

Your Guide to the NICU



 **Providence**
St. Jude
Medical Center

Welcome to the Neonatal Intensive Care Unit

Every birth is a miracle, but when a baby is born too soon, too small or with complications, our highly respected Neonatal Intensive Care Unit (NICU) specializes in providing the very best start.

As a Level III NICU, we offer round-the-clock, state-of-the-art care—creating exceptional outcomes for even the smallest babies. Our NICU is designed to accommodate the most sophisticated technology available, as well as today's newest innovations in neonate care, all with just one goal: **helping your baby grow stronger.**

You can have the confidence that comes from knowing your infant is receiving the finest care available. Our nurses hold advanced certifications in their specialty, while our board-certified neonatologists—affiliated with Children's Hospital of Orange County (CHOC)—are in the hospital 24/7.

Our team also includes specially-trained respiratory therapists, lactation specialists, developmental therapy specialists, social workers, pharmacists and others. This specialized expertise, combined with state-of-the-art capabilities and a commitment to extraordinary care, is why we can offer your baby the best possible beginning.

About the NICU

All babies who arrive in the NICU are closely assessed by a board-certified neonatologist, monitoring the heart, blood pressure, breathing and temperature. Occasionally X-rays and additional blood tests will be ordered, and in certain situations, some babies may be transferred to Children's Hospital of Orange County specialty services and advanced levels of care.

In the NICU, all aspects of your baby's health are monitored. The wires that you see on your baby are attached to monitors to ensure your baby's heart and lungs are functioning properly and temperature levels are within normal range. If any change occurs, the monitors will notify the nurse to respond immediately. For information on visitation, please speak to your nurse.

Important Resources

Phone Numbers to Know

St. Jude Medical Center NICU

101 E. Valencia Mesa Dr.
Fullerton, CA 92835
(714) 626-8522

Lavonne Sheng, MD

Neonatologist
Medical Director
(714) 992-3000 Ext. 8522

Jeong Leon MSN, MHA, RNC-OB, EFM-C

Director, Maternal-Newborn Services
(714) 992-3000 Ext. 4998

Manager, Maternal-Newborn Services

(714) 992-3000 Ext. 4990

Social Worker

(714) 992-3000 Ext. 6740

St. Jude Medical Center

Cashier's Office and Parking Information
(714) 992-3000 Ext. 5090

Financial Counselor

(714) 992-3000 Ext. 3825

Breastfeeding Support

(714) 626-8528

For St. Jude Heritage Medical Group Patients:

St. Jude Nurse Advice Line
(800) 870-7537 Ext. 1

Mother Baby Classes:

stjudemedicalcenter.org/motherbabyclasses

Online Classes:

stjudemedicalcenter.org/motherbabyonline-classes



Check On Your Baby Anytime, From Anywhere

When a baby requires care in the NICU, it is a stressful time for the entire family. But at St. Jude Medical Center, we've made it a little easier: new moms and dads can have the reassurance of watching their baby grow and develop from their computer or mobile device.

Our Webcam System creates a “virtual window” into the NICU. Individual cameras mounted above the isolettes provide parents with real-time viewing securely over the Internet. St. Jude Medical Center offers the webcam as a free service to our patients. We know the reassurance and peace of mind it offers is priceless.

Strengthening the Bond

Bonding between parents and their newborn is as important in the NICU as it is at home. Having the ability to watch your baby anywhere can help keep you involved and informed—and strengthens the connection between you and your baby.

Bringing Family Together

With the webcam, traditional boundaries of distance disappear. Family, across the street or across the globe, now has access to real-time video of the newest family member.



Easy to Use

The webcam is easy to access, and there are no software downloads or Adobe Flash plug-ins. If you can access the Internet, you can use this webcam. Please be aware the webcam automatically turns off twice a day (6:30 and 8 a.m./p.m.) to accommodate shift changes. If you have technical difficulties, customer service support is available 24 hours a day, seven days a week. More information will be provided on the webcam information sheet.

Secure and Reliable

All video and information is secured with 256-bit SSL encryption (the web security standard). No video is stored.

You Control Access

If you would like to view your baby online, you must sign a consent form. You will be given a unique username and password. Please do not share your information with anyone you do not want to have access to the webcam. No one else will be able to access the webcam, except for St. Jude authorized personnel. Only the baby's parents will be allowed to activate the webcam.

Coping When Your Baby is in the NICU

Having a baby in the NICU is not easy. Overwhelming love, fear, anger, detachment, and helplessness are just some of the emotions you may feel. Anxiety, guilt and even jealousy toward parents whose babies are born without complications are all very common.

Talking with other NICU parents can help. While it can be difficult to connect with friends and family who have never had a sick baby, these parents understand exactly what you're going through. You can also talk to our NICU nurses, social workers or chaplains, who are eager to support you.

Try keeping a journal, as expressing your feelings on paper can help you cope with and move through them. A journal also allows you to record your baby's progress—and when so many days feel like two steps forward and one step back, a journal can remind you of how far you've both come.

You can also join an online community, such as Share Your Story on the March of Dimes website, which was created especially for families who have faced the frightening experience of a baby born early or with a health condition. You can ask questions, participate in online chats, share your own story by creating a blog, and read about other babies with similar health challenges.

The March of Dimes website also has educational information and an application you can download on your phone or computer.

Take Care of Yourself

Spending time with your infant is important, but so is having time for yourself, your partner and your other children.

Your nurse will give you cues about the ideal times for you to take a break. Use the time to do things you enjoy, like exercise, watching a movie, or going to dinner. Fatigue can exacerbate feelings of sadness or anxiety, so take advantage of being able to get an uninterrupted night of sleep. These breaks will help you stay positive and calm.

Build Your Confidence as an NICU Parent

If this is your first baby, remember that all new parents are anxious and unsure. These feelings are more intense for those with babies in the NICU, but are a natural part of being first-time parents.

Be patient with yourself when you feel awkward or hesitant. Having an infant in the NICU can make even the most experienced parent feel like a beginner. Parenting in the NICU is challenging and very different.

Give yourself time to adjust—and ask your baby’s nurse for tips on what to do. Helping parents find their stride in caring for their infant is an important part of what we do.

Accept That You and Your Partner Will React Differently

It’s important to remember that spouses often respond very differently to having a baby in the NICU. Questions like “Why are they so angry when I’m so sad?” or “Why are they accepting this when I can’t?” are common. One of you may have difficulty leaving the NICU, while the other may have difficulty spending time here.

Although different, one reaction is not better than the other. Having a baby in the NICU is stressful and emotionally draining, so support and encourage each other. Once your baby is home, exhaustion will likely be the dominant emotion for both of you.

When to Get Help

While it’s normal to experience a range of emotions, if you’re having trouble dealing with some of these feelings, ask for help. For many women, postpartum depression can further exacerbate the stress of having a baby in the NICU, as physical and hormonal changes intensify their emotions for weeks or even months after delivery.

If you can’t seem to shake feelings of anxiety, sadness, numbness, hopelessness or disinterest, then it’s important that you reach out for help. Our social workers and chaplains are available to meet with you, and can also help you find a professional counselor. Your doctor, pastor and family members are other places to find the support you need.



Improving Your Baby's Health by Breastfeeding

We strongly encourage breastfeeding. If your baby isn't yet able to breastfeed, you can give him breast milk you have pumped. Our experienced lactation specialists and nurses can give you the individualized instruction and support you need to succeed. Please ask your nurse or a lactation specialist for help in getting started.

Pumping may seem to lack the emotional bonding of breastfeeding, but both play an important role in your baby's health. Your breastmilk is uniquely designed to meet the needs of your premature infant and is higher in certain proteins and amino acids than that of mothers of full-term babies. Pumping allows you to contribute to the health of your baby in a way that no one else can.

Breast pumps are available in the NICU allowing you to pump at your baby's bedside and your nurse or lactation specialist are available to give you support, help and encouragement. Our lactation specialist is available every day from 7 a.m. to 3 p.m. Please ask your nurse to speak with a specialist.

Common Questions About Breastfeeding

Why is breastmilk so important?

Breastmilk from the mother of a premature baby is unique and different from other mothers. A mother's body adapts and produces milk that matches the nutritional needs of a premature infant—and continues to adjust over time as the baby matures.

The antibodies in breastmilk provide protection against infection and diseases, including those more common in premature infants. Studies show that premature babies given breastmilk often go home earlier and have fewer health issues. Even pumping or breastfeeding just for the first few weeks can make an important difference.

Pumping or breastfeeding not only gives you an active role in helping your baby get well, but lowers your own risk for breast and ovarian cancer.

I just tried pumping and produced almost nothing. What's wrong?

At first, most women produce a very small amount of colostrum, a nutrient-rich liquid that is exactly what your baby needs. Even in tiny amounts, this “liquid gold” is filled with antibodies that will enormously benefit your baby until your milk comes in. Be patient, relax, drink lots of water, and know you're doing the right thing for your baby.

What do I need to know about pumping?

Pumping does not mean you have to breastfeed—and you can stop at any time. If your baby starts with breastmilk, he can easily transition to formula.

With a little practice, a breast pump is comfortable and easy to use. Most common medications given to postpartum moms are safe to use while pumping or breastfeeding. Ask your nurse or lactation specialist to help you get started, including providing a breast pump or helping you rent an electric pump. The sooner after delivery that you start, the more your milk supply will develop. Practicing kangaroo care (snuggling your baby skin-to-skin) and pumping at your baby's bedside or while looking at your baby's photo can help with letdown.

We recommend at least 8 pumping sessions per day.

If you'd like to also try breastfeeding, ask your nurse what signs or developmental progress is needed before your baby is ready.

What kind of information can a lactation specialist provide?

Through hands-on help with technique and practical instruction, our lactation specialist can help make pumping or breastfeeding a successful experience for you and your baby.

Board-certified in her specialty, our lactation specialist offers advice and teaching on:

- Beginning breast pumping
- Keeping milk supply going when the baby is unable to breastfeed
- Renting pumping equipment
- Resolving any problems, such as low milk supply or painful breasts
- What to do when the baby won't latch
- Storing breastmilk and how to transport it to and from the hospital

Our lactation specialist is available every day, 7 a.m. to 3 p.m. and can be reached at (714) 626-8528.

Help and support after you go home

Breastfeeding Helpline

Our lactation experts are available every day from 7 a.m. to 3 p.m. to answer your questions or help with a specific problem. Call (714) 626-8528. If your call goes to voicemail, please leave a message. Your call will be returned within 24 hours.

Breastfeeding Workshops

Hands-on instruction to help make sure you and baby are on track. The workshop can help with issues such as difficult “latch on,” concern about low milk supply, sore nipples or any other breastfeeding concern. Private breastfeeding consultations are also available. To sign up, visit stjudemedicalcenter.org/healthclasses and click on “Breastfeeding Clinic” or call (714) 578-8775.

Breast Pump Rentals and Supplies

Breast pumps are often a covered benefit, so check with your health plan.

Anaheim

OC Medical Supply
(714) 956-4690

Wellness and Fitness for New Moms

St. Jude Wellness Center offers a wide range of classes, services and programs designed to help you regain your health, energy—and if you want to, fit back into your jeans.

Our fitness classes are diverse and include everything from Yoga and Pilates reformer to Zumba, indoor cycling, basic training and boot camp. Specialized programs, including Lifestyle 365 offer coaching, personalized exercise and eating, nutrition counseling and weight management.

For more information, please visit StJudeWellnessCenter.com or call (714) 578-8770



Your Care Team

Registered Nurse: a specially trained Registered Nurse (RN) who will deliver nursing care to your baby. The RN works 12 hour shifts.

Clinical Coordinator (CC): a nurse who oversees and supervises the care given to each baby. There is usually one Clinical Coordinator for each shift (day and night). Clinical Coordinators serve as the Charge Nurses. They are available to assist nurses, doctors and parents in problem solving and planning.

Environmental Services: staff who care for the supplies and tidiness of the NICU.

Nurse Manager: The nurse manager has 24 hour responsibility of nursing for the NICU. Their schedule is flexible, and may be reached by the Charge Nurse after hours. They assist nurses, doctors, and parents in problem solving and planning.

Neonatologist: a pediatrician who takes care of sick or premature newborns.

Pediatrician: a medical doctor trained in pediatrics.

Nursing Student: a student who observes and learns how to care for newborns in the NICU under the supervision of a licensed registered nurse.

Consulting Physician (Cardiologist, Neurologist, Ophthalmologist, etc): A medical doctor trained in some area other than pediatrics.

Other Members of the Team

Case Manager: a staff member who works with insurance agencies and helps with discharge and home care plans.

Chaplain: a pastor, priest, minister, or rabbi who offers spiritual care to families.

Rehab Therapists (Occupational, Physical or Speech Therapy): is a person who has special training in growth and development of infants. They do exercises that help improve development and muscle control. This helps with feeding skills. A team member rounds daily in the NICU.

Respiratory Therapist: a licensed person trained in the management of breathing disorders, treatments, and procedures, oxygen and ventilators. Referred to as an RT or RCP.

Social Worker: a clinician with a Master's degree who helps families with their feelings about having a tiny or sick baby. They also help with community resources and financial concerns.

Technician (X-Ray, EEG, EKG, Ultrasound, etc.): a person who performs specific tests ordered by the doctor.

Volunteers: people who give their time to help in the NICU—greeting, answering phones, and assisting the nursing staff. All volunteers receive an orientation and training by the hospital Volunteer Services Department and the supervisors in the NICU.

A Parent's Guide to Medications in the NICU

Acetaminophen – Used to treat pain or fever

Ampicillin – An antibiotic used to treat a bacterial infection

Amoxicillin – An antibiotic used to treat common bacterial infections, such as ear and bladder infections

Betamethasone – A steroid given to moms to lower risk for respiratory distress in premature infants

Caffeine – Used to treat apnea

Cefotaxime – An antibiotic used to treat a bacterial infection

Ceftazidime – An antibiotic used to treat a bacterial infection

Ceftriaxone – An antibiotic used to treat a bacterial infection

Dexamethasone – A steroid used to treat or prevent respiratory distress or disease

Dobutamine – Helps the heart pump and is used to treat low blood pressure

Dopamine – Used to increase blood pressure, help the heart beat stronger, and help the kidneys make urine

Erythromycin – An antibiotic used to treat a bacterial infection; eye ointment to prevent eye infection

Fentanyl – Narcotic used for sedation, to treat pain, or for anesthesia, depending on dose

Ferrous Sulfate – Iron supplement

Gentamicin – An antibiotic used to treat a bacterial infection

Heparin – Often added to IV fluids to prevent IV from clotting

Ibuprofen – Used for pain and to treat Patent Ductus Arteriosus

Morphine – Used to relieve pain or sedate

Palivizumab (Synagis) – Used to prevent Respiratory Syncytial Virus


Penicillin – An antibiotic used to treat a bacterial infection

Surfactants – Used to help newborns breathe and treat respiratory distress

Spirolactone – Increases urine (diuretic)

Vitamin K – Given after birth to prevent bleeding



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