



## Frequently Asked Questions about the NICU

### We have the answers to your questions.

Here are some answers to frequently asked questions from parents and families about the NICU. We hope you will ask questions and share your concerns with us.

#### **Why is my baby in the NICU?**

Your baby is in the NICU for observation and to receive special care from nurses, doctors and other professionals who are specially trained to take care of premature or sick newborns.



#### **How long will my baby stay in the NICU?**

You should talk to your baby's doctor about this. Babies usually stay in the NICU until their condition improves enough for them to go home. If born early, your baby will need to be able to breathe well without help, keep a normal body temperature, feed well, gain weight regularly and have no signs or symptoms of illness or infection.

#### **Will the same nurses always take care of my baby?**

The same team of nurses will take care of your baby while she or he is in the NICU. There are three hallways in the nursery, and each has a dedicated nursing team. After a few days, you will get to know the members of your baby's nursing team. Members of the team work closely with members of our floating group of nurses. This way, whoever takes care of your baby has the latest information about unique treatments, needs and tolerances.

#### **When can I see my baby?**

You may see your baby at any time. Parents are always welcome. We encourage you to take care of your baby as much as you can.

#### **When can I hold my baby?**

We want you to hold your baby as much as you do and as soon as possible! We will help and encourage you to hold your baby. Sometimes you may need help from your baby's nurse because of your baby's condition or because the baby needs special equipment.

**Who else can come see my baby?**

Family and friends are welcome to visit with your permission. Because newborns are small and might not always feel well, we try to make sure only a few people visit at a time.

**I'd like to be close to my baby – could I stay overnight at the hospital?**

We have three family overnight rooms where you can spend the night to be near your baby. Please talk to your baby's nurse to find out how to stay in one of them. We also have chairs at your baby's bedside you can use. Remember, both you and your baby need rest.

**How will I feed my baby?**

Your baby's doctor will let you know the best way to feed your baby depending on the baby's condition. Our lactation support team will help you breast or bottle feed as soon as your baby is ready. Our Mother's Milk Bank is also available to help you feed your baby.

**I haven't picked a doctor for the baby yet – who will care for my baby?**

Special doctors called neonatologists will take care of your baby. They will work with the other doctors and nurses in the nursery. Before you and your baby leave, they will help you find a baby doctor (pediatrician) outside the hospital. If you already have a pediatrician, he or she may or may not care for your baby during the baby's stay in the nursery. If not, the neonatologists will stay in touch with your pediatrician on a regular basis and right before your baby leaves Christiana Care.

**When will my baby boy be circumcised?**

Your son will be circumcised a few days before going home. You may choose to have the procedure done by your obstetrician or a member of the hospital's obstetrical staff. Please let us know if you have any questions or concerns about circumcision.

## **Meet your baby's health care team.**

An experienced team of specially trained health care providers will take care of your baby in the NICU. Here is a list of some of the professionals you may meet:

- Neonatologist – A pediatrician who has special training to care for sick and premature newborns.
- Neonatal fellow – A pediatrician who is training to become a neonatologist.
- Hospitalist – A pediatrician trained to care for sick newborns.
- Resident – A doctor who is training in a medical specialty.
- Neonatal nurse practitioner – An RN with a master's degree who has training to care for sick and premature newborns and works under the direction of a neonatologist.
- Clinical nurse specialist – An RN with a master's degree who specializes in the care and education of patients with specific conditions.
- RN – Registered nurse.
- LPN – Licensed practical nurse who works under the direction of an RN.
- PCT – Patient care technician who works under the direction of an RN.
- Respiratory therapist – A professional with training in respiratory conditions who operates the medical equipment to care for babies with breathing problems.
- Occupational therapist – A professional with training to help baby's muscles work properly.
- Social worker – A professional who helps you with emotional concerns for your baby in the nursery, helps you deal with financial needs and helps you get special equipment or caregivers when your baby is ready to go home.
- Nutritionist – A registered dietician who specializes in helping newborns eat and grow.
- Lactation counselor – A professional with special training to help mothers with breastfeeding.

## **Some commonly used terms you may hear.**

- Apnea – Breathing stops for more than 15 seconds.
- Blood gases – Checked for levels of oxygen and carbon dioxide.
- Blood sugar (glucose) – Checked for proper balance.
- Bradycardia – Slow heartbeat.
- Catheter – A small, thin plastic tube used to give or remove fluids.

- C-PAP (continuous positive airway pressure) – Air given through two small tubes just inside the nose.
- Developmental care – Special attention to baby’s stage of development and ability to tolerate activity.
- Endotracheal tube – A small plastic tube used to connect baby’s lungs to a “breathing machine” or ventilator.
- Gavage feeding – A small tube in the nose or mouth that delivers food to the stomach or intestines.
- High-frequency ventilation – A special “breathing machine“ or ventilator that “breathes” for the baby at a very fast rate.
- Incubator/isolette – A clear plastic bed for baby with a special heating/warming system.
- Intravenous – Into a vein.
- Jaundice – Temporary yellow color of skin and eyes usually due to an immature liver.
- Kangaroo care – A special way to hold baby, bundled in a blanket or shirt and placed on Mom’s or Dad’s bare chest.
- Meconium – Dark green, gooey stool, which is baby’s first bowel movement.
- Ophthalmologist – A doctor who specializes in the care and treatment of the eyes.
- Oxygen – A gas needed for breathing.
- Phototherapy – A blue fluorescent light used to treat jaundice.
- Premature – Infants born before 37 weeks of gestation.
- Pulse oximeter – Placed on baby’s foot or hand to measure oxygen in the blood.
- Radiant warmer – A special bed with an overhead heater to keep baby warm.
- Respiratory Distress Syndrome (RDS) – A serious breathing problem that mainly affects babies born prematurely.
- Respiratory Syncytial Virus (RSV) – A virus that can cause severe breathing problems in very young babies.
- Retinopathy of Prematurity (ROP) – An eye disorder in babies born prematurely that can lead to vision loss or blindness.
- Sepsis – A widespread infection in the blood.
- Surfactant – A substance in the lungs that helps keep the small air sacks from collapsing.

- Tachycardia – Fast heartbeat.
- Ultrasound – A test that uses sound waves on the outside of the body to produce a picture of the inside.
- Ventilator – A machine to help breathing; also called a respirator.

To learn more about our neonatal intensive care services, call 302-733-2400.