



NICU Words and Terms You May Hear

Anemia: a lower than normal amount of red blood cells.

Antibiotics: medications used to treat infection.

Apnea: a pause in breathing.

Blood Gas: a blood test to measure oxygen and carbon dioxide levels in the baby's blood, it shows how well the lungs are working.

Bradycardia: a temporary slowing of the heart rate.

Colostrum: breast milk made in the first few days after birth, it is high in antibodies that help protect the baby from infection.

Continuous Positive Airway Pressure (CPAP): continuous positive airway pressure is a use of prongs in the baby's nose to deliver pressure that keeps the air sacs open in the baby's lungs.

Desaturation: when there is too little oxygen to the tissues of the body, it is measured by a pulse oximeter.

Endotracheal Tube: a soft plastic tube inserted into the baby's mouth and down the trachea that is connected to a machine (ventilator), which helps the baby breathe.

Gavage Feeding: a method of feeding using a soft tube that goes into the baby's stomach

when the infant cannot suck or swallow. The tube used may enter through or inserted in the baby's mouth or nose.

Infection: can be bacterial, viral or fungal. Babies are at a greater risk for developing an infection because of their immature immune system.

Intraventricular Hemorrhage (IVH): bleeding into the brain. Premature babies are more at risk for IVH because of their fragile blood vessels in the brain.

Isolette: an incubator bed for babies.

Jaundice: yellow coloring of the skin caused by the breakdown of red blood cells.

Kangaroo Care: allows you to hold your baby dressed in only a diaper against your bare chest. It promotes bonding, growth, and breastfeeding.

Late Preterm Infant: a baby born between 35 and 37 weeks gestation.

Minimal Stimulation: some infants are not able to tolerate any stimulation such as handling, loud noises, bright lights, etc.

Nasal Cannula: short prongs that deliver oxygen through the baby's nose.

NPO: no liquid or food into the mouth.

OG/NG Tube: a tube placed in the mouth or nose that goes into the stomach. The tube is used for feeding or removing air contents from the stomach.

Patent Ductus Arteriosus (PDA): a hole in the heart that normally begins to close after birth. In some premature infants the PDA may stay open or re-open.

Peripheral Intravenous Line (PIV): an intravenous line placed in a small vein in the arm, hand, leg, foot or scalp top provide a way for the infant to receive fluids and medication.

Peripherally Inserted Central Catheter (PICC): an intravenous line placed in a large arm or leg vein to provide a way for the infant to receive fluids and medication. A PICC line is in for longer time than a PIV.

Pulse oximetry: a small probe that is wrapped around the wrist, hand or foot to measure the oxygen level in the blood.

Premature Infant: a baby who is born before 38 weeks gestation.

Total Parenteral Nutrition (TPN): provides all nutrition including vitamins, minerals, proteins, fats, and carbohydrates when an infant is not able to tolerate feedings, or is only able to take some of their feedings.

Umbilical Arterial Line (UAC): a way to closely monitor the blood pressure and take blood samples using the umbilical cord.

Umbilical Venous Line (UV): a way of providing nutrition and medication using the umbilical cord.

Ventilator: a machine that breathes for babies if they are unable to breathe on their own.

Vital signs: measurement of the baby's heart rate, body temperature, blood pressure, breathing rate and pain assessment.

Warmer: a bed which reads infant temperature and then adjusts the heat to keep the baby warm.



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What to Expect in the Neonatal Intensive Care Unit



Dear Parents:

We know we were not a part of your birth plan. The Neonatal Intensive Care Unit (NICU) is never in anyone's birth plan. The beginning of parenthood should be a joyous and momentous occasion filled with celebration, but can instead be a time of uncertainty and struggle.

We understand you may be unable to hold and snuggle your baby like you had planned after delivery. We know that you want nothing more than to protect your baby, and to do anything and everything to make things better. We are here to listen to your concerns and answer your questions. We promise to guide you through this experience, helping you make informed decisions and providing you with the information, advice, and resources you need to get your baby home with you.

Along the way, we will provide expert, compassionate care. We will celebrate the milestones and rejoice in the victories with you. We will support you and help you through this uncertain and sometimes very scary journey.

You will grow and learn with your baby and some days will be easier than others. The hard days can be really difficult but they will be coupled with many days that will leave you elated as you cheer on your little fighter. We will partner with you, the parent, to protect and care for your baby in the very best way possible. We are privileged and honored to care for your precious baby.

Sincerely,

Your NICU Team

The Neonatal Intensive Care Unit (NICU)

The NICU is a specially designed nursery that will give your baby extra help to get a good start in life. It is a place full of love, support, encouragement and medical wonders. We know that this is not the plan you had for your baby, but we hope you will take comfort in how much help is available to you and your baby.

Utilizing state-of-the-art technology, our NICU team aims to provide optimal medical care for your baby. Our neonatologists and advanced practitioners demonstrate focus and commitment to care, and are on-site 24 hours a day, seven days a week, to respond to your baby's needs.

What We Do

The patients that we care for each day are more vulnerable and dependent than healthy babies. They enter the world too early or in crisis – some do not even have the ability to perform simple functions such as breathing on their own yet. Our NICU team members draw upon their experience, advanced skills and compassion to provide the best possible care for their smallest patients.

What You May See

Because NICU babies have very specialized needs, you may see your baby connected to many monitors, tubes, wires, and specialized lighting. You may hear beeping sounds coming from the monitors – these monitors and their sounds help nurses and physicians determine the needs of your child. You may notice that the lighting in the NICU may be dimmed. This is done to help your baby sleep more easily. More sleep will encourage them to grow and mature.

Your baby may require help breathing. You may see tubing, ventilators and other respiratory devices to help them. You may also see medications and

nutritional fluids being delivered to your infant through intravenous (IV) tubing and/or feeding tube.

Often NICU babies need to have light therapy for jaundice conditions. When this occurs they are given eye coverings that look like cloth sunglasses to protect their eyes from the bright lights. If you have any questions or concerns about any of these items, please feel free to ask any of the nurses, physicians or respiratory therapists.

What You Can Do

Families are welcome in the NICU at any time. We promote the concepts of family-centered care. Family-centered care means that parents are partners with the health care team in all decisions about their baby. However there may be times that you may be asked to step out so special procedures can be performed in the care of your baby.

Parents are encouraged to call the NICU at 518-525-1394 any time of day to check on their baby. To obtain information, the parent must provide the security number given to them by the NICU staff to ensure confidentiality. In addition, parents are asked to wear their identification (ID) bands for the duration of their baby's admission.

When you are parenting in the NICU, we encourage you to hold, touch, read and sing to your baby when possible. Please speak to your nurse about questions or concerns that you may have. We are here to support you during this often stressful time.

Parenting in the NICU

As a parent in the NICU you are your baby's voice, a vital part of your baby's team. You are welcome 24 hours a day and are the most important person for your baby.

When your baby is in the NICU, your baby needs you. We can provide excellent, state-of-the-art medical

and technical care. We can provide comfort, warmth and affection for your baby, but we cannot parent your baby.

As a parent, you provide love and devotion to your baby that only a parent can. We in the NICU want you to be with your baby as often as you can. Only you can tell family stories, sing your favorite songs, provide Kangaroo Care, provide breastmilk, breastfeed, bottle feed and cuddle with your baby in a way that is unique to you.

Some babies need the NICU in order to survive. All babies in the NICU need a parent's loving touch to thrive. We encourage and want you to be as involved with your baby's care as possible. You can take your baby's temperature, change diapers, feed, hold and read to your baby.

We encourage your questions and we want you to know our team is here to support you and your family for as long as you are with us. When you're not at the hospital, you can phone to see how your baby is doing. If it's the middle of the night and you can't sleep because you're wondering about your baby, call and ask. Calling may reassure you so you can get back to sleep. Our doctors and nurses want to keep you informed about your baby. We also recognize that you can make better decisions for your infant when you understand their care.

We congratulate you on the birth of your baby or babies, and we wish the best for you and your family.

Additional Services

Parking: Parking passes are validated by the NICU Information Associate, typically sitting at the NICU entrance when you come in.

Cuddlers: Understanding the importance of holding infants, we have a cuddler program in the NICU. When parents are unable to be here due to work or



other obligations, trained and approved volunteers will be available to hold and read to your baby.

Tips for Visiting

- Parent(s) will be required to wear their newborn ID band, so please keep your ID on until your baby goes home.
- Please do not visit if you are not feeling well or if you have a cough, fever, runny nose, sore throat, skin rash, vomiting or diarrhea.
- Please wash your hands for two minutes.
- Two visitors at a time (includes parents) must be maintained due to space limitations.
- The NICU staff may request that all visitors leave the bedside whenever a special procedure is being performed.
- No food is allowed in the unit with the exception of bottled water.
- Cell phones are a great way to take pictures and communicate, however we ask that if you need to have a conversation please leave the unit.
- To protect the privacy of our patients, the NICU staff will be unable to give you information regarding other patients. We are also unable to release information about your baby's condition to friends and relatives.