

NICU
Journal

a parent's journey

American Academy of Pediatrics
March of Dimes
National Association of Neonatal Nurses

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The recommendations in this journal do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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**National
Association of
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Important Contact Information

NICU: _____

Nurse: _____

Other: _____

Checking on Your Baby When You Are Not at the Neonatal Intensive Care Unit (NICU):

One very important piece of information for parents is the NICU phone number, which you can call any time, day or night. If the nursery staff are very busy or going through a shift change, they might have to call you back. Some NICUs contact parents in other ways.

Ask the NICU staff about other options.

How to Use This Journal

Many families feel overwhelmed by the whole neonatal intensive care unit (NICU) experience. The *NICU Journal* was created to help them understand more about the NICU, record their baby's NICU events and achievements, and prepare for and celebrate the day when they take their baby home. It is formatted in such a way to help identify common issues and questions at each stage of the NICU stay, offer some tips on coping, and provide checklists to help track the baby's progress.

For ease of reading, we have used the pronoun "he" to describe a baby. Even though we are writing about singletons in most instances, the information provided is also applicable to multiples. Also, please check the glossary at the back of the journal to find definitions of terms that are commonly used in the NICU.

Parents are an important part of the baby's health care team. They have special qualities that no doctor or nurse can match, such as an intense love and distinct closeness, which their baby recognizes and finds calming. We hope this journal offers support, guidance, and comfort as you record your baby's NICU journey.

Best wishes from all of us at the Premie Health Coalition.

Robin Bissinger, PhD, APRN, NNP-BC



Table of Contents

Tab One:	Getting to Know Your Baby	Page 1
	Your Baby's NICU Stay	Page 2
	Getting to Know Your Premie	Page 3
	Premie Gifts and Footprints/Handprints	Page 6
	Sleep/Wake Cycle	Page 8
	Developmental Care	Page 10
	Touch, Pain, and Skin-to-Skin Care	Page 11
	Feeding and Bathing	Page 18
	Late Preterm Infants, Multiples	Page 24
	Photographing Your Baby	Page 28
Tab Two:	Journaling	Page 31
	Weekly journaling pages to keep track of milestones, medications, procedures, and other important information	
Tab Three:	Taking Care of You	Page 53
	Coping	Page 54
	Smoking	Page 58
Tab Four:	Journey Home	Page 61
	Checklists to complete	Page 62
	Early Intervention Program	Page 66
	Transferring Your Baby	Page 67
	Immunization and Medical Records	Page 68
	Sudden Infant Death Syndrome	Page 76
Tab Five:	Supporting You and Your Premie: Milestone Guidelines for Premature Babies	Page 77
Tab Six:	Common Conditions, Concerns, and Equipment in the NICU	Page 87
	General Conditions	Page 88
	Breathing Conditions	Page 92
	Lung Conditions	Page 92
	Heart Conditions	Page 96
	Intestinal and Blood Conditions	Page 97
	Neurological Conditions	Page 98
Tab Seven:	Premie Care Glossary of NICU Terms	Page 101

NICU Journal: An Introduction

Parenting in the NICU

Every baby is a precious gift. The neonatal intensive care unit (NICU) provides the medical care for those who are born too soon or are sick. When in the NICU, a parent's emotions can range from the joy felt over the birth of the baby and the progress being made to sadness or fear that naturally occurs when any baby is sick. Feeling overwhelmed as a parent in the face of unfamiliar situations is just another natural emotion that most parents of premature and sick babies feel.

Premature and sick babies might not be able to handle much holding or touching at first, and they might not like loud noises or bright lights, but babies do know the voice and touch of their parents, which helps in the baby's recovery and growth.

Getting to Know the NICU Staff

The NICU doctors and nurses are there to support not only the baby but the family as well. Staff will answer questions about the baby's condition and progress, and explain how the NICU works and what treatments may be needed during a hospital stay. A steady exchange of information is welcomed so that parents will make the best decisions for their baby in the easiest way possible.

About This Journal

The *NICU Journal* keeps track of important medical information, baby's NICU milestones, and memories of baby's early days. Hopefully, it will also serve as a guide to the entire NICU experience, with pages that help parents understand special health needs and ways for parents to help care for their newborn. Just as important, we have provided a place for you to write about this experience on a weekly basis. Other pages focus on how families can take care of themselves during this special, but difficult time. Each and every NICU situation is unique, and some of the sections in this journal may not be required reading for every family. Take what you need and leave the rest. You are not alone on this journey!

Your Baby's Arrival in the NICU

Parents can help care for their baby in the NICU from the very beginning, and this checklist is a good place to start.

- Talk to the nurses and doctors about your baby's schedule and when rounds occur.
- Ask if you can be there during medical and nursing rounds.
- Ask for a copy of the times that you are allowed to be with your baby.
- Give your contact information to the NICU staff (home, cell, and work telephone numbers).
- Talk with the NICU staff about how you like to learn (audio, visual, written).
- If you plan to breastfeed your baby, talk to a lactation consultant or nurse.
- Find a pediatrician. This will be your baby's main doctor after he leaves the hospital.
- Find out if the hospital offers any family support programs like parent mentors, breastfeeding support, or pumping groups.

NOTES:

Birth Experience

A place for the mother to record her memories of the birth experience.

Baby's Name: _____.

The date I checked in was _____.

You were born on _____ at _____ am/pm.

Your actual due date was: _____.

The hospital where you were born was: _____.

The doctor who delivered you was: _____.

About the birth:

Baby's Arrival

A place to record memories of the baby's arrival.

Your eyes were _____ and your hair was _____.

Your weight was _____ and your length was _____.

Your doctor first said these words about you.

Your stay in the NICU began on _____.

The name we chose for you: _____.

Its special meaning:

Thoughts and first impressions of you:

Special Moments

During your baby's stay in the NICU, you will celebrate "firsts" and share many special experiences. Record these memories below so that you can always recall these joyful moments.

The first time...

I saw you up close: _____

I felt your skin: _____

You began to suck: _____

You wrapped your little fingers around mine: _____

We spent time together as a family: _____

You opened your eyes: _____

We did skin-to-skin (kangaroo) care: _____

You breathed on your own: _____

I held you in my arms: _____

You looked at me: _____

I saw you without equipment: _____

You cried out loud: _____

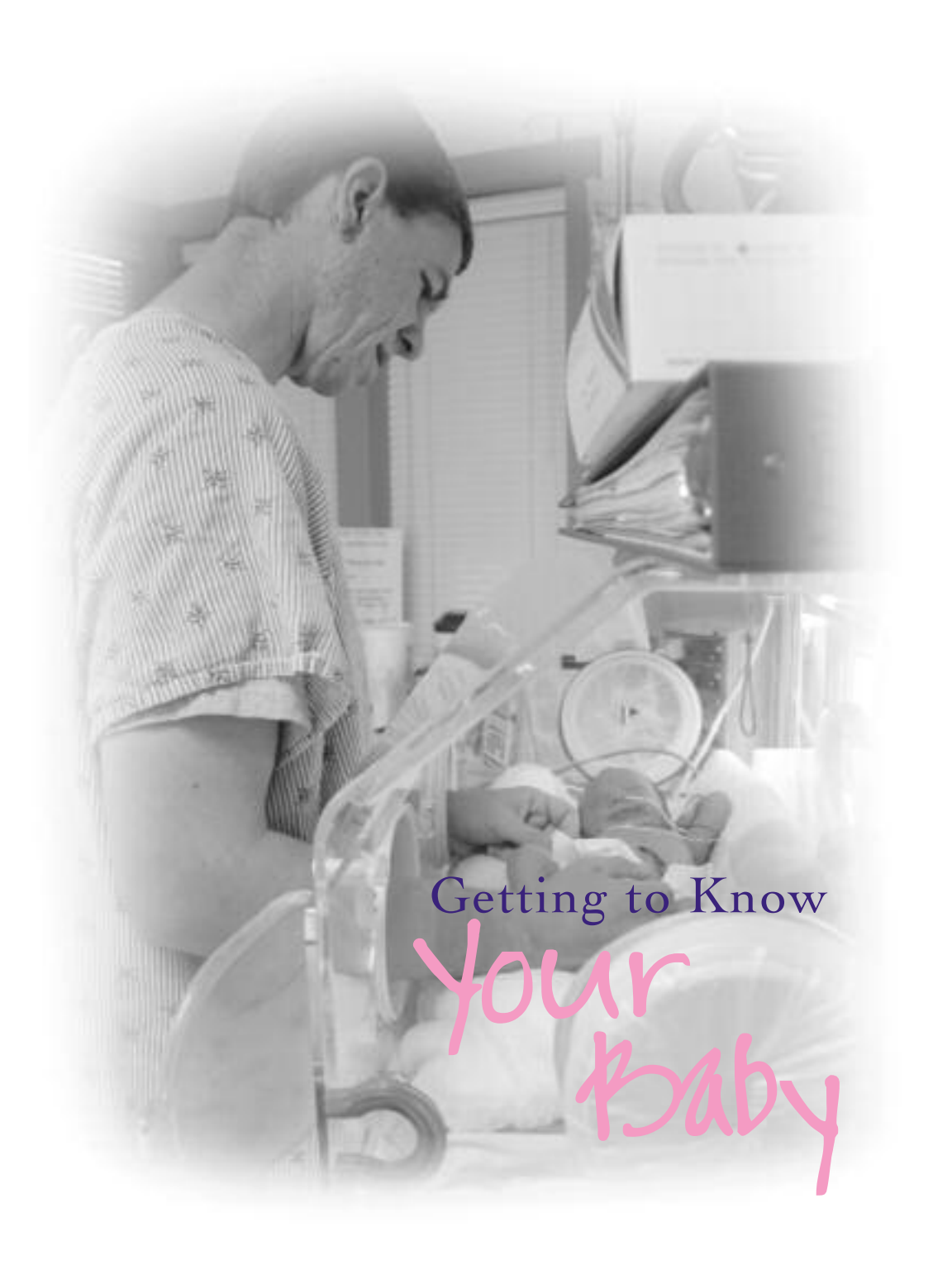
The first time I fed you: _____

You had a bath: _____

You wore clothes: _____

You moved to an open crib: _____

Other special moments you shared with your newborn in the NICU:



Getting to Know
*Your
Baby*

Your Baby's NICU Stay

During the NICU stay, parents learn how to care for their baby, including bathing, feeding, dressing, and holding the baby, as well as learning some routine medical care, such as taking a temperature.

You may feel nervous at first, but your baby's nurses will show you what to do. Taking care of your baby may help you feel a close connection. It also will help you feel more confident of your ability to take care of your baby after leaving the NICU.

As a parent, you can give unique and loving comfort to your baby. Medical technology is important, but your little one needs your gentle touch and nurturing voice. Just as your baby is so precious to you, you also are precious to your baby. It is helpful for you to learn the following:

- How to provide developmental care for your baby
- How to take baby's temperature
- How to care for baby's skin
- Identifying baby's special cues
- How to care for baby's cord area
- How to change a diaper
- How to give baby a bath
- How to do skin-to-skin (kangaroo) care
- Knowing the signs and symptoms of sickness
- Knowing your baby's diagnoses
- Knowing the plan for each of these diagnoses
- Knowing the medicines your baby needs and understanding side effects
- Understanding your baby's discharge equipment

Getting to Know Your Preeemie

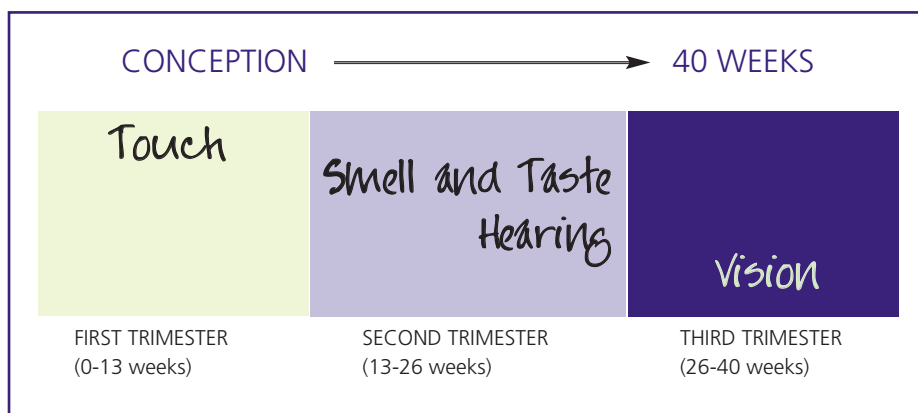
Any baby born early (less than 37 weeks of gestation) is considered premature. A premature baby's health can affect his growth and development. For example, health problems with the lungs, stomach, or brain may slow development. The following information will show how and when the senses and sleep and wake patterns develop, and how to tell if a baby is comfortable. It also gives advice on what you can do to let your baby know you're there.

Development of Your Baby's Senses

Our senses develop before we are born. The sense of touch starts during the first trimester of pregnancy. Taste, smell, and hearing begin during the second trimester. Babies usually do not begin to see until 40 weeks. Preeemie babies, depending on how early they are born, may still need to develop these senses after birth.

How to Let Your Baby Know You Are There

Preeemies are very sensitive to overstimulation. Try to focus on one of your baby's senses at a time. (For example, touch your baby and then talk to him—not both at the same time.)



Touch

Because babies develop this sense early, they are very sensitive to touch. Following these steps will help you use touch in a positive way:

- Use a constant, firm but gentle touch. A back-and-forth touch like stroking or massage can be too much for a premature baby.
- Gently cup one hand under the head and another hand on the bottoms of the feet to support a fetal position.
- Use skin-to-skin (kangaroo) care as soon as baby is ready. This can be comforting for both baby and parent.
- Put your finger in your baby's hand so he can hold it.
- Your baby will get used to your touch. Always touch your baby the same way each time you greet him.

Taste and Smell

Babies use taste and smell to know who their parents are while they are in the womb. They continue to use these senses to get to know you during the NICU stay as well.

- Do not wear perfumes or scented lotions.
- Place a pad that smells like your breast milk in your baby's isolette.
- Discuss with the doctor when to give the baby a pacifier that smells like your breast milk to suck during feeding times.
- Discuss with the doctor when to start nursing.
- When giving the baby a pacifier, you may need to hold it in his mouth. However, take it away if he does not seem to like it.

Hearing

Babies are able to hear soft voices while they are in the womb. Talking to your baby after birth is another way for him to recognize you. The NICU is a loud place for babies, so try to avoid making unnecessary sounds.

- White-noise machines and playing music can make it harder for a baby to hear your voice.
- Keep other sounds (like closing drawers or scraping chairs) to a minimum when at the baby's bedside so your voice can be heard.
- Talk, read, or sing softly to your baby.
- Ask the nurses to help you recognize when even the sound of your voice might be too much for him.

Vision

This is the last sense to develop, so it needs the most protection. Very premature babies' eyelids may still be sealed closed at birth, but will open slowly over time. Even older babies usually need to be awake and calm for a while before they will start to use their eyes.

- Protect your baby's eyes by keeping the lights dim, covering the isolette with a blanket, and shielding his eyes from bright lights with your hands or a blanket during interaction.
- Visual stimuli, such as photos, should not be used until your baby is able to stay awake for longer periods of time.
- When your baby's eyes are open, keep visual stimulation simple. Your face is enough. Avoid adding more stimulation through voice or rocking when your baby's eyes are open.
- Toys placed in the baby's crib, while in the NICU, may be a potential source of infection. It's best to ask for permission from the health care team before adding a toy, stuffed animal, or other item to your baby's environment.



Preemie Gifts

During their first weeks or months of life, premature babies continue to develop as if they were in their mother's womb. Because of this, premature babies have special early growth experiences. Take time to celebrate these experiences as gifts that only premature babies have.

Sounds

Beginning at 33 weeks' gestation, babies make a sweet noise, similar to the sound a little lamb makes. This special sound usually lasts about 5 or 6 weeks. Record your thoughts and memories below.

Ears

At first, your baby's ears will lie close to his head. As he gets closer to the due date, the ears begin to extend and grow. Record your memories

Fingernails

At first, the baby might have tiny fingernails—or even just nailbeds. During the first few weeks, watch closely as the nails begin to grow. Write your memories below.

Eyelashes

A baby's eyelashes may take a few weeks to grow. As you begin to see your baby's eyelashes, take time to remember this special gift below.

Footprints/Handprints

Each baby's handprints and footprints are beautiful. Each month leading up to the baby's actual due date, more lines will fill in the handprints and footprints. You may wish to ask a nurse to help take an imprint of your baby's handprints and footprints below.

Development of your Baby's Sleep/Wake Cycle

Preemies and sick babies sleep most of the time. It is best to avoid waking them because they need sleep to grow and recover. As babies get closer to term age and get stronger, they will be able to stay awake for longer periods of time. Babies with health problems may not be able to increase their awake times until after their actual due date (around when we expected the birth to occur) or when they get stronger.

Signs that a preemie may be struggling with waking and staying alert.

- It is hard to tell if your baby is awake or asleep. He may move around a lot and open his eyes for short periods. His eyes may move around in his head. His breathing is irregular and he frequently twitches and startles.
- He may wake up suddenly with a start.
- He seems fussy with no clear awake and calm periods.
- When he is awake and calm, his eyes may seem glazed or dull. He may seem panicked or worried.
- When awake and calm, he may open his eyes very wide so that they look like they are popping out. He may stare at an object and not seem to be able to look away.
- When he is awake and upset, his cry is weak and strained, not rhythmic and robust.
- He may have trouble getting to sleep and staying asleep.

Signs that a baby's awake time is becoming more stable include the following:

- You can tell the difference between a light sleep and a deep sleep. During light sleep, your baby may twitch, startle, move his eyes under closed lids, and breathe irregularly, but he is clearly asleep. During deep sleep, your baby's breathing is regular, his eyes are still, and there is little movement.
- Your baby wakes up slowly with a drowsy period and his eyes open and shut over and over.
- You can tell the difference between your baby's sleeping and waking times. When he is awake, he is calm. His eyes are bright and focused and he may use eye contact to let you know he is ready to interact.
- Your baby has a strong cry.
- Your baby can calm himself by sucking on his fist or a pacifier, or by hearing your voice.



Developmental Care for Your Premature Baby

As a preemie, your baby needs special care and attention. Bright lights and loud noises may bother your baby, especially if he is very premature. You also may find that your baby needs to be held or positioned in certain ways. Learning the best way to care for your baby now can help him grow and develop down the road.

Lights and Sounds

Your premature baby needs calm surroundings. You can help the NICU staff create a comfortable space for your baby by protecting your baby's eyes from bright lights. If possible, lower the lights in your baby's room. You also should avoid making loud noises around your baby, and always try to speak softly to your baby.

Positioning and Holding Your Baby

It is important to provide your newborn with extra support when you are positioning or holding him. Your baby's NICU staff can teach you the most calming and supportive positions to place your baby. For instance, you can offer comfort and support to your baby by cradling your baby's head, bottom, or feet. These positions help your baby breathe well and help your baby's muscles develop properly. Proper positions also help your baby feel secure and lower his stress level.



Touch and Your Preemie

A premature baby's skin can be very fragile and sensitive to touch. Knowing what type of touch is best can help keep baby's skin healthy. The NICU staff will show you several ways to safely touch your baby, depending on your baby's age and size.

Constant, Steady Touch

Most preemies born at less than 26 weeks' gestation have very fragile skin and are very sensitive to touch. Don't be afraid to ask if it is okay to touch your baby. If it is not suggested at this particular time, ask when would be a good time. Once the medical staff has told you that your baby is stable enough to touch, hold your baby's hand or let your baby hold your finger. Do not stroke, rub, or pat your baby. Instead, touch your baby gently yet steadily in the same place. Ask how often and for how long would it be best for your baby to be touched and how you will know if he needs a break.

You also can cradle your baby's head, bottom, or feet at this age. Avoid moving or rocking as you cradle your baby.

Snuggling

Even though your baby needs special kinds of touch, there are ways you can snuggle with him. Surround your baby by placing your hands close to his face and holding his knees up to his chest in a relaxed, tucked position. You can snuggle with your baby in this way while he is resting or while he is receiving care. Snuggling can help your baby feel safe and secure.



Pain and Your Baby

If your baby shows any signs of discomfort, stop what you are doing and use your hands to cradle him in a fetal position. This is called facilitated tucking (or containment) and helps babies become calm. Babies also may use a pacifier to soothe themselves. Pay attention to how your baby reacts, since not all babies find this comforting.

Newborns receive special medical care and support in the NICU. However, some procedures, such as “heel sticks” (taking blood from the baby’s heel), inserting intravenous (IV) lines, injections, and removing tape from the baby’s skin, can be uncomfortable. Below are some tips on how to help ease your baby’s pain and discomfort during these procedures.

How can I tell if my baby is in pain or uncomfortable?

Babies cry for many reasons—they want to be changed, fed, and held—so sometimes it is hard to tell if a baby is in pain. The NICU staff can help you learn how to tell if your baby is uncomfortable or in pain.

Signs of pain include the following:

- Changes in heart rate and breathing patterns
- Moving away or waving arms and legs
- Facial expressions
- Crying
- Changes in coloring and body stiffness

What can I do to make my baby more comfortable?

If your baby seems to be in pain, you can try the following to relieve him:

- Swaddling or rocking your baby
- Placing a small drop of sucrose (a sugar solution) or a few drops of your breast milk onto your baby’s tongue
- Giving your baby a pacifier, either plain or dipped in sucrose or breast milk

- Touching your baby or providing skin-to-skin (kangaroo) care
- Keeping lights and noise levels down to create a calm environment
- Talking to your doctor about pain medicines for your baby



Hand Washing and Your Baby

Babies in the NICU are at risk for infections during their hospital stay. Premature babies are at more risk because of their immature immune system and their fragile skin. Hand washing is the most important way to protect a baby. Everyone should wash their hands before and after touching the baby. Wash your hands each time you enter the nursery and any time you have touched objects or items not located with your baby. Also wash your hands before and after you change your baby's diaper, or if you touch your face or blow your nose.

The NICU will have hand-washing areas with sinks, as well as alcohol-based product dispensers throughout the unit. Alcohol-based products (hand sanitizer or gel) are an alternative to hand washing with soap and water. We believe they kill more germs and are less drying to hands. The NICU staff will explain what the policy is for hand washing upon entry to the NICU and during your stay. Following is some important information.

Upon Entry to the NICU

- Remove any jewelry on your hands or wrists (you may leave a plain wedding band on).
- Place jewelry in your purse or pocket. If you cannot take your jewelry off, make sure you scrub carefully around the stones and under the bands.
- Scrub and clean for 3 minutes when you first enter the NICU.
- Wash every part of your hands using a rubbing motion.
- Wash over and between each of your fingers, then your wrist and then up to your elbows.
- Make sure your nails and nail beds are clean.

Hand Washing During Your Visit

- If you already scrubbed or washed when you entered the NICU, you can wash or use an alcohol-based product (gel) to clean your hands during your time in the NICU.
- Wash or use gel on your hands if you sneeze, cough, or blow your nose. Wash your hands before and after you change your baby's diaper.
- Wash or use gel on your hands if you touch any area of your body that has a lot of germs (your nose, mouth, face, hair, shoes) or after going to the bathroom.
- Wash or use gel on your hands between holding each baby if you have multiples.
- If you are using soap and water, place the soap on your hands and rub your hands together making a good lather.
- You must wash your hands for at least 30 seconds for germs to be killed.
- If you use the alcohol-based product (gel) you should get enough gel to clean your hands for 15 seconds before it dries.

Other Important Facts

- Germs love to hide under fingernails. Studies have shown that artificial nails increase the chance of infections. The NICU team has removed theirs and it is suggested that mothers of premature or sick babies do the same. If you do not want to remove your nails, then you should consider gloves when touching your baby during his hospital stay.
- It is important to remember that your baby will need you and your family to continue hand washing even after going home.
- Always speak out if you see anyone, even NICU staff, about to touch your baby without hand washing.

Changing Your Baby's Diaper

Babies need their diapers changed several times each day. Because this requires extra touching, your baby may find it stressful. Learning how to position and support your baby during diaper changes will help him stay calm and comfortable.

Getting Your Baby Ready for a Diaper Change

Start by gently cradling your baby's head or feet. This gentle touch can help soothe your baby. If your baby is younger than 33 weeks' gestation, place "boundaries," such as rolled blankets, around him. Support your baby's upper body by holding his arms close to his body, keeping the hands close to the face.

As your baby grows stronger, he may only need a pacifier to calm him during diaper changes. However, you might want to keep using the boundaries during diaper changes.

Changing Your Baby's Diaper

Gently remove the clothes and diaper on the lower part of your baby's body. Carefully clean the skin around the diaper area and slide the new diaper under your baby. Try not to lift your baby's hips or bottom off the table or put pressure on your baby's stomach.

Some preemies need to rest during a diaper change to help them stay calm. The NICU staff can help you look for clues that your baby needs to take a break during a diaper change.

Always remember to wash your hands before and after a diaper change to protect both you and your baby.

Skin-to-Skin (Kangaroo) Care

Skin-to-skin care (sometimes called kangaroo care) is a special way of holding a baby against a bare chest. Holding baby close will help parents feel more comfortable with their baby. The skin-to-skin contact also can improve the baby's health and development. Just ask if your baby is stable enough for you to provide skin-to-skin care. Once the medical staff has given you the go-ahead, take full advantage of this healing touch. Be sure to take note of this special moment.

What to Do

When your baby is ready for skin-to-skin care, undress the baby, leaving only the diaper in place. Unbutton your shirt and place your baby on your bare chest so that his chest and stomach are touching your body. Then place a blanket over his back. Remember that you should not wear perfume or smoke cigarettes (or have the residue of secondhand smoke on your clothing or in your hair) before skin-to-skin care with your baby.

Your baby may fall asleep. The NICU staff may want to monitor your baby during this time. Kangaroo care can last between 1 and 2 hours. This could be a perfect opportunity to take a photograph of your baby.

What are the benefits of skin-to-skin care?

Skin-to-skin care can help your baby

- Stay warm.
- Gain weight.
- Cry less.
- Keep heart rate, breathing, and temperature stable.
- Sleep better.
- Breastfeeding better.
- Move from an incubator to a crib sooner.

Skin-to-skin care can help you

- Increase your milk production (for mothers).
- Feel more confident about caring for your baby.
- Feel a special closeness with your baby.

Feeding Your Baby

Feeding your baby is a wonderful way to feel close to your baby. Breast milk is the best first food for your baby and helps protect against infections. We encourage all mothers to pump their breast milk, whether they wish to breastfeed their baby long-term or just while their baby is in the NICU. Not every mother is able to pump her breast milk, but, if you can, it is a great way to improve your baby's health and recovery.

Importance of Breast Milk

Breast milk provides many benefits for premature and sick babies. Breast milk is tailored by your body to meet the needs of the baby. It has more proteins, and these proteins are easier for the baby to digest. It also has a higher fat content and calories for growth. Babies who are breastfed have fewer infections because of the infection-fighting immunoglobulins found in breast milk. For premature babies, breast milk is even more important because of the premature intestines and kidneys. Babies who are breastfed do better, have a decreased risk of allergies, have improved eye and brain growth, and have better weight gain.

Pumping Breast Milk

Start pumping your breast milk as soon as you can after giving birth—within 6 hours if possible. This will help your body build up its milk supply. It also allows you to store your milk for your baby to use later. Your hospital will store your pumped breast milk for your baby in a safe area.

At first, try to pump every 2 to 3 hours, even at night. Try to reach a total of 100 minutes over an entire day. As your body builds up a milk supply, you may be able to reduce the number of times you need to pump each day. It is important to measure the amount of milk you produce each day. That way, you can be sure your milk supply is keeping up with your baby's needs.

Early Feedings

At first, your baby may need to be fed through an IV. But, once your baby is ready, he can be fed breast milk or formula through a small “gavage.” This is a feeding tube that is inserted through the nose or mouth and goes to your baby’s stomach. It can be used to feed your baby until he is ready for regular feedings by mouth.

Early feedings, often called “trophic” feedings, are provided to help your baby’s intestines and prepare him for later feedings. It is important to provide breast milk for these trophic feeds if you can. Your baby only needs a few drops, often less than a teaspoon, during the first days. Remember, you can help with these early feedings. Talk to the NICU staff about how you can be involved.

Helping Your Baby Learn to Eat

Most premature babies need help learning how to suck, swallow, and breathe at the same time. You can help your baby strengthen his mouth muscles by giving him a pacifier or a clean finger to suck.

As your baby grows stronger and learns to suck, you can work with the NICU staff to start feeding your baby with a bottle. Your baby still will need help with sucking, swallowing, and breathing, so take this slow. Let your baby have a few sucks at the bottle and then let him rest and breathe for a few moments.

During these first feedings, your baby may get tired easily. Sometimes, you can help your baby eat longer by placing your finger under his chin and holding his cheeks lightly while he sucks on the bottle. Your baby’s nurse can show you this technique.

Breastfeeding

Most premature babies cannot breastfeed right away. However, once you and your baby are ready, breastfeeding can be a wonderful experience, and you will feel good knowing that your breast milk is the best first food for your baby.

When your baby is ready, hold him to your bare chest and practice skin-to-skin (kangaroo) care. Your baby will be comforted by your closeness and your milk will flow more easily. When holding your baby skin-to-skin, practice guiding him to your nipple. In time, this may help your baby “latch on” to your breast more easily.

Each breastfeeding experience is different. It may take time to adjust to your baby’s feeding style. For mothers of multiples, it is important to remember that, even if your babies are identical, they will be different from each other, and each breastfeeding experience is different from baby to baby and from feeding to feeding. A lactation consultant is available at most hospitals to help new mothers with breastfeeding.

Fortifying Breast Milk

Your baby may need the extra calories, protein, and minerals found in formula. If so, your baby’s doctor may recommend that you add formula (or a breast milk fortifier) to your pumped breast milk.



Feeding Multiples

It is possible to breastfeed more than one baby at a time. If you decide to breastfeed your twins or triplets, here are some things you can do to make this a more positive experience:

- Work with a lactation consultant who has experience with multiples.
- Get as much sleep, food, and water as possible.
- Get tips, tricks, and suggestions from other mothers of multiples who have breastfed their babies.
- Have someone help position your babies when feeding 2 at a time—at least until your babies have enough neck support to move toward your breast on their own (usually until they weigh 10 lbs).
- Provide skin-to-skin care with your babies as much as possible.
- Pump your breasts after nursing to help increase your milk production.
- Encourage family members to learn about the benefits of breastfeeding premature multiples so that they can offer help and support.

If you are the mother of multiples, you should ask how best you can color code your pumped breast milk and how best to divide and store your breast milk from each pumping session, so that your baby who is healthiest and first ready to receive your breast milk will not be the only one to receive your very first and most beneficial early milk. Each of your babies, once they are ready to receive your milk, should be given your early expressed breast milk so that they will each be afforded the same benefits of this milk.

Bottle-feeding

If you decide not to breastfeed your baby or you are not medically able, you can still develop a special connection with your baby while bottle-feeding. To make the most of your time together, hold your baby close and look into his eyes during the feeding.



Bathing Your Baby

Preemies have delicate skin that requires gentle bathing styles, such as “spot” and “swaddled” bathing. Learning more about how to bathe your baby can help make it an even better experience for you both.

Spot Bathing

At first, a preemie may only need to be cleaned in certain areas, such as the mouth, diaper area, and around tubes or other equipment. Simply wet a soft, smooth cloth with clean water and gently wipe the spots on your baby that need cleaning, then dab the spots with a dry cloth.

If the NICU staff is bathing your baby, ask if you can hold your baby during the bath. You also can comfort your baby during bath time by offering a pacifier or holding his finger. It is not uncommon for a baby to cry the first few times he is bathed. This is a whole new experience and new sensation for him, and it will be important to be exceptionally gentle and slow in your movements and care.

Swaddled Bathing

As your baby grows stronger, he will be ready for a swaddled bath. Wrap your baby in a blanket or cloth. Next, place your baby in a tub of warm water so that the water touches the baby's shoulders. (Never let go during a bath.) Use a soft, smooth, wet cloth (without soap) to wash your baby's face by wiping from nose to ears. Once the face is clean, pat it dry.

After you have cleaned your baby's face, add cleansing lotion to your wet cloth. Remove one part of the blanket at a time to wash the body. Cover each area after you have washed it. Once you have washed your baby's entire body, use the soapy, wet cloth to wash the hair, then rinse the soap from your baby's hair with clean water.

Once you have finished bathing your baby, remove him from the wet blanket and wrap him in a warm, dry towel. Cover your baby's head to keep him warm and gently pat him dry. It is not uncommon for parents to feel clumsy or all thumbs the first few times they do this. This is a totally new experience for you, and your NICU staff knows this. They are there to help and support you as you learn to care for your baby.

Most first-time mothers of term babies do not have the gift of having a professional medical staff right at their fingertips to help them maneuver through this milestone—just another gift from your preemie or sick baby! Ask someone to take a picture of you and your baby during this big event, and don't forget to note this date on your Special Moments page.



Late-Preterm Infants

A baby born 3 to 6 weeks before his due date is often referred to as a “Late-Preterm” baby. Even though these babies are just slightly early, they are at risk to have their own unique medical and/or developmental problems. Even though a late-preterm baby may look very healthy, much like a baby born at full-term, he is at much greater risk for potentially serious health problems than full-term babies. Late preterm babies are also at higher risk for having to return to the hospital. If you have a late-preterm baby, here are a few things to pay attention to during the first year:

- While in the hospital and after discharge, your baby may take a little longer to feed and may need to eat more frequently. Work with the NICU staff to develop a feeding plan before you leave the hospital. It is very important that the baby takes in an adequate amount of breast milk or formula, especially in the first couple days of life when he is at greater risk for jaundice. Most mothers appreciate assistance from the lactation professional or nurse to help the baby latch on and maintain breastfeeding. Your baby may become tired and not nurse or bottle-feed very long. Ask your health care professional how many wet diapers a day your baby should have and how much your baby should eat.
- Initially, your baby may sleep longer than a full-term baby. It is important to make sure he eats at least every 4 hours. You may have to wake him for feedings if he is not eating frequently enough. Remember to put your baby on his back to sleep. Ask your health care professional how long your baby should sleep before you wake him.
- A baby's lungs are one of the last parts of his body to be fully developed and, even if your baby did not need additional oxygen or a respirator, your baby's lungs are still developing. Even though your baby was born just a few weeks before your due date, his lungs are immature and very sensitive. Secondhand tobacco smoke, perfumes, and environmental pollutants can irritate baby's airways and cause distress very easily. If your baby is having any trouble breathing, call 911 immediately and then call your baby's doctor. In advance, remember to ask your baby's doctor what the best way is to reach him or her.

- Babies born early have less body fat than a term baby. This extra fat in the last few weeks of pregnancy is very important, and babies born even just a little early have more difficulty maintaining a normal body temperature and will lose heat very quickly. Cold, premature babies will use their calories to stay warm and will not grow and develop like they should. It is important to keep your baby away from drafts and keep the room warmer than you might otherwise. If you are going out in the colder weather or into air conditioning, consider using a hat and blanket to help keep the baby warm. Dress your baby in one layer more than you are wearing. Ask your health care professional how you can best assess the appropriate layer of clothing for your baby.
- Your baby will be screened for jaundice before he goes home from the hospital, but he is still at risk for hyperbilirubinemia. Your baby will be tested for this just before discharge and you should find out the results of the hospital screening before you go home. Visit your pediatrician or primary health care professional within 24 to 48 hours after your baby comes home from the hospital. If your baby's skin appears yellow or orange in color and if he is not eating well, you should call his doctor immediately. Ask your baby's doctor or nurse how to best assess your baby for jaundice.
- Like all newborns just leaving the hospital, your baby has not had all of his vaccines/immunizations, and you should be careful to avoid exposing him to people with infections. Avoid going out in crowds. Late-preterm babies have an immature immune system and are at a greater risk of infection than term babies. Watch for signs and symptoms of infection and call your pediatrician with any concerns. One of the best ways to avoid exposing your baby to harmful germs and viruses is through proper hand washing. Ask all visitors to wash their hands before touching your baby. Also ask visitors to postpone their visit if they are sick or have been around anyone else who is sick. Most people don't understand how fragile and vulnerable to infection premie is, even when he reaches full term.

Caring for Preeemie Multiples

Caring for more than one newborn in the NICU brings even more challenges. Each baby will have special needs and may act in different ways than his siblings. With twins or triplets, it is especially important to ask for help from family, friends, and NICU staff. This will allow the parents to spend precious time with each of their babies—getting to know them—and learning how to take care of them.

Caring for Multiples in the NICU

To be sure that you get all the support you need for each baby, talk to the NICU staff about the following:

- Placing the babies close to one another in the NICU.
- Treating the babies as individuals rather than as a group, including keeping separate notes for each baby and ideally calling each by their first name instead of baby “A,” “B,” or “C.”
- Color coding isolettes, bottles, and other equipment and supplies for each baby.
- Finding a lactation consultant who has worked with mothers of multiples.
- Finding support when you cannot be in the NICU because of work, other children at home, or your need for recovery time.
- Finding a support group for families with multiples.

When One of Your Babies Has Gone Home But One or More Remain in the NICU

Having one or more babies in the hospital while others are at home can be very sad and difficult for new parents. Some parents feel guilty for leaving their babies at home to spend time with the babies still at the hospital, or they may feel bad for leaving the hospital to spend time with the babies at home.

All these feelings are normal. Remember that you are doing everything you can to be with all of your children. In time, your babies will all be home and it will be easier to spend time together as a family. Check with the NICU staff to see if you are allowed to bring your other babies with you when you visit and check with your primary health care professional to see if it is safe for your newborn at home to return to a hospital environment for these visits.



Photographing Your Baby in the NICU

Many parents are reluctant to take a picture of their sick or fragile baby, but most appreciate the fact that they did, especially when they see their baby's growth and progress. Because of the special needs and environment of a baby in the NICU, following are some tips (developed by a professional photographer and mother of a former 27-weeks' gestation baby) for photographing your baby. We hope you will find it helpful to celebrate your baby's arrival and time in the NICU by taking photos, keeping journals, creating scrapbooks, or gathering other memories during this special journey.

Tip#1: Turn off the Flash.

Whether you are using a film, digital, or disposable camera, try to use natural light. The flash can scare a baby and interrupt the dark, quiet environment of the NICU. Soft window light is best, so take advantage of any windows in your baby's room. If you are taking pictures when it's dark, the overhead lights should be enough. If your baby is having phototherapy, the "bili" lights also will be enough.

Tip #2: Step Back or Get Close.

One unfortunate drawback to disposable cameras is that you cannot focus them, and pictures can easily get blurry. If you are using a camera that does not allow focusing, take a few steps back so that your photos are sharp. You can always crop them later.

On the flip side, if you have a camera that allows you to focus, don't be afraid to get close. Close-ups of your baby's face, feet, and hands are precious. You often can work around tubes, monitors, and other hospital equipment, though, in some instances, you might want to include these to remember how things were.

Tip #3: Think in Black and White.

Consider buying some black and white film, or, if you have a digital camera, convert your color photos into black and white. These photographs often have a more "timeless" quality to them. They also "soften" the image by downplaying the red skin, shiny equipment, and other items near your baby.

Tip #4: Put Your Baby in Context.

There always comes a time when parents cannot believe their baby was ever that small. When you photograph your baby, place an item nearby that puts his small size into context, like a wedding ring or your hand. (Remember to remove all items after photographing.) That way, you'll be able to see just how small your baby was. You can remind your child of that down the road ("I remember when I could slide daddy's wedding ring up your arm.").



Tip #5: Special Occasions You Might Want to Remember.

Having a baby in the NICU doesn't mean that you cannot celebrate milestones just like you would for a full-term, healthy baby. However, NICU milestones can be very different. So remember to take pictures when

- Your baby is weaned off the ventilator and moves to CPAP (see Glossary).
- Your baby doesn't have any tape on his face.
- Your baby breastfeeds or bottle-feeds for the first time.
- You "kangaroo" your baby for the first time.
- A sibling comes to visit for the first time.
- Your baby gets his first bath.
- Your baby moves from an incubator to a crib.

Tip #6: Don't Forget Your Baby's Caregivers.

The doctors and nurses in the NICU are committed to providing the best medical care for your baby. They also play an important role in caring for your family, and they form attachments to you and your baby. Take photos of your baby with special caregivers (the doctors, nurses, therapists, and social workers). All these caring individuals are a big part of your baby's first "friends."

Tip #7: Share Those Photos.

Friends and family are not always sure how to relate to a family with a baby in the NICU. By sharing photos and updates by e-mail or in person, you can provide more information about your baby and possibly ease their concerns. Once you leave the NICU, the staff loves to get updates and photos of NICU "graduates," so keep the photos coming! There are several secure Web sites that allow you to share your photos with your family and friends. One is called "Care Pages" (www.mostonline.org/CarePages) and the other is "Caringbridge" (www.caringbridge.org).

Tip #8: Don't Expect Perfection in Your Photos.

For many parents, it is just too overwhelming to take photos during this stressful time. If you like, leave a camera at your baby's bedside. Ask the nurses to take some photos until you feel up to the task. And don't be disappointed if your photos aren't perfect—you will still look back on them and they will stir up memories (good and bad).

While it is hard to believe right now, you will one day look back on these NICU photos and see just how far your baby has come. That is the greatest reward of all.

