nauseous, vomiting, have diarrhea, have a fever, or are experiencing any cold symptoms, do not visit your infant. Discuss visitation with your nurse before coming. You could be placing your newborn and others at risk if visiting while you are sick.

VISITING POLICY

Parents are not considered visitors to the NICU and are welcome at any time. Due to space limitations, the NICU can only accommodate two additional visitors at a time. If you have special visiting requirements, please speak with your nurse. NICU may restrict visitation due to unit activity or unexpected events that may arise. Visitation is not permitted from

7:00 to 8:00 am and pm due to shift change.

Cell phones are not permitted in NICU. They may be used in public areas.

INFECTION CONTROL

Hand washing is the single most important thing used in the NICU to prevent the spread of infection. Everyone who comes into the NICU must wash their hands when they enter, as well as when you've touched something other than the baby, or changed a diaper. If anything happens to fall on the floor of the NICU it is considered dirty - please do not pick it up.

SOCIAL WORK SUPPORT

A Social Worker is available to meet with all parents with babies in the NICU. Social Work can be contacted through your baby's nurse or a Maternal-Newborn nurse. A social worker can provide counselling and support, assist with parenting issues, provide assistance with community supports and assist with discharge planning.

SPIRITUAL CARE

You can request a visit by the hospital spiritual care leaders or your own spiritual leader. If you so desire, we can arrange for a blessing, baptism or christening with either the hospital chaplain, on-call clergy or your own clergy member.

PARKING

Parents and visitors must enter through the main entrance, therefore, the parking at the front of the hospital is usually recommended. You may pay when you exit the lot or purchase a daily, weekly or monthly pass. Passes are available at Patients Accounts (across from the Information Desk in the main lobby).

FEEDING YOUR BABY

Intravenous Lines - Almost every baby in the NICU will initially need an intravenous (IV). They can be placed in the hand, arm, feet, and scalp or through the umbilical cord. They are used to give fluid as well as medication.

Tube Feeding - We may use a thin feeding tube inserted into the baby's nose or mouth to the stomach. This delivers formula or breast milk to the baby's who are unable to get their required calories through breast or bottle feeding.

Breast or Bottle Feeding - Breastfeeding is recommended by the Canadian Institute of Child Health, Health Canada and the World Health Organization and is promoted and supported at TBRHSC. Nursing staff can assist you with pumping if you choose to do so.

Education and support are provided to all parents for their baby feeding method of choice.

MEDICAL PROCEDURES

Common **blood tests** monitor infection and blood sugars and jaundice.

Eye exams may be done on some premature babies.

Hearing Screens are routinely done on all newborns.

Ontario Newborn Screening is done on all newborn infants in the province of Ontario (blood test). It screens for several different metabolic disorders.

Ultrasounds may be done to evaluate the brain and heart.

X-rays may be used to assess your baby's lungs.