



The ET tube allows your baby to receive the surfactant he is lacking. A dose of the surfactant is put into the ET tube, coating your baby's air sacs so that they do not collapse between breaths. The medicine reaches the lungs within the first several hours of birth. Your baby may get up to three doses of this medicine during the first days of life.

Each baby has different needs – but in general, the smaller and more premature a baby is, the longer he will need to be on a ventilator. When your baby's lungs begin to improve, the ventilator will provide less breathing support until eventually the ET tube is removed.

CPAP

When the ET tube is removed, your baby may be placed on CPAP (pronounced "SEE pap"), which stands for continuous positive airway pressure. This device has very soft, short tubes, called prongs, which are just long enough to fit in your baby's nose. The prongs are held in place by straps attached to a hat that is placed on your baby's head. The CPAP delivers a small amount of pressure to his lungs, keeping the air sacs open so that your baby does not have to work so hard to breathe. It also allows more time for your baby to make more of his own surfactant.

When your baby is on CPAP, he is doing all the breathing and you can hear him cry. Oxygen and humidity are added to the CPAP to help him breathe easier. As with the ventilator, the smaller and more premature your baby is, the longer he may be on CPAP.

As your baby grows and his lungs mature, he may be removed from CPAP and placed on a **nasal cannula**, a device made of small plastic tubes that fit in your baby's nose, providing oxygen. Some babies who are taken off CPAP may be placed under a large, plastic tent-like device, called an **oxyhood**, that provides oxygen to his lungs. The oxyhood fits over your baby's head and part of his body. It is not uncommon for him to go back on breathing support after trying room air.



APNEA OF PREMATURITY

Premature babies have an irregular breathing pattern and may have short periods of time when they stop breathing, known as Apnea of Prematurity. This condition, which usually improves as your baby gets older, can be corrected with medication. If the medication does not work or your baby has frequent periods of apnea, he may need extra help from breathing equipment, such as CPAP or the ventilator.

Don't be surprised if your baby's progress shifts course or is hard to predict. Basically, if your baby's ventilator settings go down, or if he graduates to CPAP or a nasal cannula, he is getting better.

The therapists work closely with the nurses and are here at all times to make sure your baby's breathing needs are met. Rest assured that the SCN staff work as teams to provide complete care for your baby.

A PARENT'S GUIDE TO THE SPECIAL CARE NURSERIES AT PIEDMONT HOSPITAL

**transition to the
intermediate care nursery**



transition to the intermediate care nursery

The transfer of your baby from NICU to the Intermediate Care Nursery means his condition has stabilized; he is one step closer to going home. At this point, most babies have overcome the majority of their medical crises and no longer require intensive care nursing. Babies requiring admission to the NICU usually go home from the Intermediate Care Nursery.

As you adjust to new faces and routine changes in the Intermediate Care Nursery, you may experience some anxiety. The entire staff of the Special Care Nurseries, along with the Patient Care Manager, will remain available to you for support during this transition. You may also find the Hospital chaplain and the support groups for parents of premature or sick babies helpful during this period. Contact your Patient Care Manager for assistance in accessing these services.

The Intermediate Care Nursery is generally quieter and less stressful. The environment is designed for your baby's continued growth and development. This is an opportunity for parents to visit more frequently and play an active role in their baby's care. This is an important step in helping parents gain confidence in their ability to care for their baby, with support from the staff. A team of nurses, a neonatologist, respiratory therapists, physical therapists, occupational therapists and speech therapists are available to help you learn and identify your baby's special needs as he grows and matures.

This is also a good time to begin preparing for your baby's discharge. Feel free to ask the nursing staff and Patient Care Manager for suggestions on special items you may need for your baby's arrival home, such as diapers, a car seat, clothing and formula. Prior to discharge, your baby's doctor will determine the type of formula needed for supplementation, medications and any medical equipment required for use at home.

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the road home



Although you will be very happy when your baby is finally ready to go home, it's also normal to feel nervous or overwhelmed. The SCN staff will guide and train you as you practice caring for your baby before discharge. At the same time, the SCN staff is helping your baby gain weight, take a bottle or breastfeed, control his body temperature outside the incubator, and breathe without assistance. Some babies will need occupational, physical or speech therapy to reach these and other developmental goals. As your baby strives to meet these goals, discharge planning is taking place.

In preparation for discharge, your baby may have additional needs. Tests, procedures and referrals to community services that may be prescribed by the doctor before your baby is discharged are listed below. You will be given instructions and phone numbers for any required referrals and follow-up care.

EYE EXAM

If your baby was very premature and/or had significant oxygen exposure during hospitalization, an eye exam will be done by an ophthalmologist (eye doctor) at six weeks of age. If your baby is released from the Hospital before six weeks of age, a nurse will give you the ophthalmologist's name and phone number so that you can schedule an appointment following discharge.

HEARING SCREEN

A hearing test is performed on all newborns and premature babies. This is especially important for premature babies, to determine any hearing loss as early as possible.

HOME APNEA MONITOR

"Apnea" means to stop breathing or have long pauses in breathing. Apnea monitors are used at home to check for pauses in a baby's breathing or a low heart rate. Your baby may have to use a monitor at home for several weeks or months – your baby's doctor will let you know if this equipment is necessary. He or she will inform the Patient Care Manager to arrange this and provide instructions before you take your baby home.

The Patient Care Manager will contact you to discuss your options in choosing a home healthcare company that is on your insurance plan. The home healthcare company will contact you to arrange a meeting, provide you with an apnea monitor, and give you complete instructions on how to use it. The company will also teach you infant CPR (cardiopulmonary resuscitation) to help you be as prepared as possible while your baby is on the apnea monitor.



CPR INSTRUCTION

Basic infant CPR is available through many community services, including your local American Heart Association and the American Red Cross. Piedmont Hospital also has classes available – for more information, contact the Patient Care Manager.

CIRCUMCISION

If you choose to circumcise your baby, your obstetrician can answer any questions or concerns regarding your decision. You will need to provide a signed consent form for your baby's circumcision. The obstetrician will perform the procedure a day or two before discharge. The nursing staff will provide you with instructions on caring for the circumcision site.

ROOMING IN

In preparation for discharge, you may stay overnight with your baby in the Premie Parent Room. This provides time to practice your baby's basic care and develop a routine, which will be especially helpful if your baby requires special equipment or medication at home. Please discuss this option with your SCN team.

DISCHARGE CONFERENCE

If your baby has complex discharge plans and home healthcare needs, a discharge conference will be planned with you, the doctor, the Patient Care Manager, the nurses, a respiratory therapist, and any occupational, physical or speech therapists involved in your baby's care. A representative from the home healthcare agency may also be present. This will give you an opportunity to review follow-up appointments, schedule home healthcare visits, and obtain referrals for any community services. This is also an excellent time to ask questions of all members of the Special Care Nursery team.

IMMUNIZATIONS (VACCINES)

If your baby remains in the Hospital at two months of age, the neonatologist may order immunizations to protect him from serious illness and diseases, such as polio, diphtheria, pertussis, tetanus, haemophilus influenza, hepatitis B and pneumococcal infection. You will receive information sheets about the side effects and risks of these immunizations – please read them carefully. Your signed consent will be required beforehand. Common side effects, such as fever, fussiness and soreness at the injection site, may occur after the injection. Tylenol® is prescribed to ease these symptoms.



Upon discharge, you will receive a copy of your baby's Vaccine Administration Record. This should be given to your baby's pediatrician so that the immunizations can continue to be given as scheduled. (Most babies require additional immunizations around four months of age.)

METABOLIC SCREENING

Before discharge, your baby will receive the Georgia Newborn Metabolic Screening Test – a requirement by law. This test will determine the presence of various inherited disorders that may require treatment or further testing. Depending on your baby's feeding patterns and age at time of discharge, your pediatrician may do a repeat test. If so, your baby's nurse will provide further instructions.

PEDIATRICIAN

At least a week before discharge, you will be required to choose your baby's pediatrician. It is important that you schedule interviews with pediatricians well before your baby is ready to go home. The neonatologist and Patient Care Manager can help you choose. Following discharge, the Hospital's Medical Records department will provide a discharge summary (a brief history of your baby's hospital stay) for your pediatrician.

CAR SEAT TEST AND VIDEO

Choosing a proper car seat is very important for your baby's safety. To be properly protected, premature and small babies weighing less than 5.5 pounds require certain features in a car seat. When your baby is taking all or most of his feedings by mouth, and when tube feedings are seldom needed (usually a few days before your baby goes home), your baby's car seat will be tested in the Intermediate Care Nursery to make sure it is the proper seat for your baby. The test is usually started one hour after your baby has been fed. It involves placing your baby on Hospital monitoring equipment while in the car seat for at least one hour to monitor his heart rate, breathing rate and oxygenation. When the test is completed, your baby's nurse will discuss the results with you. If your seat does not pass the test, your nurse will offer suggestions on choosing another car seat.

Several days prior to discharge and before you choose your baby's car seat, you will be required to watch "Special Delivery: Safe Transportation of Premature and Small Babies." This 30-minute video is produced by the Automotive Safety for Children Program at Riley Hospital in Indianapolis, Ind., in cooperation with the American Academy of Pediatrics.



CAR SEAT TEST AND VIDEO (CONTINUED)

It is important that your car seat meets current federal motor vehicle standards. Following are some guidelines for car seat safety:



Only use a car seat that has all its parts and instructions. Be sure it has not been recalled. Contact the National Highway Traffic Safety Administration by phone at 1-888-327-4236 or 1-800-424-9153, or visit <http://www.nhtsa.dot.gov> for an instruction manual and any recall information. Follow your car seat manufacturer's instructions and your vehicle owner's manual to ensure that the seat is properly placed in the car.



Car seats that were manufactured before 1981, have been involved in a previous accident, have cracks or obvious damage, are missing labels showing the date of manufacture and model number, or are missing original directions for use should not be used.



Choose a car seat with a three- or five-point harness, and with shoulder strap slots located 10 inches or less from the seat bottom. The crotch strap should be located 5.5 inches from the back of the seat. The harness should fit snugly over the baby's shoulders. The harness retainer clip should be at armpit level to keep the harness or shoulder straps over your baby's shoulders.



A car seat with a shield should not be used – in the event of a car crash, the shield may cause injury to your baby's face or head.



If you choose to use a head-support pad, make sure it has slits for the harness straps to be pulled through.



Your baby's buttocks and back should be resting against the back of the car seat. **DO NOT** use padding under his buttocks or behind his neck.



Use rolled-up cloth diapers or receiving blankets for support along the sides of your baby's head and body. These can also be used between the crotch strap and your baby, if needed.



Babies weighing less than 20 pounds and/or under one year old should always ride rear-facing in the car seat, with an adult sitting close by. A rear-facing car seat should not be used in the front passenger seat if the vehicle has an air bag, unless the air bag can be deactivated. This is due to the risk of death or injury from the impact of the air bag when it is released during a car crash.



The safest place for the car seat is in the middle of the back seat, where your baby is farthest away from the windows.



The car seat should be placed so that your baby is sitting reclined no more than halfway at a 45-degree angle, to keep his head from falling forward.



Most importantly, before the day of discharge, practice placing your baby in the car seat.

A PARENT'S GUIDE TO THE SPECIAL CARE NURSERIES AT PIEDMONT HOSPITAL

community resources



EARLY INTERVENTION SERVICES

Early Intervention Services, also called "Babies Can't Wait" and "Children First," are provided by the state of Georgia to babies at risk for developmental delays during the first years of life. (This may include term babies who may have experienced complications during the newborn period.) Early Intervention Services can be requested by a parent, doctor or hospital.

Health professionals are available to help you access available medical, developmental, educational, financial and social services as needed through your local health department, usually at no charge or for a small fee. Occupational and physical therapy are available to promote your baby's continued developmental growth and progress. The Patient Care Manager will make a referral if requested by the physician at time of discharge, and provide you with further information.

SYNAGIS AND RSV PROTECTION

Synagis is a medication that may prevent Respiratory Syncytial Virus (RSV), a serious respiratory illness that causes mild cold-like symptoms in adults and children. RSV is seasonal and commonly occurs from fall through spring. It often requires hospitalization and may result in a difficult recovery. Babies born prematurely or with lung disease are at high risk for more serious illnesses if they get RSV.

Prior to your baby's discharge, the neonatologist may order a dose of Synagis, with instructions for monthly follow-up injections by a pediatric pulmonologist (lung doctor) or your pediatrician. Most pediatricians do not administer Synagis, so an appointment with a pediatric pulmonologist or the Synagis Clinic may be required for continued therapy after discharge. The Patient Care Manager will provide you with information about Synagis and make the appropriate referrals prior to discharge. You may be asked to provide a copy of your insurance card for pre-certification purposes. An informational video on this topic is available through the Patient Care Manager or your baby's nurse.

CHILDCARE FOR MEDICALLY FRAGILE CHILDREN

Very few childcare options are available for babies with special needs. In some cases, a traditional childcare center will not be appropriate for your baby. However, your baby may be eligible for care by nurses and developmental specialists at a childcare center specifically designed for babies with special needs, such as long-term illnesses, chronic lung diseases or syndromes affecting growth and development. Insurance may pay for this service if medically necessary. If indicated, the neonatologist and Patient Care Manager will discuss this service with you.