

Welcome to Betty H. Cameron Women's & Children's Hospital: Neonatal Intensive Care Unit

Welcome to the Neonatal Intensive Care Unit (NICU) and congratulations on the birth of your new baby. This booklet was designed to answer some basic questions about the NICU and to help you keep track of your baby's progress. Please feel free to discuss any questions or concerns that you might have with a member of our team.

Patient Name: _____
Patient ID Code: _____

Contacting your Caregivers

Please have your baby's 4-digit code to receive information

NICU - 667-7391 or 1-800-BABY-TLC

Main Hospital Number – (910)343-7000

NICU Nurse Managers - 667-7497

Charge Nurse - 667-6965

Lactation Consultant – 667-5615

Case Managers – 667-7254

Social Worker – 341-6396 *pager*

SECU Family House - 662-9980

Table of Contents

Important Phone Numbers...	1
Table of Contents...	2
A Message to Families...	3-4
The NICU Team...	5
Family Engagement	6
• Patient Rounds	
• Staying Informed	
• Care Times	
Unit Safety Guidelines...	7-9
• When Mom is a Patient	
• Family & Guest Badges	
• Visitors	
• NICU Family Garden	
• Hand Washing & Infection Control	
• Mobile Devices	
• Shift Change	
Family Centered Care...	10-11
• Care Teams	
• Kangaroo Care	
• Breastfeeding	
• Formula Feeding	
• Corrected Gestational Age	
Family Accommodations...	12-13
• Parent Sleep Room Guidelines	
• Short-Term Housing	
• Family Advisory Council	
Going Home...	14
Common Findings...	15-16
NICU Glossary...	17-22
Grams to Pounds Conversion Chart...	23

A Message for our Neonatal Intensive Care Unit (NICU) Families

Parents, who are about to experience the birth of a new baby, are looking forward to having a perfectly healthy, happy little one to take home with them. Unfortunately, one out of every six babies born in our country needs extra care before going home, and one out of every ten babies is admitted to an intensive care nursery like this one.

Currently, almost all babies admitted to an intensive care nursery will go home and lead a healthy life. Still, it can be difficult for parents to understand that the seemingly long days and nights of worrying about your baby will come to an end. The hard part is getting through the bad days and enjoying the good days – a sort of roller coaster ride until the time of discharge.

As the director of the Betty H. Cameron Women's and Children's Hospital Neonatal Intensive Care Unit, I am proud of the team that provides care for your baby. I know, because we collect data on all the care that we provide and the outcomes of each patient, that we provide excellent care. We are also committed to continuously improving that care in measured ways.

We use multiple methods of working together with parents to improve every baby's care, reduce your stress and even shorten the time your family is in the NICU.

- The first way is to invite you to “rounds,” which are daily meetings when we come together to create and review the plan for your baby. Your baby will be cared for by different healthcare professionals on the team (doctors, nurses, respiratory therapists, etc.) during their stay, but you are the constant in your child's life and will take over care sooner than you think. Your voice is critical in the daily plan and we hope you can be present as much as possible.
- The next way is to provide “skin-to-skin” care for your baby. This is a special way of holding your baby that has proven health benefits, even when your baby is still receiving a lot of intensive care. We know from research that these positive effects remain with your child through adulthood.
- Another research proven method is to provide breast milk when possible. We know that a mother's own milk is not only a nutritional source but a “medicine” that we can't duplicate, with proven health benefits now and actually for their whole lives.
- Also there are many parts of your baby's care that you can participate in with the team every day. For example, taking the temperature, changing diapers, or just talking or singing to your baby to promote normal speech development.
- And finally, when you can't be here because of other obligations, we use a whiteboard to provide you with daily updates regarding your baby's care journey.

This is what to expect each day:

First, the NICU is divided into two teams. Each team will be led by a doctor and a nurse practitioner (NNP).

8:30-9:30am: Each morning your doctor and nurse practitioner will check in with your nurse and may examine your baby. This is called “pre-rounding” and will allow them to identify any important issues at the beginning of the day.

A Message for our Neonatal Intensive Care Unit (NICU) Families (Continued)

10:00am to 12:00 noon: “Multidisciplinary rounds” will occur each day at your baby’s bedside and will include the whole team. If you are in the room, please expect a larger group so you will see and hear from all the members of your baby’s team. In addition to the nurse, nurse practitioner and doctor, other team members like the respiratory therapist, dietician, pharmacist, social worker, case manager, lactation nurse, chaplain, and discharge coordinator will participate. Our rounding will complete with a verbal update for you and a written update on your baby’s white board.

Please know that your medical team may also contact you by phone and update you at your baby’s bedside beyond rounds to engage with you as the most important member of your baby’s team.

You will also notice a new color tab on your baby’s door. The color will identify for the whole team where your baby is in the NICU journey.

- Blue “acute” tab indicates new admissions to the NICU, babies still on the ventilator or Continuous Positive Airway Pressure (CPAP) machines, as well as babies still less than 30 wks corrected age
- Green “transition to home” tab indicates babies who are less than 2 weeks from targeted discharge home.
- Yellow “intermediate” tab indicates all the babies that are between acute and transition to home.

Thank you for the privilege to take care of your precious child.

Sheri L Carroll, MD



Sheri L Carroll, MD
Coastal Carolina Neonatology
NHRMC NICU Medical and Quality Director



Coastal Carolina Neonatology, PLLC

The NICU Team

Our team consists of a wide variety of disciplines to meet the high level of needs for your baby.

Neonatologists (MD/Dr.'s) – Pediatricians that specialize in the care of premature and newborn babies. They create and oversee the plan of care for your baby, which can be modified frequently based on new developments.

Neonatal Nurse Practitioners (NNP's) – an advanced-degree nurse whom has graduated from a Nurse Practitioner program that has advanced training in the medical/surgical care of premature babies / newborns. There is always a Neonatologist or Nurse Practitioner in the NICU.

Registered Nurses (RN's) – are the primary caregivers for your baby and work in 8-12 hour shifts. They are assigned to 1 to 3 patients at a time depending on their condition. We strive to provide consistent care, and you may ask nurses or have them become a part of your baby's "care team". Nursing staff are always available to answer your questions and educate you about your baby's care.

Respiratory Therapists (RT's) – Are specially trained and works with physicians and nurses to improve your baby's breathing capacity and efficiency until their lungs are working properly. The NICU has dedicated RT's

Registered Dietitians - assist the medical team in making feeding changes to meet all the special nutritional needs of your baby.

Social Workers - with an advanced degree are available to discuss your concerns with coping with the hospitalization of your sick infant or connecting you to community resources and assisting with the transition to home.

Family Discharge Coordinators and **Case Managers** assist the medical team in the transition to home and meeting baby's goals, educating the family prior to leaving, and coordinating pertinent appointments.

Lactation Specialists - are certified nurses or dietitian specializing in breastfeeding and lactation (the body's ability to produce milk). NHRMC is a proud member of the Breastfeeding initiative.

Other members you may come in contact with are hospital Chaplains and Family Advisory Council Coordinators.

Family Engagement

Patient Rounds

Members of the NICU team will meet daily between 10am-12pm at your baby's bedside to discuss his or her progress and plan of care for the day. Babies are assigned to teams called Acute, Intermediate, or Transition to Home based on their level of care. This is an excellent time to be present, ask questions, and discuss your baby's goals.

Staying Informed

If you are unable to be here for physician rounds you may call the unit 24 hours a day and ask to speak with your baby's nurse. You will be asked for your baby's four-digit code to protect your baby's information. Please do not share your four-digit code with anyone you would not want able to access your baby's medical information. Your baby's nurse is always available to answer questions and a neonatologist or NNP is always in the unit if you need additional information.

Care Times

Premature and even full-term babies in the NICU need long periods of uninterrupted sleep for brain development and growth. Our team plans care/handling around "care times." Your baby will have 2-4 care times in a twelve-hour shift. This is when we will take vital signs, change the diaper, and assess your baby. We encourage you to participate in your baby's care times. The nurses will teach you to change your baby's diaper and take the temperature. After each care time your baby's nurse will position him or her using our developmental positioning products (Froggie, Zaky, gel pillows). Proper positioning is especially important for a premature baby's growth and development. Members of our team will help you learn proper positioning techniques for your baby. There will be times when your baby will have to be touched by members of our team in between care times but we try to keep this to a minimum.

Unit Safety Guidelines

The NICU at the Betty H. Cameron Women's and Children's Hospital strives to provide family centered care to our patients and families at all times. Parent and family participation is important to the healthy growth and development of your baby; therefore, we encourage you to be present and active in your baby's care as often as possible. **Please note the following safety guidelines and share them with your friends and family. If you have any questions regarding unit security, please ask your baby's nurse and they will assist you.**

Upon arrival to the Betty H. Cameron Women's and Children's Hospital, you and each family member will be asked to provide identification upon arrival. You will receive an identification sticker prior to entering the Neonatal ICU. **No one** without a proxy badge (family or guest badge) may receive an identification sticker to enter the Neonatal ICU.

General Fast Pass Identification Sticker Information:

- Expire every 24 hours (12 midnight daily)
- Expiration date is on the sticker
- Must present a photo ID
- All persons with a Fast-Pass will need to check out daily and be scanned upon leaving the W&C Hospital. Family members spending the night do not need to check out but will need to obtain a new identification sticker daily.

While mom is a patient:

During mom's inpatient stay she will be provided with a NICU inpatient badge. With the inpatient badge mom may enter the unit at any time. Mom will not be required to visit the welcome desk in the W&C hospital to obtain an identification sticker prior to entering the NICU, but all other family members must obtain an identification sticker from the welcome desk prior to entering the Neonatal ICU.

Family and Guest Badges

Each family will be given two family passes for mom, dad, and/or a support person and up to 4 guest passes for grandparents or another family member of your choice. To obtain a NICU family or guest badge we will need a photo ID for each member of your family who receives a pass. These passes permit access to the NICU and it is very important that you protect them and do not pass them around among friends and family. Please wear your badge on the lanyard provided around your neck so that it is highly visible at all times. This will assist the NICU staff in identifying you as a family member and will alert us to anyone who may be entering the unit without a parent's permission.

With a Family Badge, you may access the unit to be with your baby from 5 AM to 12:00 AM. However, we welcome parents to sleep at the baby's bedside. Upon arrival to your baby's room, please notify the nurse of your arrival.

Unit Safety Guidelines

Guest Badges provide access up to four family members of your choice between the hours of 5 AM until 9 PM. The pass allows them to enter without you present and to get a brief update while visiting. We will obtain a photo ID when the pass is distributed. Please remind them to wear their lanyard at all times.

Visitors

Guests (non-family) who have not been given a guest pass are welcome to enter the unit only if the primary caretaker is present. Family members holding Family Badges will be responsible for escorting their visitors to and from the patient room. *The NICU staff is not allowed to escort visitors or give out information regarding the baby to anyone without a pass or ID number.* Please let our team know of any special circumstances with your family/visitors and if you feel there are any security issues we need to be aware of.

Siblings 4 years of age and older are encouraged to visit frequently with a family member who has been assigned a NICU family badge. Visiting hours for siblings under 12 are 6:00 am-9:00 pm. While we encourage siblings in the NICU they may not sleep overnight.

- A **weekly** visit for siblings under the age of 4 can be arranged with your nurse.
- An adult must accompany all children visiting the NICU at all times.
- Due to the high risk of infection in our patients, all children under 12 years must be screened prior to entering the unit.
- *Children under 12 years of age that are not a patient sibling are not permitted to visit*

NICU Family Garden

The NICU family garden is a place of respite for families in the Neonatal ICU. Your NICU family badge accesses the family garden during daylight hours. If you enter the Women's and Children's Hospital through the NICU family garden entrance, you must present to the W&C lobby desk to obtain a Fast Pass Identification sticker prior to entering the NICU.

Unit Safety Guidelines (continued)

Hand Washing & Infection Control

Everyone coming into the NICU must complete a 3 minute hand wash before entering your baby's room. This will help keep your baby from getting sick. Family members and guest who have the flu, a fever or GI symptoms should not enter the unit. Please alert your baby's nurse if you have any signs or symptoms of illness. We know you want to support your baby's good health, and we want to assist you by screening care providers prior to entering the baby's room.

Take off all watches, rings, bracelets, jackets and sweaters before washing your hands and leave them off when you stay with your baby. There is storage space in your baby's room for you to keep your things when you stay. Please don't leave anything valuable in your baby's room while you are not here. There are also lockers in the family lounge for you to store things in. You may bring a lock with you when you are here, but take it home with you each time you leave. Use the hand sanitizer in your baby's room or wash your hands with soap and water for at least 15 seconds before you touch your baby. Wash or sanitize your hands after eating, drinking, touching your cell phone or changing your baby's diaper.

Food is not permitted in patient rooms but drinks are allowed with covered tops. You may eat in the Family Lounge and label your items with name & date to store in the lounge refrigerator.

Mobile Devices

We understand that mobile devices are a part of our everyday world. We ask that you please refrain from taking photos or videos with staff members in them without their permission. Staff members are not permitted to share their personal cell phone numbers, and you must call the unit to be updated on your baby's status. We also ask that refrain from using mobile devices next to medical equipment.

Shift Change

The nursing staff cares for your baby in 12-hour shifts. Shift change occurs at 6:45 AM and PM in your baby's room. Your off-going nurse will report to the on-coming nurse at the bedside. They will review the plan of care for your baby and will be able to address any questions you may have at the end of the handover.

Family Centered Care

Our Family-Centered Care approach means parents are important members of the team who care for your baby. Please remember that this is *your* baby and you have a right/responsibility to be informed of your baby's condition and plan of care. *Ask questions!!!* Have frequent conversations with your baby's caregivers. We encourage participation in care times and welcome your involvement. Any time you have questions or concerns please discuss them with your baby's nurse. We have multidisciplinary rounds daily and this is a great time to be present for discussion on the plan of care for your baby with all members of your baby's team. There will always be a Neonatologist or NNP available to answer your questions or if needed you can schedule a more formal meeting called a *Care Conference*. During a Care Conference you are able to meet with the Neonatologist and possibly other members of our team to discuss your baby's progress and plan of care. We have certain times set aside each day for Family Care Conferences. Please let your baby's nurse know if you would like to schedule one.

If you live far away from the hospital and experience transportation challenges or just want your baby closer to home, as a member of the medical team if there is a closer facility to your home. Transfer will depend on your baby's condition, the level of care provided by that hospital, and space availability.

Care Teams

In an effort to promote continuity of care, members of the nursing staff may sign up to be on your baby's "care team". This is a list of team members that would be assigned to care for your baby as often as possible and if unit staffing needs allow. If you connect or develop relationships with specific nurses, invite them to be on your baby's care team.

Kangaroo Care

Kangaroo Care is the best way to hold and soothe your baby. This involves placing the baby on your chest touching skin to skin while in an upright position (between breasts) with baby's head turned to the side.

Once your baby is medically stable we encourage you to kangaroo as soon as possible. Ask your baby's nurse if he/she is ready. Kangarooing helps to regulate your baby's temperature (you will keep them warm) while they are also wearing a diaper and covered in a blanket. Babies that kangaroo experience deeper sleep, easier breathing, more stable temperatures, use less energy, are less likely to get over stimulated, and enhances bonding. This also allows parents to become more confident with their baby, and improves milk production and earlier breastfeeding for mom.

To prepare for kangaroo time with you baby, please come showered with no perfume, aftershave, or smell of smoke. Wear a shirt that opens in the front or ask your nurse for a patient gown. Devote 2-3 hours to be with your baby, and consult with your nurse develop a plan. Kangaroo care enhances milk supply, so it is best to pump after holding if you are breastfeeding!

Family Centered Care (continued)

On occasion it may not be best for your baby to be held. In this case, your touch alone may be therapeutic to your baby. Premature babies prefer not to be stroked but like to feel your hand rest on their back, head, or bottom... this makes them feel secure. Your baby knows your voice and is comforted by hearing you talk softly.

Breastfeeding

If you had planned to breastfeed during your pregnancy, you don't have to give up the idea. You will be given the opportunity to pump milk for your baby with the help of a lactation consultant your nurse and your baby's nurses. Don't wait to get started. Studies have shown that pumping within 1 hour of birth can greatly improve your milk production and long-term breastfeeding success

Mother's own milk is the best food for almost all infants. Breast milk of mothers who give birth early (prematurely) is higher in the nutrients and other agents that help fight infection and promote health. Babies given breast milk are more likely to have reduced risk for infection, retinopathy of prematurity (ROP), and necrotizing enterocolitis (NEC).

Due to their special needs, preterm babies often need extra nutrients added to mother's milk to support their special needs. Your baby's doctors will advise if your baby needs these extra nutrients (protein, vitamins, carbohydrates, and fats) to support healthy growth.

Your milk is the best medicine for your baby

Formula Feeding

If you are unable to breastfeed, or decide not to do so, your baby will be given a special formula for premature or sick infants.

Corrected Gestational Age

You will often hear about your baby's corrected gestational age. This describes how mature your infant is after birth and is calculated by adding the "calendar age" (number of weeks after birth) to the gestational age in weeks at birth.

Example:

28 weeks = length of pregnancy

+ 6 weeks = calendar age

34 weeks corrected gestational age

Family Accommodations & Support

NHRMC Betty H. Cameron Women's & Children's Hospital NICU is proud to be Family-Centered with special accommodations to help make our parents more comfortable. Stay at your baby's bedside with private patient rooms equipped with pullout couches. Separate parent Sleep Rooms are available on a first come, first serve basis. Our Family Lounge was designed with a refrigerator, microwave, ice machine, washer & dryer, showers, TV, and play area for siblings. Please bring a lock to secure your items and label any stored food. Wi-Fi is available hospital-wide. Quiet rooms and conference rooms are available. We also offer lactation consultation and spiritual services. Long-term families may decide to make accommodations with the SECU Family House, discounted rooming off-site.

Parent Sleep Room Guidelines

The NICU has four family sleep rooms. Rooms will be prioritized for out of town families whose infants are in critical condition and those who have just been transported from another facility. Families can speak with their baby's nurse if they have a need.

Rooms will be assigned on a day-to-day basis by the charge nurse/coordinator on duty after morning rounds. Parents may check into their sleep room at 3:00 pm. Parents/families must be dressed and out of the sleep room by 9:00am. The charge nurse/coordinator may use her discretion in assigning rooms to families. The number of people that may sleep in one room will be evaluated on a case by case basis. No furniture is to be moved within each room or from another room. Children must be supervised by a guardian at all times.

Short-Term Housing for Families

The SECU Family House at New Hanover Regional Medical Center offers support for loved ones from out of town with a hospitalized family member. The SECU Family House's doors are open to family and friends of patients being cared for at NHRMC as well as for patients who must travel to the area for outpatient medical treatment.

The SECU Family house offers the following amenities:

- 24 standard guest rooms with two queen beds and private bathrooms
- TV/Cable and Free Wi-Fi
- Indoor and outdoor children's play areas
- Full kitchen, dining facilities, vending and coffee bar
- Laundry facility
- Family living areas with books, games and puzzles
- Peaceful outdoor setting and walking trails
- 24-hour volunteers & support staff
- Transportation to and from hospital

Family Accommodations & Support (continued)

Short-Term Housing for Families (continued)

Located just a short distance from the main campus, the non-profit SECU Family House, asks for \$35 per room per night to offset costs. Our facility offers a comfortable place to rest, shower and prepare meals while your loved one receives care at NHRMC. If your stay at SECU House is because of a loved-one hospitalized in NHRMC's Neonatal Intensive Care Unit, or NICU, we ask that you:

1. Be in regular communication with NICU staff
2. Comply with all Hospitality House rules and regulations
3. Wear a guest identification badge while on Hospitality House property

SECU House staff work closely with NICU staff and NHRMC's social work department. It is our goal to provide a caring, supportive atmosphere to help and encourage parents during their child's medical treatment.

1523 Physicians Drive
Wilmington, NC 28401
Office Phone: (910) 662-9980

Family Advisory Council

The Family Advisory Council is available to answer questions and guide you through your baby's stay in the NICU. This is a group of current and former parents that have been through the NICU experience with their infants. They welcome new parents to join them for several opportunities weekly to meet other families.

- Mondays 9:30AM to 11:00AM Breakfast
 - Women's and Children's Classroom - Ground
- Wednesdays 12:30PM to 2:00PM Lunch
 - Labor and Delivery Classroom – First floor
- Thursdays 5:30PM to 7:00PM
 - Women's and Children's Classroom – Ground

For questions, feel free to contact Rachel Levin, Women's and Children's Family Support Coordinator: Rachel.Levin@nhrmc.org

Going Home

As much as we love caring for our babies we are happy to see them go home and want to make sure they leave in the safest way and our parents are the most comfortable. Please let us know who your Pediatrician of choice will be as soon as you have decided.

Common signs that your baby is ready to go home include:

- Your baby will be able to control his/her own body temperature and keep warm without the help of an isolette.
- Your baby will be able to breathe on his/her own.
- Your baby can be breastfed or fed from a bottle.
- Your baby's medical condition is stable.
- Your baby is gaining weight at a steady rate.

Car Seat Test:

Prior to discharge babies born less than 37 weeks gestation or weighing less than 2500 grams at birth are required to have a car seat test. Please bring your car seat in when we begin discussing your baby's transition to home. It is important to make sure the car seat is less than 6 years old. Your baby will have to pass the car seat test. To pass your baby must be able to sit in the car seat for at least 90 minutes without having apnea or bradycardia.

Spending time in the NICU prior to going home:

Parents are also expected to spend additional time with the baby when transitioning to home is near. This time is sometimes referred to as "nesting". All NICU families are required to spend a minimum of 24 hours or 6-8 feedings with your baby prior to discharge. Depending upon the needs of your baby the time required for you to "nest" could be more. If you are unsure of how much time will be required, please speak to a member of the NICU Medical team.

During this time, you will provide all of your baby's care such as feeding, mixing milk, and administering medications to ensure you are comfortable. Infant CPR classes are available to parents twice per week and are strongly encouraged. You are also required to watch four short discharge videos prior to leaving.

Concerns?

If you have any concerns regarding your baby's care, please do not hesitate to contact the NICU Charge Nurse or Nursing Managers.

NICU Nurse Managers - 667-7497

Charge Nurse Phone - 667-6965

Common Findings in the Premature or Sick Newborn

Prematurity

Premature babies are often not mature enough to live outside the womb without special help. They may need help with feedings, breathing, or just keeping warm. Each baby has special needs that may require the use of intravenous therapy, breathing machines or other special treatments. Premature babies must often stay in the hospital for several weeks or months, until they have developed enough to stay home with their parents.

Respiratory Distress Syndrome (RDS)

This is a condition of premature or term infants caused by an absence of a chemical in the lungs called surfactant. This chemical coats the inside of the lung sacs and prevents them from collapsing when the baby breathes out. Depending on the amount of surfactant present at birth, some infants need only oxygen therapy while others require a breathing machine or ventilator to help prevent the lungs from collapsing. Infants begin producing surfactant at birth. Babies usually need increasing respiratory support during the first 48-72 hours, then show a gradual improvement. The need for respiratory help can be as short as two days or as long as several weeks.

Apnea and Bradycardia (A&B)

Because premature babies have immature or under developed nervous systems, they often forget to breathe and must be reminded with gentle stimulation or special medications. Apnea (the absence of breathing) is very common among premature babies in the early weeks of life. Apnea is often accompanied by bradycardia- a lower than normal heart rate. Often times you will see your baby's nurse rub his/her back or foot to make your infant take a breath and bring the heart rate up.

Jaundice (Hyperbilirubinemia)

Bilirubin is produced when red blood cells are broken down by the body. Normally, bilirubin is processed in the liver and then deposited in the intestine so it can come out in the stool. In premature infants the liver does not function well enough and bilirubin builds up in the body, giving the skin a yellow tone usually referred to as Jaundice. Jaundice is treated with special lights (phototherapy lights) which break down bilirubin in the skin and allow the body to excrete it more easily. High bilirubin levels may enter the brain and cause damage. Phototherapy lights help prevent this problem.

Meconium Aspiration

This is a condition in which the baby inhales amniotic fluid containing meconium, the baby's first stool. This results in partial obstruction of the breathing tubes and an irritating pneumonia. The condition can be mild or severe.

Common Findings in the Premature or Sick Newborn

Patent Ductus Arteriosus (PDA)

A large vessel outside the heart connects the blood flow to the lungs with the blood to the body. This vessel is normally open during life in the womb; however, when it fails to close after birth it results in increased blood flow to the lungs and interferes with the baby's breathing ability.

Retinopathy of Prematurity (ROP)

Babies born very early may have an eye problem called retinopathy of prematurity. The back of the eye (retina) may be damaged, often needing special treatment. Whether or not the baby's eyesight is affected depends on the severity.

Aspirate (also known as Residual)

The amount of digested milk left in your infant's stomach. It is usually checked before a feeding is given.

Desaturations (Desats)

Short periods of time when the oxygen in your infant's body drops below desired or acceptable levels.

Tachypnea

An abnormally fast breathing rate, usually faster than 60 beats per minutes in an infant.

Hernia

Lump under the skin in the abdomen, groin, or scrotum caused by the intestines pushing through a weak place in the belly wall. A common preemie problem. May be fixed by surgery before the baby leaves the hospital. This also may occur at home after discharge. If so, notify the baby's doctor. Umbilical hernias usually resolve by the age of two. It can be fixed by surgery after 2-3 years of age if still present.

NICU Glossary

Apnea: stop breathing for 15 to 20 seconds

Areola: dark area of the breast around the nipple

Aspiration: breathing fluid (formula, stomach contents, and meconium – baby’s first stool) or objects into the lung.

Bacteria: germs, which make you sick. Treated with antibiotics.

Bilirubin: breakdown product of red blood cells; too much in the blood causes jaundice, a yellow color of the skin.

Blood Gas: a lab test to determine how much oxygen and carbon dioxide the baby has in his blood. The baby is stuck for the blood if he does not have a special IV (UAC- umbilical artery catheter).

BPD (Bronchopulmonary dysplasia): lung problem caused by oxygen, ventilators and prematurity. Some babies need oxygen after discharge from the hospital.

Bradycardia: slow heart rate; usually less than 100 in a newborn or premature baby.

Breech Delivery: babies born bottom, feet or arm first

Caffeine: medication used to stimulate the baby’s breathing

Carbon Dioxide: gas breathed out when the baby exhales

Cardiologist: doctor who specializes in the heart and circulation of blood

Cardiopulmonary Resuscitation (CPR): method to revive a person whose heart beat and breathing has stopped.

Care Manager: nurse who is responsible for providing care and coordinating care of a specific baby for entire time baby is in the unit

CAT scan or CT Scan (computerized axial tomography): computerized x-ray that takes special pictures of the baby’s brain, and other parts of the body.

CBC (complete blood count): blood test that looks at the types and number of cells in the blood. It is a lab drawn to see if the baby has anemia (low blood) or an infection.

Circumcision: removal of the foreskin from the penis

Colostomy: surgical opening made in the large intestine which is connected to the outside of the belly to permit elimination of stool (BM).

Colostrum: thin yellow or clear breast milk that is present before the true breast milk comes in

Congenital Abnormality: birth defect; malformation or abnormality present at birth

Congestive Heart Failure (CHF): heart is not able to pump blood well because of malformed heart, illness or infection

Corrected Age: length of pregnancy (gestational age) plus the baby’s calendar age

CPT (chest physiotherapy): clapping on the baby’s chest with a hand or using a cup to loosen mucus in the lungs.

CSF (cerebrospinal fluid): fluid made and stored in the ventricles of the brain. Same as spinal fluid

Cyanosis: blue color of baby’s skin, fingernails or inside of mouth and tongue. Caused by a lack of oxygen

Diuretic: drug used to get rid of extra body water

NICU Glossary (continued)

DPT (diphtheria, pertussis, and tetanus): one of the baby shots or immunizations

Dyspnea: difficult breathing

Echocardiogram (echo): picture of the heart taken using a similar process as an ultrasound of your tummy (uses sound waves instead of x-rays)

Edema: swelling or puffiness

EEG (electroencephalogram): tracing of the electrical impulses of the brain

EKG (electrocardiogram): tracing of the electrical impulses of the heart

Electrolytes: chemicals in the body that make it function well; will be checked by drawing blood

Endotracheal Tube (ET tube): small plastic tube placed in the nose or throat and connected to a ventilator or breathing machine. The tube is in the baby's breathing passage (trachea) and delivers oxygen and pressure to the lungs.

Exchange Transfusion: removing most of the baby's blood in small amounts and replacing it with fresh blood in small amounts. Most often used for a very high bilirubin level.

Extubation: removal of the endotracheal (breathing) tube (ET tube).

Fontanel: soft spot on the top of the baby's head. Another soft spot is toward the back of the baby's head.

Fraternal Twins: twins formed from two fertilized eggs. They do not look alike. There can be a boy and a girl or two girls or two boys.

Full Term: baby born between the 38th and 42nd week of pregnancy or gestation

Gastrostomy (G-Tube): surgical hole on the tummy into the stomach. A tube is placed in the stomach to feed babies unable to eat by mouth.

Gavage Feeding: feeding by a tube placed in the baby's nose or mouth into the stomach (NG/OG feeding)

Gestation: length of time from first day of mother's last menstrual period to the time of birth. Full-term is 40 weeks gestation.

Gram (gm, G, and GM): weight in metric system. One ounce = 28 grams.

Heel Stick: method to prick heel to get blood for lab tests

Hematocrit (hct or "crit"): percent of red blood cells in the blood. Your baby may receive a transfusion based on the hematocrit.

Hernia: lump under the skin caused by the intestines pushing through a weak place in the belly wall

High Frequency Oscillating Ventilator (HFOV): special breathing machine that uses fast rates to breathe for babies who have special lung problems

High-risk Baby: baby at risk for developmental problems. Includes baby's with intracranial hemorrhages, birth weight less than 1200 grams, long term breathing machine (ventilators), less than 30 weeks gestation, small for gestational age babies, congenital infections, meningitis, birth defects, etc.

Hydrocephalus: extra spinal fluid in the spaces of the brain due to a blockage in circulation or absorption. Head may become large.

NICU Glossary (continued)

Hyperbilirubinemia: high bilirubin level (yellow jaundice). Common in newborns. Some babies are placed under a special light (bili light) or on a blanket which helps the body breakdown the bilirubin. The baby gets rid of the bilirubin in his stools (bowel movements).

Hypoxia: lack of oxygen

Identical Twins: twins that occur from the division of a single fertilized egg. They are the same sex and look alike.

IDM: Infant of a Diabetic Mother

Ileostomy: surgical opening made in belly and the small intestine is brought to the outside to allow elimination of stool

Immunization: medicines given to protect the child against harmful childhood diseases. Given by mouth or by injection.

Indomethacin: medicine given to close the patent ductus arteriosus (vessel outside of the heart that can make the baby's breathing and heart problems worse)

Intracranial Hemorrhage (ICH): bleeding in or around the brain

Intravenous (IV): tube or needle placed in the vein to give fluids, medications, or blood

Intraventricular Hemorrhage (IVH): bleeding into the ventricles in the brain

Intubation: placing a small tube in the baby's windpipe (trachea) to give oxygen and pressure by an ambu bag or breathing machine

In Utero: inside the womb or uterus

Isolette: an incubator (plastic box) the baby is placed in to keep him warm while he grows and gets well

Jaundice: skin and whites of the eyes become yellow, caused by a high bilirubin

Kilogram: unit of weight in the metric system. 1kg = 2.2 pounds; 1kg = 1000 grams.

Lactation: making milk in the breast

Lactose: sugar in breast milk or formula

Lasix: medicine that helps get rid of extra body water. It is a diuretic.

Let-down Reflex: flow of milk into the nipple

Low Birth Weight Infant (LBW): baby who weighs less than 5 pounds at birth. He can be premature or full-term.

Lumbar Puncture (LP, spinal tap): procedure where a hollow needle is inserted between the bones in the back to withdraw spinal fluid

Magnetic Resonance Imaging: see MRI

Meconium: baby's first bowel movements, green-black color and sticky. Sometimes baby has a stool while in the uterus before birth.

Meconium Aspiration: breathing the meconium and amniotic fluid into the lungs

Meningitis: infection of the lining of the brain and spinal cord

Meningocele: birth defect where the tissue lining the brain and spinal cord come out through an opening in the skull or spinal column

NICU Glossary (continued)

Milliliter (ml): unit of volume. 5ml = 1 teaspoon; 30ml = 1 ounce

MRI: test that provides more detailed pictures of special areas of the body.

Mucus: sticky material made in the nose and throat

Murmur: sound made by blood flowing through the heart

Navel: belly button; umbilicus

NICU: Newborn or Neonatal Intensive Care Unit

Necrotizing Enterocolitis (NEC): an infection of the intestines, which can be critical

Neopuff: mechanical device used with a face mask and placed over baby's nose and mouth, or attached to ET tube or trach tube. Used with oxygen to assist the baby with oxygenation and inflating the lungs.

Neonatal Period: the first 28 days of life

Neonatal Nurse Practitioner (NNP): an advanced practice nurse who has special training in the care of critically ill babies. The NNP may give medical care, discharge teaching and perform special procedures

Neonate: baby during the first month of life

Neonatologist: baby doctor (pediatrician) who has specialized training in the care of premature or critically ill newborns

Neurologist: a doctor who specialized in problems of the brain and nervous system

NG tube (naso-gastric tube): small plastic tube placed in the baby's nose into his stomach used for feeding. Sometimes the tube is placed in the stomach to keep it empty when the baby is sick and not feeding.

Nippling: sucking on a bottle filled with formula or breast milk

Nitric Oxide: Specialized gas, used with a ventilator, to try and improve air exchange in the lungs of infants with persistent pulmonary hypertension of the newborn (PPHN).

Occupational Therapist (OT): person who treats problems involving the use of muscles, also may work with babies who have difficulty feeding

OG Tube (oro-gastric tube): small plastic tube placed in the baby's mouth into his stomach used for feeding. Sometimes the tube is placed in the stomach to keep it empty when the baby is sick and not feeding

Ophthalmologist: doctor who specializes in eye problems

Orthopedist: doctor who specializes in bone problems

Oscillator (HFOV): special breathing machine that uses fast rates to breathe for babies who have special lung problems

PDA (Patent Ductus Arteriosus): small vessel outside of the heart that sometimes fails to close after birth. Sometimes it is closed with medicine or by surgery. Sometimes it causes the baby to have breathing and heart problems.

Periodic Breathing: a type of breathing pattern. The baby will stop breathing for a few seconds then breathes quickly.

NICU Glossary (continued)

Persistent Pulmonary Hypertension of the Newborn (PPHN): at birth the circulation and breathing changes. In PPHN the baby's blood flow does not change and continues to bypass the lungs. When this happens, the body and brain do not get enough oxygen.

Phenobarbital: drug used to treat seizures

Phototherapy: treatment of yellow jaundice or high bilirubin by placing the baby under bright light (bili light) or on a blanket (bili blanket)

Physical Therapist (PT): person who treats problems of the muscles

Placental Abruption: placenta pulls away from the wall of the uterus (womb). There is often bleeding. A cesarean delivery is often needed.

Placenta Previa: placenta is located in an abnormal place (over the opening of the womb). Bleeding during the pregnancy can occur. Cesarean (C-section) delivery is often needed.

Postpartum: time lasting 6 weeks after mom delivers a baby

Premature Baby (preterm baby): baby born before the end of the 37th week of pregnancy.

Premature Rupture of the Membranes (PROM): the bag of water (amniotic fluid) the baby floats in leaks or breaks before labor

Prenatal: before birth

Pulse Oximeter: machine that reads the oxygen saturation of blood. The pulse oximeter is taped to baby's hand, finger, foot or toe.

RDS (Respiratory Distress Syndrome): See HMD.

Residual: formula still in the stomach before the next feeding

Respirator: machine used to breathe for the baby. Also called a ventilator.

Retina: the back of the eye

RN: Registered Nurse

ROP (Retinopathy of Prematurity): an eye disease in babies. Many things including oxygen, ventilators, prematurity, may cause it. The mild form may heal on its own, but severe ROP may lead to the retina becoming detached (loose) and blindness.

Rubella: virus that causes German measles

Seizure: abnormal electrical activity in the brain, which causes unusual muscle twitches

Shunt (VP): tube that drains spinal fluid from a ventricle in the brain to the belly

Strabismus: eyes that cross or turn outward due to muscle weakness

Subdural Hemorrhage: bleeding in the area around the outside of the brain

Tachycardia: rapid heart rate (above 160 beats per minute in a newborn or premature)

Tachypnea: rapid breathing

Term Baby: baby born between the 38th and 42nd week of pregnancy (gestation)

Thrush: fungal (yeast) infection of the mouth. Baby has white patches on the tongue and inside of the mouth.

TORCH Titers: test for viral infections toxoplasmosis, rubella, cytomegalovirus, and herpes

NICU Glossary (continued)

Trachea: windpipe or breathing tube

Tracheotomy: surgical opening made through the skin and into the breathing tube (trachea) so air can get to the lungs when there is a blockage. Also done to babies requiring long-term ventilation management.

Ultrasound: method of taking pictures inside the body using sound waves

Umbilicus: belly button; navel

URI (Upper Respiratory Infection): a cold; infection above the lungs

UTI (Urinary Tract Infection): infection of the bladder

Ventilator: machine used to breathe for the baby. Also call a respirator.

Ventricle: chamber in the heart; also the name of a sack in the brain where spinal fluid is made and stored

Wheeze: whistling, humming, raspy sound made during breathing

Yeast infection (Candida albicans, Monilia, and thrush): fungus that causes an infection. Common after antibiotic therapy. Seen most often in the mouth and diaper area and may also infect the blood. Treated with oral antifungal medication or cream

Grams to Pounds Conversion Chart

CHART FOR BABY WEIGHT: UP TO 6 POUNDS, 15 OUNCES

oz	0 lbs	1 lbs	2 lbs	3 lbs	4 lbs	5 lbs	6 lbs
0	0	454	907	1361	1814	2268	2722
1	28	482	936	1389	1843	2296	2750
2	57	510	964	1417	1871	2325	2778
3	85	539	992	1446	1899	2353	2807
4	113	567	1021	1474	1928	2381	2835
5	142	595	1049	1503	1956	2410	2863
6	170	624	1077	1531	1984	2438	2892
7	198	652	1106	1559	2013	2466	2920
8	227	680	1134	1588	2041	2495	2949
9	255	709	1162	1616	2070	2523	2977
10	284	737	1191	1644	2098	2551	3005
11	312	765	1219	1673	2126	2580	3034
12	340	794	1247	1701	2155	2608	3062
13	369	822	1276	1729	2183	2637	3091
14	397	850	1304	1758	2211	2665	3119
15	425	879	1332	1786	2240	2693	3147