

Learning to care for your baby



Information for Families

**Neonatal Intensive Care Unit
~ Special Care Nursery ~
St. Joseph's Hospital
50 Charlton Avenue East
Hamilton, Ontario**

Adapted with permission from Hamilton Health Sciences

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Learning to care for your baby

Having a new baby admitted to the Special Care Nursery is often unexpected. The nursery staff will help you feel more comfortable and show you what you can do to help care for your baby while you are here.

This book is a guide for families during their baby's stay in the Special Care Nursery. If you have any questions or concerns, please ask any member of your baby's health care team. We welcome your questions at any time.

Remember . . .

- **You and your family are important members of your baby's health care team.**



Calling the Special Care Nursery – 905-522-1155 ext. 33255

We encourage you to call the Special Care Nursery anytime you have questions, concerns or would like an update on how your baby is doing.



When you call, a nurse will ask you for the identification number on your hospital bracelet.

We will match this number to your baby's bracelet number before any information is given.

This protects your baby's privacy and safety and makes sure we are giving information to the correct family

If your baby is transferred here from another health centre



Congratulations! This means you and your baby are a step closer to going home and your baby no longer needs as much intensive care. In our special care nursery you will be involved in your baby's daily care.

Moving from one centre to another can be stressful for you, your family and your baby. It is normal to feel anxious about the move. It may take a while to get used to the change. Our goal is to help you with the move and settle in.

You may want to talk to a social worker who can help you adjust. If you want to talk to a social worker speak with your nurse to arrange this.

Your baby may also need a few days to get used to the change too. You may see a difference in your baby's feeding, sleeping, breathing and moods.

All members of your baby's health care team will work together to help you, your family and your baby feel welcome, safe and comfortable here.

Remember . . .

- **Members of your baby's health care team include you, your family, your baby, doctors and assistants, nurses, social workers, child life workers, therapists, dietitians, pharmacists, chaplains and students in health care.**
- **Feel free to ask to speak to any member of the health care team and this can be arranged.**



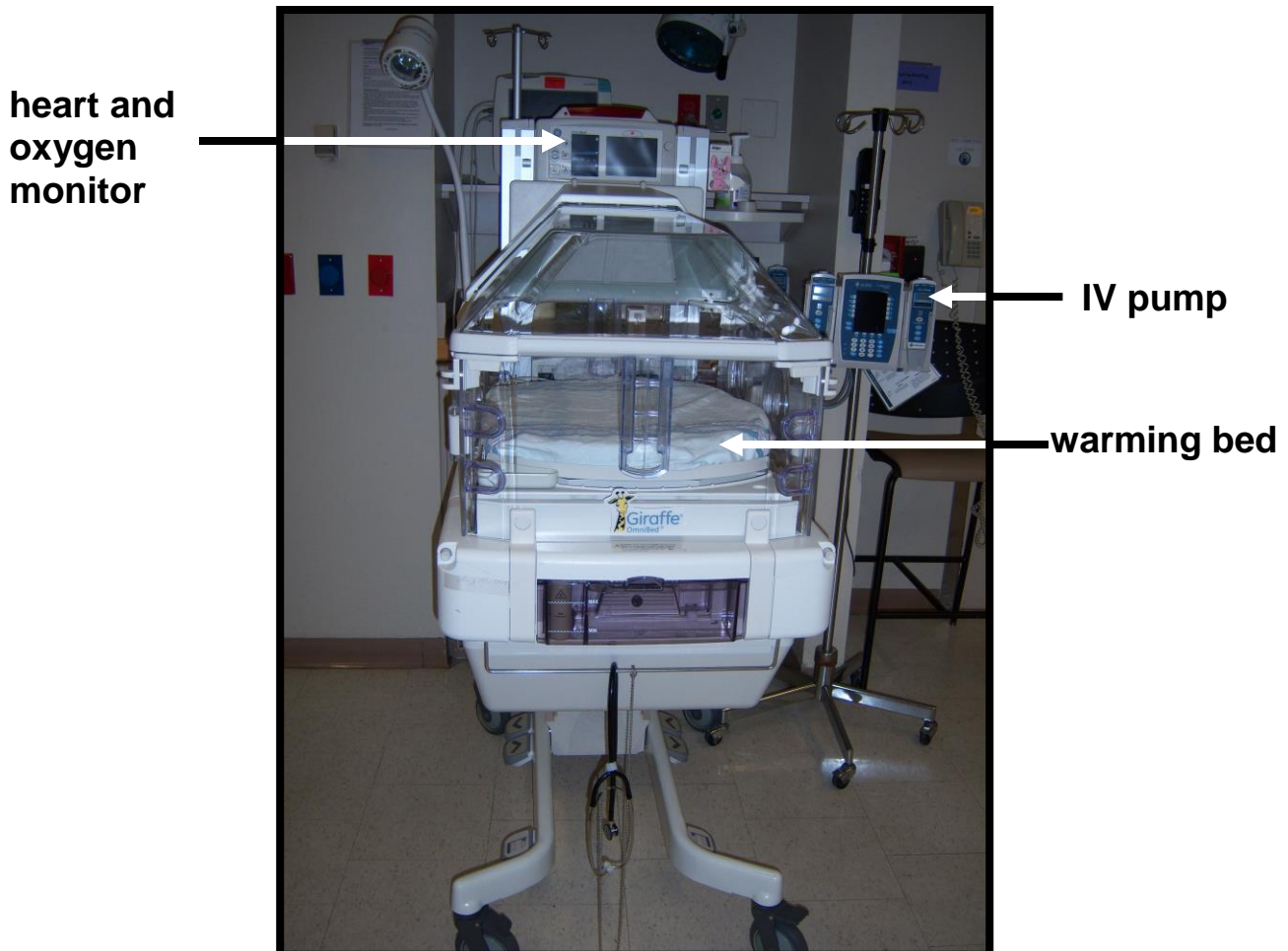
Your baby's surroundings

When you first visit the Special Care Nursery, you will see that it can be a very busy place. Your baby may have some monitors and equipment around. These help the nurses and doctors watch your baby's progress and help with your baby's care. Your baby's nurse will explain what each machine does.

After a while, you will be able to focus on your baby and the monitors and equipment will not seem so overwhelming.

Your baby's care area

This picture is one example of where your baby may stay. Explanations of the equipment surrounding your baby are on the next 2 pages.



Here are descriptions of the some of the equipment that can help your baby.

Heart monitor

The heart monitor watches your baby's heart rate and breathing. Three monitor patches or leads are taped onto your baby's chest and leg (or tummy). The leads are plugged into a special cable connected to the heart monitor. The monitor has alarms that will ring if there is a problem with your baby's heart rate or breathing.

The monitor may also ring for other reasons:

- a problem with a loose wire
- normal changes with your baby's breathing
- your baby is moving around

When the alarm rings, the nurse will check your baby. The first few times you hear the alarm, you may feel anxious. As you get to know your baby and the monitor, you will begin to feel more at ease.

Oxygen saturation monitor

The oxygen saturation monitor may be part of the cardiac monitor or it may be a separate machine. It shows how much oxygen is getting from your baby's lungs into your baby's blood. This will tell the nurse how much oxygen your baby needs. It works by shining a red light through your baby's skin. This does not hurt your baby.

The monitor is connected to your baby by a probe wrapped around one of your baby's feet or hands. The probe is held in place by a soft band with Velcro ends. The probe is moved often so you may see the light on your baby's hands, arms, feet or legs.

Intravenous pump

An intravenous or IV pump gives your baby the right amount of fluids and medications through the intravenous tube. The nurse checks the IV pump every hour to see how much fluid your baby is getting.

Incubator

An incubator is a baby bed in the nursery. An incubator is heated to keep your baby warm.

An incubator with a dome has portholes that open so you can talk to and touch your baby.



Baby Cot

A cot is a baby bed that is open.



A Closer Look



Spending time alone

Spending quiet time alone helps you and your baby get to know each other. This can be hard to do in the special care nursery. At times there are a lot of visitors and the monitors can be noisy.

Even though your baby is in an incubator with tubes and equipment the nurses will help you hold your baby skin-to-skin safely whenever it is safe to do so. There is more information about skin-to-skin on page 14.



Remember . . .

- **All members of our team are here to help support you in learning how to care for your baby.**
- **By the time you leave, we want you to feel ready also.**

Developmental care

During pregnancy, babies grow and develop inside their mothers' bodies where it is dark and peaceful. After birth, some babies must continue to grow and develop in the nursery, where it can be bright, noisy and very busy.

To reduce stress and help your baby develop, we provide developmental care. Developmental care includes:

- making your baby's surroundings feel as quiet and comfortable as possible
- planning your baby's care carefully to provide rest and sleep
- gently handling and positioning your baby to provide comfort

Research shows that developmental care helps babies gain weight, have fewer health problems and need fewer days in hospital.

How we provide developmental care

To make your baby's surroundings feel more comfortable we try to:

- reduce noise and light
- put your baby in a comfortable, flexed position
- disturb your baby as little as possible
- try not to wake your baby if he or she is sleeping

To reduce noise we try to:

- talk quietly
- place things gently on top of the incubator
- open and close the incubator doors quietly
- remind people to be quiet when your baby is sleeping

To reduce light we try to:

- turn down the lights (not off) when your baby is resting
- provide incubator covers

Positions and Sleeping

A flexed or curled position helps your baby feel secure and comfortable. Positioning can help him or her settle easier and sleep longer. It can also help your baby's muscles and nerves continue to develop properly.

To make your baby feel more comfortable we try to:

- gently put your baby in a flexed position
- keep his or her hands in front, close to his or her mouth

Your baby needs quiet times to rest without being disturbed.

Touching your baby can be very comforting, but there will be times when your baby needs "time out".

Sleep helps your baby grow and develop. It may take a long time for your baby to settle and fall asleep. For these reasons we try to care for and comfort your baby without "handling" him or her too much. We try to let your baby wake up on his or her own.

Back to Sleep – Health Canada and Canadian Paediatric Society

Health Canada and the Canadian Paediatric Society recommend that babies be placed on their backs to sleep. "Back to Sleep" is the safest sleep position for your baby.

Sometimes, babies in the Special Care Nursery will be placed in other sleep positions (on their side or on their tummy). This may be for several reasons, including prematurity or breathing problems. If a baby is placed in different sleep positions, he or she is connected to a monitor so we can watch the heart rate and breathing very closely. Your nurse will discuss this more with you.

When your baby is getting ready to be discharged home, we will begin to place your baby on his or her "Back to Sleep", so your baby can get used to sleeping this way before going home.

How you can provide developmental care

When you visit, feed and care for your baby you can also provide developmental care by:

- reducing light and noise
- trying not to interrupt your baby's sleep
- learning what makes him or her comfortable
- learning the signs your baby gives when he or she needs "time out"

Baby's nutrition

The Canadian Paediatric Society recommends only breast milk for the first 6 months of age. If your choice is to breast feed, we will help in any way we can.

Although you may not be able to breastfeed your baby right away, it is important that you provide all of the breast milk that you can for your baby. This is important for babies who are born early or have health problems. Your nurse will give you a breast pump and show you how to use it.



We have a breastfeeding book and breastfeeding handouts to read. Ask your nurse for a book and look in the Family Lounge for handouts as well.

For babies that are born early, their organs may not be ready to process nutrients. Research shows that breast milk helps your baby because:

- your baby's body can process breast milk the easiest
- your baby is not allergic to your breast milk
- breast milk from a pre-term mother is high in protein and nutrients that help a premature baby grow
- breast milk helps your baby's digestive system mature
- breast milk protects your baby against infection

Cue Based Feeding

In the Special Care Nursery parents and members of the health care team work together to help you learn how to know when your baby is ready to eat based on his or her cues. This is called cue based feeding.

Ways babies get nutrition

A feeding plan will be made for your baby. Your baby's feeding plan is cue-based which looks at how well your baby can breathe, swallow and stay warm. The plan will change as your baby grows.

Gavage feeding

This type of feeding is used when your baby is able to have milk but cannot get all he or she needs from sucking. Your nurse will place a long thin tube in your baby's mouth or nose that goes into your baby's stomach. Your baby's nutrition is given through this tube.

Gavage feeding does not hurt your baby. It is done every 2 to 3 hours.

Breastfeeding

When your baby is able to breastfeed your nurse will teach you how to do this. You can ask for a copy of our breastfeeding book to read and there are handouts in the Family Lounge as well.

If you need help breastfeeding, your nurse may contact other members of our health care team such as:

- a lactation consultant at St. Joseph's Hospital
- the Breastfeeding and Newborn Assessment Clinic on the second floor of the Bishop Dowling Wing at St. Joseph's Hospital

Formula feeding

If your choice is to formula feed, we will help in any way we can. We have a formula feeding book to help you learn about this method safely. Your nurse can give you a book and review it with you.

**We are here to help with your baby's nutrition.
Feel free to talk to us any time.**



Baby talk

Your baby has ways to tell you when he or she is feeling good and when he or she needs some quiet time. You can learn to recognize what he or she likes and dislikes, and what makes your baby comfortable. Your baby's nurse can help you learn to recognize these signs. Knowing how your baby "talks" to you can help you know the best times to talk, touch or hold your baby.

When your baby talks to you it is important to listen.



Signs that your baby is feeling good may be:

- a pink colour
- a relaxed posture
- clasping or holding hands
- sucking
- settling down easily
- being wide awake
- smiling
- following eyes
- turning head to your voice

Signs that your baby needs "quiet time" or a "time out" may be:

- apnea (pauses in breathing)
- coughing and sneezing
- changes in your baby's skin colour: from pink to pale, blue or blotchy
- yawning or sighing
- crying and unable to be consoled
- squirming
- gagging or spitting up
- arching
- making fists
- tremors, startle movements
- spreading fingers wide
- straining, like having a bowel movement or passing gas
- curling toes

If your baby repeats any of these time out signals several times, your baby may be saying "Stop, I need a break from this".

Caring for your baby

Helping your baby get enough sleep

Your baby needs sleep to grow and get better. Your baby may settle and fall asleep easier in a flexed or curled position. When your baby is sleeping, try not to disturb or wake him or her. Remind others to be quiet while your baby is sleeping, as loud sounds may startle your baby.

Your baby will sleep a lot, but at times this may be only for short periods. Most babies' sleep cycles are 60 to 90 minutes long.

For some babies stroking is soothing and for other babies stroking can be stimulating. If your baby is in the middle of a sleep cycle it is best not to stroke – a firm, steady hand on your baby's body is most comforting.

It may be best to visit your baby during a care activity time such as bath or feeding time. Your baby's nurse can help you plan the best time for your visits. Just before feeding times are usually great times to visit.

Talking to your baby

Babies can recognize and respond to a mother or father's voice. Try to speak in a soft, quiet voice. Your baby's eyes may open as you talk.

Touching your baby

A gentle but firm touch can help comfort your baby. Your touch can help your baby feel calm and relaxed. In the incubator, you can calm your baby by gently placing your hands around your baby's body, keeping your baby's arms and legs tucked close to his or her body. For some babies stroking is soothing and for other babies stroking can be stimulating. Together, you and your nurses can decide what types of touch your baby likes.

Touching your baby

If your baby seems restless, it may mean he or she needs some quiet time, without touching. Just stay close and continue your visit by watching your baby.

Skin-to-skin care

Skin-to-skin care is holding and cuddling your undressed baby on your chest skin-to-skin. Skin-to-skin care may help your baby get well.

Skin-to-skin care can help babies:

- have a steadier, regular heart beat
- have easier or more relaxed breathing and better oxygen levels
- have more stable blood sugar
- sleep better
- be more alert and calm when he or she is awake

During skin-to-skin care your baby will be held in a comfortable, flexed position, just like when he or she was in the womb. This position can help the baby's nerves and muscles grow and develop better.

Skin-to-skin care can also help you get to know your baby. It gives you more time to hold your baby close to you. This can help you make more breast milk, and sometimes breastfeeding can start sooner. You may feel better knowing you are helping your baby get stronger.

When you can start skin-to-skin care

When your baby is stable enough to come out of the incubator you can start holding your baby skin-to-skin. Your baby's nurse can tell you how your baby is doing and help you decide when to start skin-to-skin care.

Skin-to-skin care is done right at your baby's bedside. If you would like privacy, the nurse can pull the curtains or a screen around you. Start by dressing your baby in just a diaper. Your baby's heart monitor may or may not be left on so we will know how your baby is doing.

Next, make yourself as comfortable and relaxed as possible. Depending on your baby's condition, skin-to-skin care benefits your baby the most when it is done for at least one sleep cycle or more than 1 hour.

Here are some ways to feel comfortable for skin-to-skin care:

- find a chair that is comfortable; the nurse can help you with this
- go to the bathroom before you begin
- wear light-weight clothing and a shirt or blouse that buttons at the front

When you are comfortable, undo your shirt or blouse. Your baby's nurse can help you put your baby in a comfortable position on your chest. The nurse will look after all the wires and tubing connected to your baby. Wrap your shirt or blouse around your baby to keep him or her warm. Sometimes, a blanket may be put on top of your shirt or blouse to cover the baby.

During skin-to-skin care, your baby may snuggle, stop fussing or fall asleep. Your baby's nurse will watch your baby's heart beat, breathing, temperature and oxygen levels. They should all stay close to "normal" for your baby. These are ways that your baby shows that he or she likes skin-to-skin care. Do not worry if your baby does not seem to like it at first. It may take a little while for your baby to get used to it.

When you are finished holding your baby, the nurse will help you put your baby back to bed.



Remember...

- **It is important that anyone doing skin-to-skin care should shower or bathe with unscented products before doing it.**

A mother and baby doing skin-to-skin care:



Comforting your baby

Ways to tell that baby may be uncomfortable

All babies can feel pain, but they respond to pain in different ways. When babies are in pain, their appearance and behaviour may change.

Your baby may be in pain if you see several of these signs:

- a wrinkled forehead
- tightly closed eyes
- a grimace or pained facial expression
- a high pitched cry
- legs curled up towards the body (knees and hips flexed)
- tightly curled toes and fingers

Pain can also cause changes inside your baby's body. Your baby's health care team will watch closely for these signs of pain:

- a faster heart beat
- a change in breathing, either faster or slower
- higher blood pressure
- lower oxygen levels in the blood

Why baby may feel pain or discomfort

Some babies may feel discomfort or pain from health problems such as infections. Also, when babies need intensive care they may need to have some tests and treatment that can be stressful, uncomfortable or even painful.

Some intensive care treatments that may be uncomfortable are:

- putting in or taking out an intravenous line
- putting in a breathing tube, called intubation
- taking a sample of spinal fluid, called a lumbar puncture
- being on a ventilator to help breathing
- taking a blood sample from the baby's heel

Ways to help baby feel more comfortable

Your baby's health care team will provide developmental care to help your baby feel more comfortable. Developmental care may also help your baby cope and recover from a stressful procedure.

Your baby's health care team can also help your baby feel more comfortable by:

- helping you give skin-to-skin care
- giving medication to control pain when it is safe to do so
- cuddling or "nesting" your baby's position

Ways to comfort baby when crying

Your baby may cry for many reasons, such as:

- feeling uncomfortable from a wet diaper
- an uncomfortable position
- feeling irritable
- having too much stimulation

If your baby is on a ventilator, you may see your baby crying, but not hear any sound. This is because the ventilator tube passes through the baby's voice box (vocal cords).

Here are some ways to comfort your baby when he or she is crying:

- change his or her diaper, if needed
- change your baby's position, if he or she is feeling well enough to be moved
- offer a soother
- give your baby a rest time, without talking or touching
- gently hold your baby with your hands around his or her body

Pacifier or Soother

Sucking on a pacifier or soother may help comfort your baby. You can offer this when your baby is awake and quiet and during feeding times. A pacifier or soother is also helpful for a baby who cannot yet eat.

At first, your baby may make sucking movements, but not suck very well on the soother. Your baby may suck very fast and then take a rest. You may need to help hold the soother in your baby's mouth. As your baby gets older and feels better, the sucking movements will get stronger.

Helping baby feel at home

Babies can usually wear their own socks and hats. If your baby is doing well, your baby can also wear his or her own clothes.

If you like, you can bring in flannel blankets. Do not bring in any stuffed toys, to avoid dust collection and reduce the risk of infection.

Remember . . .

- **Put your baby's name on all items that you bring from home.**



Doing more as your baby grows

As your baby grows and feels better, you will gradually become more comfortable with your baby's care.

Ask your baby's nurse when you can learn to:

- change your baby's position
- change diapers
- clean your baby's mouth
- feed your baby
- bathe and dress your baby
- settle your baby to sleep
- interact and play with your baby
- encourage your baby's development
- give your baby medications if needed

Your baby's health care team will continue to give you information and support as you learn to do more for your baby.

You can learn more about parenting and child development by:

- reading the parent information handouts
- reading the parent information display boards
- watching programs in the Family Lounge

Getting ready to leave the Special Care Nursery – Discharge Planning

As your baby gets better, he or she will no longer need special care. The nurse caring for your baby will also be taking care of other babies.



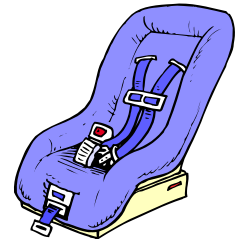
When you leave our nursery, your baby may go home or to another nursery. We may invite you to a discharge planning meeting to make plans together.

Your baby may be well enough to go to:

- a special care nursery at another hospital
- your room on the maternity unit if you are still a patient in the hospital
- home after 48 hours of Rooming-in

When you are getting ready to take your baby home, you need to plan to stay overnight with your baby in a Bunk Room. This is called Rooming-in. In this room you will feed and care for your baby by yourself, yet still be close to the nursery. You will need to bring your baby back to the Special Care Nursery in the morning and evening for your nurse to check your baby. You can ask questions or get help if you are unsure of what to do when you stay in the bunk room.

Before you Room-in you must bring in an approved car seat for your baby. You and your nurse will do what we call a car seat trend where your baby is put into the car seat and watch closely to make sure everything is okay.



Before you leave for home, your nurse will go over your follow-up appointments with you.

When you go home, we refer most of our families to a public health nurse with your verbal consent. It is your right to have this service. A public health nurse will call you and may visit your home upon request. The nurse can help you with things like breastfeeding and daily baby care. The nurse can also help with any problems you may have.

Breastfeeding support after you go home

Breastfeeding support is available through our Breastfeeding and Newborn Assessment Clinic (BANA) on the second floor of the Bishop Dowling Unit. Before you go home you will learn more about this service.

Remember . . .

- **If you have any questions about caring for your baby, please talk to a member of your health care team.**



Resources

The Canadian Paediatric Society: www.cps.ca

St. Joseph's Healthcare Hamilton: www.stjoes.ca

Public Health and Social Services: www.myhamilton.ca

Motherisk: www.motherisk.org/women/index.jsp



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