



dayton children's

NICU family guide



welcome to the **neonatal intensive care unit** (NICU) at Dayton Children's Hospital. For more than 50 years, we have provided family-centered care in a child-friendly, healing setting.

Congratulations! The birth of your baby is an exciting time and should be celebrated. However, we know that your stay in the NICU may be a lot to take in. The excitement you just recently felt for the birth of your baby may soon turn into fear about what lies ahead.

Our doctors and nurses know you can make better decisions for your baby when you understand the care he or she is receiving, and we want you to feel welcome in the NICU. We are dedicated to providing the very best care for you and your newborn.

This booklet contains information about the NICU, what to expect during your baby's stay and ways to take part in your baby's care.

Dayton Children's is the region's most comprehensive **level IIIB NICU**, caring for more than 800 babies yearly. Newborns who come to us have a 99% survival rate and a low number of complications. We care for the region's sickest babies, some weighing less than one pound.

Dayton Children's NICU is staffed with specially-trained **neonatologists** who work together with a **multidisciplinary** team of specialists from more than 50 areas of pediatric medicine to provide the best outcome for these fragile lives. We look forward to working together to get your baby safely home as soon as possible.



what's inside

NICU basics.....	5
a normal day.....	10
about the NICU staff.....	11
feeding your baby.....	21
how to connect with your baby.....	27
the right technology.....	31
baby's big day (and your's)... going home!.....	35
safety.....	60
your guide to Dayton Children's.....	64
finding more resources and support.....	70



the NICU basics

first things first

When your baby is sick, it's hard to think about what needs to be done. There are a few things we need you to know before coming to the NICU.

when can I visit?

- As a parent, you are the most important member of your baby's team and can visit anytime. We want you to voice any concerns and questions, and be very involved in your baby's care.
- For the safety of all the babies, when you get to Dayton Children's, stop at the main entrance welcome center by the Up Cafe. Our guest services team will get you a visitor badge. All visitors need a badge before going up to the NICU.
- When visiting after hours (8:00 pm - 8:00 am), know that security is enhanced and you may be asked questions by our security officers to ensure everyone's safety.
- Family lounges and waiting areas are open for the comfort of families and visitors. However, for safety reasons, overnight sleeping in lobbies, waiting rooms or open public areas is not allowed. Rooms are also available across the street at the Ronald McDonald House.
- Please note that there may be visitor restrictions anytime there's a community-wide contagious disease outbreak. This will be communicated on our website.



the daily routine in the NICU

You are welcome to be with your baby at all times, but do not be afraid to leave your baby's bedside for a break.

how we help babies grow

When your baby first gets to the NICU, many staff members will be caring for and examining your baby to make sure he is comfortable and getting the appropriate care. During the first hours and perhaps days, your baby will be watched very closely.

NICU babies:

- Are checked often by the nursing staff and medical team
- May need help breathing
- Often need X-rays and other tests
- May not be eating and need **IVs** (nutrition through an **intravenous tube**)
- Need lots of rest to help them grow and heal

family-centered care

We are passionate about providing family-centered care in a child-friendly, healing setting. Our family-centered care ensures that you will be a partner in your infant's care and treatment. Your family is an important part of our team. We believe families are powerful partners in health care and vital to the healing process of critically-ill newborns.

family-centered rounds

Please join family-centered rounds in the NICU. Rounding means neonatologists, neonatal nurse practitioners and resident physicians will meet at your baby's bedside to talk about his medical condition, plan of care, updates and your concerns. We want you to take part in rounds as often as you can, as you are the most important caregiver in your baby's world. Rounding usually happens in the morning.

If you cannot attend family-centered rounds, give a member of the NICU your cell phone number so they can update you on your baby's condition. A provider will always be available after rounds to update you on your baby's status.

amenities to make your stay more safe and comfortable

New technology brings added safety and comfort to our tiniest patients and their families. Parents and family members can check in on their baby through AngelEye, a camera that shares a live feed of your baby. Read more details in the technology section.

Refrigerated drawers in all of the rooms helps make sure the right baby gets the right milk.

Each room also has GetWellNetwork, an education and entertainment system where family members can watch TV, play games and watch videos that fit their child's health needs. All of these technologies help make sure that you and your child are as safe and comfortable as possible throughout your stay.

visitors

visiting hours: 8:00 am - 8:00 pm



You may identify up to 10 people who are able to visit your child. This includes you, parents, step-parents, grandparents and siblings over 18 years of age. You do not need to list visitors under 18, but any visitors under 18 need to be accompanied by an adult on this list.

If a visitor arrives to Dayton Children's Hospital and they are not on this list, they will not be granted permission to visit.

All visitors on this list must check-in at the welcome center to receive a visitor badge. Badges are required to enter a patient unit.

common thoughts and feelings

While you may rejoice at the birth of your baby, you may also feel scared or even upset because your baby has to stay in the NICU. You may feel helpless as you see the health care team taking care of your baby, and you may want to hold your baby more than her condition allows. Our goal is for you to be involved in your baby's care. Please know that all of these feelings are normal and that support is available.

CaringBridge

Caringbridge.org is a free website that lets you post photos and let friends and family know of your baby's progress. The site walks you through a setup, which includes putting together your own personal page.

free meals for breastfeeding moms

We offer three free meals per day for our breastfeeding moms. The meals can be ordered off our menu from 7:00 am – 6:00 pm. While food is not allowed in the NICU, the meal tray may be picked up and enjoyed in the lounge outside of the nurse's station. Non breastfeeding moms can order two free meals per day per room from the menu. Check GetWellNetwork for available options. To order a meal, use the phone by the front desk to dial extension 3718.

make yourself at home

Each room has a breast pump so mothers can pump in the privacy of their room. Specially-designed refrigerators for the storage of breast milk are located in each room. Feel free to use the supplies available including water and juice in the refrigerator and personal care items in the restroom.

family lounge

We understand the importance of remaining close to your baby. Our family lounge provides a quiet place to enjoy a moment of rest and relaxation during your baby's stay. The family lounge is open to families and visitors of NICU babies.



your baby's safety

We take many steps to keep babies safe:

- Security cameras monitor the NICU at all times.
- The NICU is a locked unit. Parents, siblings and visitors need a name badge to enter. Get one at the welcome center when you come in the main entrance.
- If your baby needs to leave the NICU for a test or procedure, a NICU staff member will go with him.
- Only parents should call the NICU. When parents call, they will be asked for a code they were given at transport. Parents should identify themselves by this code whenever they call the NICU.
 - **my code is:** _____
- Only bottled water is allowed at your baby's bedside.

choose a pediatrician

We need to know which doctor you have chosen to care for your baby after going home. Some insurance companies require that you identify the pediatrician within the first 30 days of life. We will contact the pediatrician and keep them updated on your baby's progress. This helps the pediatrician take over the care of your baby after leaving the NICU to go home.

If you need help in selecting a pediatrician, visit our website at childrensdayton.org.



what is a normal day?

7:00 am

Daytime nurses come in for their shift. Caregivers exchange information about your baby's care when the shifts change (usually twice a day). Try to schedule calls at least a half hour before or after shift change.

**9:00 am –
2:00 pm**

Rounds start. The NICU staff will talk about the plan for the day. Every Tuesday, the nurses will measure your baby's head size and length. We encourage you to join us whenever you can.

3:00 pm

Some evening nurses come in for their shift.

**5:00 pm –
7:00 pm**

If your baby gets nutrition through an intravenous (IV) line, the tubing will be changed.

7:00 pm

Night nurses come in for their shift.

**8:00 pm –
midnight**

Your baby will be weighed.

11:00 pm

Some night nurses come in for their shift.



about the NICU staff

With so many people, it may be hard keeping track of everyone taking care of your baby. We recommend writing down the names of your baby's caregivers on the lines provided, as well as notes about your baby's progress. You can also use it to write your questions for the care team.

who's who... and what we do

You are an important member of your newborn's health care team.

We will work with you to make decisions and treatment plans for your baby. You help your baby when you:

1. Tell us things that will help us to know and care for your child.
2. Speak up right away when you have a question or concern.

your child's care team

Caring for the sickest of newborns is a team effort. Supporting you and the neonatologists is a staff of specially-trained professionals. The team includes nurses, respiratory therapists, dietitians, lactation consultants, physical and occupational therapists, social workers, and pharmacists.

Most importantly, newborns who come to our NICU have a 99% survival rate and a low incidence of complications, even though we care for the region's sickest babies.

Our neonatologists are board certified in neonatal-perinatal medicine and work with neonatal nurse practitioners and specially-trained nurses. Dayton Children's provides immediate access in one location to a full complement of 50 pediatric subspecialties, including pediatric surgery, pulmonology, gastroenterology, cardiology and neurology, just to name a few.

Our respiratory therapists and nurses have long-standing relationships with emergency and obstetrics staff at all referring hospitals. We work together to provide the best outcome for the tiniest of patients.

a color for every caregiver

During your hospital stay you may come into contact with a number of caregivers and many of them are dressed in scrubs. As shifts change, it can be difficult to determine your caregivers' roles. While identifying a doctor in a white lab coat is fairly easy, telling the difference between a nurse and a therapist can be a little more challenging. Dayton Children's is taking some of the guesswork out of recognizing the role and area of expertise of your caregivers with a color-coded dress policy. You can recognize any of our health care professionals by the following colored scrubs:



attending physicians
black



residents
pewter gray



registered nurses
navy blue



patient care assistant
turquoise



respiratory therapy
maroon



environmental services
light gray



child life
pink



lab
hunter green



medical imaging
grape



patient access
plum



volunteers
royal blue smocks



rehab/therapy
teal



pharmacy
light blue



surgery - operating rm.
pewter gray



EEG
eggplant



ortho
royal blue



technicians
red



telecommunications
white

doctors

neonatologist: The doctor in charge of your baby's care during her stay. This doctor is specially trained in taking care of sick newborns. The neonatologist caring for your baby will switch every two weeks. All of the neonatologists are on the same team and communicate the daily plan of care for all babies within the NICU.

name: _____

name: _____

resident: A doctor who has graduated from medical school and is receiving clinical training in a specialty.

name: _____

name: _____

consulting physicians: Doctors with specialized training and expertise in a particular field of medicine or surgery. A pediatric cardiologist (children's heart doctor) is an example of a consulting physician.

name: _____

name: _____

advanced practice clinicians

neonatal nurse practitioner: These nurses have specialized training in the care of babies. They work together with the attending physicians, surgeons and neurosurgeons. They are able to perform exams, diagnose and treat illness, and write orders and prescriptions for patients.

name: _____

name: _____

lactation consultants: A nurse with specialized training in breastfeeding to make your breastfeeding experience as successful as possible. Our lactation consultant works in collaboration with the attending physician, surgeons and neurosurgeons to make sure your baby's nutritional needs are met.

name: _____

name: _____

neonatal dietitian: The registered dietitian works with the NICU team, makes recommendations on nutrition and keeps track of your baby's growth.

name: _____

name: _____

nurses

nurse managers and assistant nurse managers:

Trained neonatal nurses who manage the unit activities and staff.

name: _____

name: _____

clinical team leader (CTL): The charge nurse is in charge of the NICU for a shift. She participates in daily rounds and assigns nurses to care for each baby.

name: _____

name: _____

staff nurse: NICU nurses have specific training in caring for newborns. Our nurses provide the day-to-day care for your baby, offer instruction to parents and help with discharges.

name: _____

name: _____

resource nurse: Responsible for staff education and also works with patient families.

name: _____

name: _____

clinical support/patient care assistant (PCA): Also called a nurse's aide or PCA. The PCA works under the supervision of the nurse caring for your baby and is responsible for taking vital signs, feeding and bathing.

name: _____

name: _____

unit clerk: The staff member at the front desk of the NICU responsible for answering general questions and screening visitors.

name: _____

name: _____

respiratory therapist: Works with the NICU team to treat babies with breathing difficulties and maintains the respiratory equipment at your baby's bedside.

name: _____

name: _____

other health care professionals

occupational therapist: A specialist in baby development. You may come in contact with this person either in the nursery or in a follow-up setting.

name: _____

name: _____

speech therapist: A specialist for babies with feeding problems.

name: _____

name: _____

social worker: Provides support to families, which may include family coping strategies. Social work can also help find financial support or support from community-based programs.

name: _____

name: _____

subspecialties and services

Dayton Children's has the only NICU in the region with easy access to all the pediatric subspecialists needed to address the complex medical needs of premature and sick newborns, all under one roof.

pediatric subspecialties available:

- Cardiology
- Gastroenterology
- Neurology
- Nephrology
- Orthopaedics
- Pulmonology
- Radiology
- Surgery

pediatric services available:

- 24-hour consultation to area physicians
- 24-hour emergency ground transportation
- Being there at high-risk or potentially complicated deliveries
- Total body cooling technology
- Genetic consulting
- High-frequency ventilation
- Inhaled nitric oxide
- Newborn follow-up clinic



Since 1981, the region's only mobile intensive care newborn transport team has provided expert, specialized care needed to safely and rapidly transport critically-ill infants by ground. We have easy highway access from all points of the region to Dayton Children's. The average response time from dispatch to departure is 15 minutes. The team transports more than 400 critically-ill newborns every year and maintains an excellent safety record.

During transport to Dayton Children's, a highly-skilled NICU nurse and respiratory therapist work together to closely monitor your baby and provide treatment along the way. This team is in frequent contact with a neonatologist throughout the transport process to ensure the highest-quality patient care. The service is staffed 24 hours a day, seven days a week. Our dedicated team of neonatologists and staff are available to attend high-risk births and transport infants that are premature or born with complications.



feeding

how well is my baby growing?

For the first week or so, babies usually lose weight. Your baby will be weighed every night. Head size and body length are measured once a week. The information is placed on a graph so that the NICU staff knows how well your baby is growing.

Everything that goes into your baby (IV nutrition or feedings) and everything that comes out will be carefully measured. Your baby's care team includes a neonatal dietitian who will work with the team to make sure we are giving your baby everything she needs to grow.

should I breastfeed?

Yes! The American Academy of Pediatrics and Dayton Children's staff believe that breast milk is the best food for babies. Premature or sick babies have a greater need for the nutrition that only breast milk can offer:

- It has **antibodies** and other **immune factors** that can help keep your baby safe from some infections.
- It is easier for many babies to digest.
- Mothers of premature babies produce milk that is different from the milk of moms with full-term babies. This milk is uniquely suited to premature babies.

do I need to eat any special foods while breastfeeding my baby?

Eating a healthy diet will make you feel better. Many calories are used up when breastfeeding so you may feel hungry often. A healthy, well-balanced diet should be eaten. Be sure to eat plenty of meat, fish, eggs, milk, cheese, citrus fruits, green and yellow vegetables, whole grain cereal and bread products, and few fatty foods and sweets.

donated breast milk program

We believe breast milk gives our NICU babies the healthiest start. On average, Dayton Children's NICU sees 50 very low birth weight babies — less than 4 pounds — each year. Breast milk is very important for any baby, but for very premature babies it can be lifesaving. While we strongly encourage mothers to provide as much of their own breast milk as they can, some mothers may not make enough milk or be able to pump milk.



For these reasons, Dayton Children's partnered with The Mothers' Milk Bank of Ohio to make sure the most fragile newborns receive the benefits of breast milk. All babies born weighing less than 3 pounds, 5 ounces may receive donated breast milk. Lactation consultants are available to answer any and all of your questions.

If breast milk is not being used, a member of the team will talk about the risks and benefits tied to the use of formula and/or **fortifiers**.

clinical nutrition lab

The clinical nutrition lab is a state of the art lab staffed with specialty trained technicians that oversee your baby's nutritional needs. Technicians can help if your baby is in need of a specialized formula, or higher calories in your breastmilk. The clinical nutrition lab technicians will be entering your baby's room to collect your breastmilk 1-2 times daily. The breastmilk will then be entered into our bar code scanning system with time, date, expiration date and fresh or frozen status. Once your breastmilk is scanned into the system the technicians will bring your breastmilk back to your baby's room and place it in their refrigerated drawer.

The breastmilk barcode scanning system will track all of your breastmilk while you are with us. Then, when it is time for your baby to eat, the barcode is scanned to ensure the right milk, expiration date and time, and correct fortification (if needed), is given to your baby. The clinical nutrition lab will also store your extra milk in a deep freezer located in a secure location to extend how long you can keep it.

For any additional information needs please reach out to your clinical nutrition lab technician.

food groups suggested daily servings for mom

Meat and meat substitutes	3
Fruits	4
Vegetables	4
Breads and cereals, grain	4
Milk and dairy products	4
Other, fried and sweet foods	0-2

should I avoid any foods?

Most foods that were eaten during pregnancy can be handled by mother and baby while nursing. There is no reason to stay away from garlic, curry, cabbage, onions or any other nourishing food.

If a specific food seems to bother you or your baby, you can stop eating it to see if it makes you feel better. Caffeine (in coffee, tea, soft drinks and chocolate) may cause the baby to be fussy. If this happens, use decaffeinated coffees, teas or soft drinks and only eat chocolate occasionally. An increased amount of cow's milk in your diet may also cause the baby to be fussy. You do not have to drink milk to make milk, but you should talk to your doctor about taking a calcium supplement.

what else should I do while breastfeeding my baby?

While you are breastfeeding, you need to drink plenty of fluids. Try to drink seven to ten 8 ounce glasses of fluids each day. (Drink enough to keep your urine pale.) You may want to have a glass of cold water or juice while you are nursing your baby.

Do not drink hot drinks while your baby is at the breast. Hot drinks could spill and burn your baby.

how often should I breastfeed my baby?

Newborn babies have very small stomachs and breast milk digests quickly and easily so your baby will need to eat often. It is best to breastfeed your baby whenever your baby seems hungry. Between one to three hours after feeding, your baby will have an empty stomach. The baby may act restless because an empty stomach will be uncomfortable.

You may expect to offer the breast eight or more times in 24 hours. If your baby needs to eat on a regular schedule, your doctor or nurse will tell you this. Signs that your baby is getting enough breastmilk are weight gain, three or more poops per day and more than six wet diapers per day.

how long should a feeding last?

Length of time and amount of feeding is different for every baby. Let your baby nurse until satisfied. Listen for swallowing. Your baby should have at least 20 minutes of swallowing time at each feeding. Let your baby let go of the first breast when done. Burp your baby and offer the second breast if your baby still seems hungry. Most milk is emptied from your breast within five to eight minutes.

should I wake my baby to feed?

During the day, you may want to wake your baby if he sleeps three or more hours from the beginning of the last feeding. More daytime feedings may help your baby to sleep longer at night. Check with your baby's doctor to see when it is okay to let your baby sleep through one feeding at night (usually if you have fed him or her at least eight times before bedtime).

should I give my baby water?

No. Your milk has a lot of water in it, so your newborn does not need water. Giving water to your new baby may lessen nursing time and lessen your milk supply.

will drinking alcohol hurt my baby?

An occasional drink is considered safe, but daily alcohol use may cause your baby to be sleepy, weak, uncoordinated and unable to grow well. If you have more than two alcoholic drinks, you should pump your milk (through two feedings) and throw it away for 6-8 hours. Feed your baby milk that you have already pumped or formula instead during that 6-8 hour period.

will my smoking cigarettes hurt my baby?

It is best for you and your baby if you quit smoking. Smoking cigarettes during breastfeeding may lessen your supply of milk. Breathing cigarette smoke may cause your baby to have more colds and other health problems. There is also a higher risk for SIDS (sudden infant death syndrome) in babies whose parents smoke.

You should not take your baby into smoke-filled rooms or allow people to smoke near your baby.

If you cannot quit it is still better for your baby's health to breastfeed. Talk with your health care provider about ways to reduce your baby's nicotine exposure.

will drugs/medicines that I take hurt my baby?

Many drugs or medicines that the breastfeeding mother takes go through to her milk. A few drugs may be very harmful to the baby. Be sure to tell your doctor that you are nursing your baby, pumping milk for your baby or planning to nurse your baby when they prescribe medicines for you. If you are already taking a medicine, be sure to check with your doctor or your baby's doctor to see if it is safe for your baby. Most prescribed drugs a mother needs are safe for breastfeeding.

Do not take any over-the-counter medicines without first checking with your doctor or your baby's doctor. This includes medicines you may take for a cold. Be sure to tell the doctor that you are a nursing mother. Usually, the doctor can prescribe or suggest something to help you that is safe for your baby. Sometimes, breastfeeding must be stopped if the medicine that you need is not safe for your baby. You may need to pump and throw out your milk while you are on the medicine. This keeps up your milk supply and helps you avoid getting uncomfortably full.

Your doctor will tell you when the medicine is no longer in your breast milk.

what if I occasionally use "recreational" drugs?

You should not take any drug or medicine sold on the street if you are nursing your baby. Not only are the drugs harmful to you and your baby, but these drugs are often mixed with other drugs and even poisons.



how to interact with your baby

sleep-wake states

As time goes by, your baby will be awake more often. He will experience different times of being asleep and being awake—from being in a sound sleep, to being awake and crying and difficult to soothe. These different times will tell you when it is the best time to socially interact with your baby.



deep sleep

No eye movement, no activity, regular breathing



light sleep

Low levels of activity



drowsiness

Heavy-lidded eyes that open and close, occasional activity



quiet and alert

Wide, bright eyes and focused attention



crying

More body movement and color changes

“i’m ready to interact” behaviors

Babies are always communicating through the use of signals and cues. The following cues let you know if the infant may be ready to interact with you.



focused attention

Baby will make eye contact with you



awake and quiet



face and arms relaxed



color pink and regular breathing rate

Baby is relaxed and ready to interact



sucking movements

Bright-eyed



awake and relaxed



“I’m overwhelmed” / “I need quiet time”



worried face/frowning



yawning



fingers spread wide open



wide-eyed



looking away



frown and cry



stop sign



the right technology

Your baby will be closely monitored throughout his stay. This means wires, tubes, patches, probes and machines — which can all be scary. However, knowing that it's all for his own good, and understanding a little bit about what you're seeing and hearing, may help to ease some of the fear.

beds

Giraffe® OmniBed

The Giraffe bed makes your baby feel like she is still in the womb. It provides the quietest and most soothing setting to promote healing. Giraffe beds are a care station that greatly improve the quality of care for premature babies by decreasing trauma from frequent moving and manipulation. Because these beds allow for easy access, fragile, critically-ill babies can stay in the same bed before, during and after most procedures. Also, the bed can control the temperature and humidity along with other features that ensure the best place for healing the tiniest newborns.

The Giraffe bed creates a healing environment for the family members, too. They can hold their baby and touch her through the portholes (health permitting).

isolettes

These are small beds enclosed by clear, hard plastic with an internal heat source. The temperature of the bed is controlled and closely watched because premature babies often have a hard time maintaining their body temperature.

infant warmers

These are beds with radiant heaters over them. Parents can touch their babies in the warmers, but it's always a good idea to talk to the staff first, just in case.

bassinet

A small plastic bed on a wood frame with no heat source. When your baby is placed in a bassinet she usually is close to going home.

monitors

what does the monitor do?

Babies are attached to monitors so the NICU staff always knows their vital signs. The single monitor (which picks up and displays all the necessary information in one place) counts your baby's heart rate and breathing rate, blood pressure and oxygen saturation.

alarms should not alarm you...

You may find yourself watching the monitor. With numbers blinking and alarms ringing, the monitor seems hard to ignore. Please feel safe knowing that these machines are always keeping track of your baby's health — even when a health care provider is not right at the bedside. Sometimes a monitor will alarm for a non-emergency reason, such as a loose lead, an extra heart beat, hiccups or increased muscle activity when your baby moves. Nurses closely watch these alarms and will respond appropriately.

Here's a brief look at what some of the unfamiliar equipment does and how it may help your baby, depending on your baby's condition and diagnosis:

Blanketrol III

Dayton Children's was the first in the region to use therapeutic hypothermia. This technology interrupts brain damage, reducing significant disability or death. Cooling is used to treat babies with a condition caused by a lack of oxygen to the brain before or during delivery.

With the Blanketrol III, the baby is placed on the blanket and is cooled to maintain a certain state of hypothermia for 72 hours. The baby is then re-warmed slowly over several hours. Research has proven that if a baby's brain can be cooled down below normal body temperature (37°C) within six hours of birth and kept that way for 72 hours, the treatment may stop progressive damage to the brain and reduce or prevent significant disability or death.

IVs and lines

An IV is a thin flexible tube placed in the vein with a small needle. Once in the vein, the needle is removed, leaving just the soft plastic tubing. Instead of giving your baby injections every few hours, IVs allow certain medicines to be given continuously, several drops at a time. Further, it allows your baby to receive proper nutrition when she cannot breastfeed or drink formula.

arterial lines

Arterial lines are very similar to IVs, but they're placed in arteries, not veins, and are used to monitor blood pressure and oxygen levels in the blood (although some babies may simply have blood pressure cuffs instead).

phototherapy

Both premature and term infants may be born with jaundice. Jaundice is a common newborn condition where the skin and whites of the eyes turn yellow. Phototherapy is used to help get rid of the bilirubin that causes jaundice.

ventilators

Babies sometimes need extra help to breathe. An infant is connected to the ventilator (or breathing machine) with a soft plastic tube placed into the windpipe through the mouth. It is important to note that while there are different types of ventilators. Some of them require you to turn your cell phone off for your baby's safety. Signs will tell you when you are in an area where your cell phone needs to be off.

refrigerated drawers

Every room has a refrigerated drawer for an extra layer of safety and convenience. The drawers will hold breastmilk and formula at an ideal temperature.

AngelEye

AngelEye allows you to see your child on any device with an internet connection. This gives you, and any family you add, the ability to bond and see the baby even when you can't be at the bedside.

Ask your care team for the consent form and instructions sheet for getting set up with AngelEye.

baby's big day (and yours)... going home!

when can my baby come home?

This question is asked the most often. Every baby is different, and your baby's going-home date will depend on how early your baby was born or how sick your baby was at birth. Keep your original due date in mind as a sign of when your baby might be ready to go home. The actual date may be earlier or it could be much later, but the due date gives a general idea.

Once your baby is able to do the following things, she is getting closer to going home:

- Keeps himself warm
- Sleeps in a crib, not in a warming bed
- Weighs about four pounds or more
- Has learned to breast or bottle feed
- Breathes on her own



why the wait?

Like many new parents, you're probably eager to take your baby home. And like many other parents, you might be wondering, "What's taking so long?" Before leaving, parents will get one-on-one teaching to help ease the transition.

It is important to note that discharge may take an entire day. For instance, you may be instructed on how to give medicine and use medical equipment at home.

Your baby has been in an intensive care unit and you need to be fully educated and feel comfortable taking care of your baby at home. Remember, you must already have a rear-facing, infant car seat and a doctor's appointment scheduled before you leave.

before you leave, NICU staff will review:

infant care: Temperature, bath, diaper change, bottle feeding, breastfeeding, choking care and bulb syringe.

routine needs: Hearing forms and state screening, car seat check, car seat test (for babies born at less than 37 weeks) and a car seat video.

Within 48-72 hours of going home, a nurse will call to check on your baby.

state requirements

Ohio currently requires testing of all newborns for 35 disorders, including cystic fibrosis and sickle cell disease. Visit the Ohio Department of Health for a list of the required newborn screenings at odh.ohio.gov. All babies will be screened in the NICU to meet the state requirements.

congenital heart disease screening program

Congenital heart disease screening is a simple screening test that will show if your baby is at risk and needs more testing. It involves using **pulse oximetry**. Your baby will get this screening test before he goes home.

what is congenital heart disease?

Congenital heart disease (CHD) is the most common birth defect. Babies born with heart disease have abnormal structure to their heart which causes abnormal blood flow patterns.

About eight out of 1,000 babies born have a form of congenital heart disease. Some forms of congenital heart disease cause no or very few problems in the health, growth and development of the baby. Many times, surgery isn't needed for these forms of congenital heart disease. However, critical congenital heart disease can cause serious health problems, including death. This risk is greater if a baby is not diagnosed soon after birth.

what is pulse oximetry?

Pulse oximetry is a simple and painless test that measures how much oxygen is in the blood. Another term for pulse oximetry is "pulse ox."

Pulse ox is used routinely to keep an eye on an infant's oxygen level during a procedure or treatment. It can also be helpful in deciding if an infant's heart and lungs are healthy. Pulse ox can also help to identify babies with low levels of oxygen in their blood that may have serious heart problems.

A doctor or nurse practitioner may ask for more testing such as an ultrasound of the heart, or echocardiogram (or "echo") when a low pulse ox reading is found. The echo will screen for a serious problem in the structure of the heart or the blood flow through the heart. Pulse ox can identify a baby with serious congenital heart disease before he or she leaves the nursery.

how is pulse ox performed?

The pulse ox is placed by a sticky strip, like a Band-Aid™, with a small red light, or "probe," on the baby's hand or foot. The probe is attached to a wire, which is attached to a special monitor that shows the pulse ox reading.

The pulse ox test takes just a few minutes to do when a baby is still, quiet and warm. If a baby is crying, squirming or cold it may take longer or may not work. You can help comfort your baby and keep him or her warm, calm and quiet while the test is being performed.

can the pulse ox test hurt my child?

The pulse ox test is painless. It does not hurt the child.

when will the pulse ox test be performed?

The pulse ox test will be done after the baby is 24 hours old, but before he/she goes home.

what is a normal reading?

Pulse ox readings in the hand and foot that are 95 to 100% and equal to or less than three percent different from each other are normal in healthy children.

Children with heart or lung problems may have lower readings. A low pulse ox reading can be normal in newborns whose lungs and heart are adjusting after birth. If your child has a problem with his or her heart or lungs, your doctor or nurse will tell you what a normal pulse ox range is for your child. It is likely that your baby's doctor will order more tests.

can a baby with serious congenital heart disease have a normal pulse ox reading?

It is possible that the pulse ox test will not find all forms of problems in the baby's heart. Your baby should still have normal visits with his or her primary care doctor. If a problem with the heart is suspected, your primary care doctor will tell you.

If you have questions about pulse ox or congenital heart disease, you should ask the doctor or nurse that is caring for you during your pregnancy or the doctor or nurse caring for your baby after he or she is born.

basic newborn care

Now you're ready to head home and start life with your baby. Once home, though, you frantically realize you have no clue what you're doing! Brushing up on these tips can help first-time parents feel good about caring for a newborn in no time.

getting help after the birth

Consider getting help from friends and family to get through this time, which can be very hectic and overwhelming. While in the hospital, use the expertise around you. Many hospitals have feeding specialists or lactation consultants who can help you get started nursing or bottle-feeding. In addition, nurses can show you how to hold, burp, change and care for your baby. Relatives and friends can be a great resource. But if you don't feel up to having guests or you have other concerns, don't feel guilty about limiting visitors.

handling a newborn

If you haven't spent a lot of time around newborns, a fragile baby may be intimidating. Here are a few basics to remember:

- Wash your hands (or use a hand sanitizer) before handling your newborn. Young babies have not built up a strong immune system yet, so they are likely to get an infection. Make sure that everyone who handles your baby also has clean hands.
- Be careful to support your baby's head and neck. Cradle the head when carrying your baby and support the head when carrying the baby upright or when you lay her down.
- Be careful not to shake your newborn, whether in play or in frustration. Forceful shaking can cause bleeding in the brain and even death. If you need to wake your baby, don't do it by shaking — instead, tickle your baby's feet or blow gently on a cheek.
- Make sure your baby is securely fastened into the carrier, stroller or car seat. Limit any activity that would be too rough or bouncy.
- Remember that your newborn is not ready for rough play, such as being jiggled on the knee or thrown in the air.





bonding and soothing techniques

Bonding happens during the sensitive time in the first hours and days after birth when parents make a deep connection with their baby. It is probably one of the most pleasurable aspects of infant care. Physical closeness can promote an emotional connection.

For babies, the attachment contributes to their emotional growth, which also affects their development in other areas, such as physical growth. Another way to think of bonding is “falling in love” with your baby.

Children thrive from having a parent or other adult in their life who loves them unconditionally. Start bonding by cradling your baby and gently rubbing their back. Both you and your partner can also take the opportunity to begin skin-to-skin contact, holding your newborn against your own skin while feeding or cradling.

Babies, especially premature babies and those with medical problems, may respond to infant massage.

Certain types of massage may add to bonding and help with growth and development. Many books and videos cover infant massage — ask your doctor for recommendations. Be careful, however — babies are not as strong as adults, so massage your baby gently.

Babies usually love soft vocal sounds, such as talking, babbling, singing and cooing. Your baby will probably also love listening to music. If your little one is being fussy, try singing, reciting poetry and nursery rhymes, or reading aloud as you sway or rock your baby gently in a chair.

Some babies can be very sensitive to touch, light or sound. They might startle and cry easily, sleep less than you might expect, or turn their faces away when you speak or sing to them. Stay away from loud noises and bright lights.

swaddling

Swaddling is a soothing technique first-time parents should learn. Hands need to be close to the baby's face when swaddling.

Not only does this keep a baby warm, but the pressure seems to give most newborns a sense of safety and comfort. Swaddling may also help limit the startle reflex, which can wake a baby.

here's how to swaddle a baby:

- Spread out the receiving blanket, with one corner folded over slightly.
- Lay the baby face-up on the blanket with his or her head above the folded corner.
- Wrap the left corner over the body and tuck it underneath the back of the baby, going under the right arm.
- Bring the bottom corner up over the baby's feet and pull it toward the head, folding the fabric down if it gets close to the face.
- Wrap the right corner around the baby and tuck it under the baby's back on the left side, leaving only the neck and head exposed, keeping hands close to the face.



diapering do's and don'ts

Your baby will dirty diapers about 10 times a day, or about 70 times a week.

Before diapering a baby, make sure you have all supplies within reach so you won't have to leave your baby alone on the changing table.

You'll need:

- A clean diaper
- Fasteners (if cloth prefold diapers are used)
- Diaper ointment if the baby has a rash
- A container of warm water
- Clean washcloth, diaper wipes or cotton balls

After each poop or if the diaper is wet, lay your baby on his or her back and remove the dirty diaper. Use the water, cotton balls and washcloth or wipes to gently wipe your baby's private area clean.

When changing a boy's diaper, do it slowly because exposure to the air may make him pee. When wiping a girl, wipe her bottom from front to back to avoid a urinary tract infection. To prevent or heal a rash, apply ointment. Dry the baby's bottom first before applying ointment. Always remember to wash your hands well after changing a diaper.

what should a “normal” stool (poop) look like?

In the first few days of life, baby stool is thick, sticky and almost black. This is called a meconium stool and is normal. Slowly this will turn lighter and be less thick and sticky. This is called a transitional stool.

After about a week, breastfed babies will have light yellow, loose stool several times a day. Babies who are fed formula have more formed, “thicker” stool less often. If your baby has not had a stool for over 48 hours and seems uncomfortable, call your baby's doctor. If you think your baby's stool is not normal in color or texture, check with your baby's doctor.

diaper rash

Diaper rash is a common concern. Typically the rash is red and bumpy and will go away in a few days with warm baths, some diaper cream and a little time out of the diaper. Most rashes happen because the baby's skin is sensitive and becomes irritated by the wet diaper.

to prevent or heal diaper rash, try these tips:

- Change your baby's diaper often, and as soon as possible after bowel movements.
- After cleaning the area with mild soap and water or a wipe, apply a diaper rash or "barrier" cream. Creams with **zinc oxide** are preferable because they form a barrier against moisture.
- If you use cloth diapers, wash them in dye- and fragrance-free detergents.
- Let the baby go without a diaper for part of the day. This gives the skin a chance to air out.
- If the diaper rash doesn't go away after three days or seems to be getting worse, call your doctor. It may be caused by an infection that needs a prescription.



baby skin care in the NICU

Skin is the largest “organ” of the human body and is important in protecting against infection. The skin of all newborns, and especially premature newborns, is thinner and has less protective layers. This developing skin is more likely to get an infection and irritation and chemicals should be avoided.

products with less ingredients

Bath products with less ingredients may be better for the babies we care for. Our nurses also wanted to find products with natural ingredients instead of chemicals.

Both families and nurses picked the Earth Mama Angel Baby bath products. While these products don't have the “baby scent” that you may be used to, the scent comes from natural products. Our nursing team feels these are the best for your baby's skin.

ingredients to avoid

If you would like to bring in your own bath products, please consider reading labels and not using products with:

- Parabens
- Phthalates
- 1,4 dioxane
- Quaternum 15 (Q15)
- Phenoxyethanol
- Preservatives
- Fragrances



bathing your baby

What do I need to get together for a bath?

Before you start, get all bath supplies you will need:

- Mild soap
- Washcloth
- Towel, comb or brush
- Clean clothes and diapers (pins, if needed)
- Baby shampoo
- Tub, dishpan or clean sink

how do I start the bath? (sponge or tub bath)

- Close the door or window to prevent drafts.
- Wash your hands with soap before starting your baby's bath.
- Never leave your baby alone during a bath! If the phone or doorbell rings and you must answer it, wrap your baby in a towel and take him/her with you.
- Always test the bath water before bathing to prevent chilling or burning. Place your wrist or elbow in the water to make sure it feels comfortably warm.

how do I give a sponge bath?

- You may leave your baby dressed to wash the baby's face and hair.
- Start the bath by cleaning your baby's face with a clean wet washcloth. Do not use soap on the face.
- Clean the baby's eyes.
 - Use a washcloth and plain water to clean the eyes.
 - Do not use soap.
 - Wipe the eye gently, starting close to the nose and wipe across the eye. Use a clean area of the washcloth for each eye.
- Clean the ears and nose using your finger, covered by a washcloth. Never use a Q-tip® swab.

- Shampoo the head using a gentle baby shampoo. When you are done, hold your baby's head over the water, supporting his or her back and head and rinse off all the soap being careful not to get soap and water in your baby's eyes. Gently rub the head dry with a dry cloth. Sometimes a flaky crust will form on a baby's head. This is called cradle cap. It is caused by an oily scalp or by not rinsing out all of the soap. Do not scrape or peel it off. Ask your baby's doctor what to do about cradle cap.
- For a sponge bath, remove the clothing as you wash the baby, starting with the shirt and ending with the diaper.
- Wash, rinse and dry the chest, arms and hands.
- Turn your baby over and wash her back.
- Cover baby with a towel to keep her warm.
- Wash and dry the legs and feet.
- Wash and dry the diaper area last.
- Bundle your baby up after his/her bath. Your baby's hands and feet might turn a little blue while he is cold. A baby's hands and feet should turn pink as he warms up.
- Be sure to get under all folds of the skin, especially under the chin, behind the ears and in the diaper area. Remember to dry these areas well.
- Check your baby for rashes, sore areas or other problems at bath time. Sometimes a baby may have white spots or "pimples" on their nose or forehead. These are called milia and are normal. Do not pinch or squeeze them. They will go away as the baby grows.
- Check the **cord or navel area**. If there is any drainage, redness or bad odor, call your baby's doctor. The cord should be cleaned with soap and water. Be sure to dry the cord area well.

how do I give a tub bath?

- Remove the baby's clothes.
- Clean the baby's diaper area well, before placing him or her in the water.
- Place your baby in the water, lowering him or her slowly so you do not scare him or her.
- Hold your baby carefully. A clean towel in the tub helps prevent slipping. Wet babies are slippery!
- Remember, no soap products on the face.
- Wash, rinse and dry the chest, arms and hands. Turn your baby over and do the back.
- Wash and dry the legs and feet.
- Wash and dry the diaper area last.
- Be sure to get under all folds of the skin, especially under the chin, behind the ears and in the diaper area. Remember to dry these areas.
- Check your baby for rashes, sore areas or other problems. Sometimes a baby may have white spots or "pimples" on their nose or forehead. These are called milia and are normal. Don't pinch or squeeze them. They will go away as the baby grows.



how often should I bathe my baby?

Your baby only needs a bath two to three times a week, but you may bathe him/her more often when it is hot. A bath in hot weather can make your baby feel more comfortable. Be sure to give your baby plenty of time to become completely dry (especially hair) before you take him/her outside in the colder weather.

circumcision and umbilical cord care

Immediately after **circumcision**, the tip of the penis is usually covered with gauze coated with petroleum jelly to keep the wound from sticking to the diaper. Gently wipe the tip clean with warm water after a diaper change, then apply petroleum jelly to the tip so it doesn't stick to the diaper. Redness or irritation of the penis should heal within a few days, but if the redness or swelling increases or if pus-filled blisters form, infection may be present and you should call your baby's doctor immediately.

Umbilical cord care in newborns is also important. It's recommended to leave the area alone.

The infant's belly button shouldn't be submerged in water until the cord stump falls off and the area is healed. Until it falls off, the cord stump will change color from yellow to brown or black — this is normal. Talk to your doctor if the belly button becomes red or if a foul odor or **discharge** develops.

feeding and burping your baby

Whether feeding your newborn by breast or a bottle, you may be stumped as to how often to do so.

Your baby may let you know by crying, putting fingers in his or her mouth, or making sucking noises.

A newborn baby needs to be fed every 2-3 hours. If you're breastfeeding, give your baby the chance to nurse about 10-15 minutes at each breast.

Some newborns may need to be awakened every few hours to make sure they get enough to eat. Call your baby's doctor if your baby doesn't seem interested in eating or sucking.

If you're formula feeding, you can easily check if your baby is getting enough to eat, but if you're breastfeeding, it can be a little trickier. If your baby seems satisfied, has about six wet diapers and several poops a day, sleeps well, and is gaining weight regularly, then he is probably eating enough.

Another good way to tell if your baby is getting milk is to notice if your breasts feel full before feeding your baby and less full after feeding. Talk to your doctor if you have concerns about your child's growth or feeding schedule.

Babies often swallow air during feedings, which can make them fussy. You can prevent this by burping your baby frequently.

If your baby tends to be gassy or seems fussy during feeding, try burping your little one every ounce during bottle feeding or every five minutes during breastfeeding.

The following are burping techniques:

- Hold your baby upright with his or her head on your shoulder. Support your baby's head and back while gently patting the back with your other hand.
- Sit your baby on your lap. Support your baby's chest and head with one hand by cradling your baby's chin in the palm of your hand and resting the heel of your hand on your baby's chest. Use the other hand to gently pat your baby's back.
- Lay your baby face-down on your lap. Support your baby's head, making sure it's higher than his or her chest, and gently pat or rub his or her back.
- If your baby doesn't burp after a few minutes, change the baby's position and try burping for another few minutes before feeding again. Always burp your baby when feeding time is over.

choking

A baby can choke on food, spit up or small foreign objects. The food, liquid or object may go down the **windpipe** instead of the **esophagus**, which leads to the stomach. A choking baby may cough or cry and may not be able to breathe if the windpipe is totally blocked. A baby may try to cry, but instead make odd noises or no sound at all. The baby's skin may turn bright red or blue if the windpipe is totally blocked.

what should I do if my baby is choking?

If the baby looks like he is choking and is having trouble crying, coughing or breathing, the airway may be slightly blocked. If the child's own cough does not relieve the situation or if the baby is not breathing, place the baby's head (turned to the side) and chest downward on your outstretched arm. If your baby is choking, give a firm thrust with the heel of your hand between the baby's shoulder blades. Repeat if your baby is still choking. This should clear anything that could be lodged in your baby's throat. If your baby continues to choke or has trouble catching his breath, call 911 immediately.

how can I lessen the chances of my baby choking?

- Hold and feed your baby in an upright position.
- After feeding, burp your baby well.
- If your baby throws up a lot, ask your child's doctor about sleep positions. The suggested sleep position is on the back.
- Grind or cut food for infants and young children into small pieces.
- Avoid round shaped foods such as popcorn, peanuts and hot dogs unless cut into small pieces.
- Beware of buttons, coins, rocks, balloons or toys with small pieces.



bulb syringe

when do I use a bulb syringe?

A bulb syringe is used to get fluid out of the nose when your baby has a cold. Removing the fluid/mucus will make it easier for your baby to breathe. Sometimes, bulb syringes are also called nasal aspirators or ear syringes.

how do I use a bulb syringe?

1. Get out the bulb syringe and some tissue.
2. Squeeze the big end of the syringe.
3. Keeping the big end of the syringe squeezed, gently place the small end of the syringe just inside the nostril. Remember to aim away from the middle of the nose.
4. Slowly release the pressure from the squeezed syringe. This will draw the fluid out from your baby's nose. Take the syringe out of the nose.
5. Remove the fluid from the syringe into a tissue by squeezing the big end of the syringe.
6. Repeat steps 2-5 as needed.

how do I clean a bulb syringe?

The inside and outside of the bulb syringe should be cleaned with warm soapy water. Rinse the bulb syringe with clear water. Let it air dry.



sleeping basics

As a new parent, you may be surprised to learn that your newborn, who seems to need you every minute of the day, actually sleeps about 16 hours or more! Newborns typically sleep for periods of 2-4 hours. Don't expect yours to sleep through the night — the digestive system of babies is so small that they need nourishment every few hours and should be awakened if they haven't been fed for four hours (or more often if your doctor is concerned about weight gain).

When can you expect your baby to sleep through the night? Many babies sleep through the night (between 6-8 hours) at 3 months of age, but if yours doesn't, it's not a cause for concern. Like adults, babies must develop their own sleep patterns and cycles, so if your newborn is gaining weight and appears healthy, don't get upset if she hasn't slept through the night at 3 months.

It's important to place babies on their backs to sleep to lessen the risk of sudden infant death syndrome (SIDS). In addition, remove all fluffy bedding, quilts, sheepskins, stuffed animals and pillows from the crib to make sure that your baby doesn't get tangled in them or suffocate. Also be sure to switch the position of your baby's head from night to night (first right, then left and so on) to prevent the development of a flat spot on one side of the head.

Many babies have their days and nights "mixed-up" when they are first born. They tend to be more awake and alert at night and more sleepy during the day. One way to help them is to keep the stimulation at night to a minimum. Keep the lights low, such as by using a nightlight. Reserve talking and playing with your baby for the daytime. When your baby wakes up during the day try to keep him or her awake a little longer by talking and playing.



back to sleep

ABC's of safe sleep: babies sleep best alone, on their back, in a crib

One of the most important things for parents and caregivers to remember is to be responsible for their baby's sleep safety. There are ways to reduce the risk.

Everyone who cares for your baby must know all of the sleep rules you follow in the normal care of your baby.



babies need to sleep alone

Some moms and dads sleep with their babies in an adult bed or they allow babies to sleep with other children or pets. This is not safe. The baby's mouth or nose can become covered, keeping the baby from breathing.



put babies to sleep on their backs

The safest position for babies to sleep is on their back. Put your baby in a one-piece sleeper or sleep sack without a blanket.



always put babies in a crib

A safe crib is the best place for your baby to sleep. It is not safe for a baby to sleep in an adult bed, on a couch, chair, bean bag, waterbed, featherbed, futon or recliner. For the safest sleep, use a safety-approved crib (Consumer Product Safety Commission) with a firm, tight-fitting mattress. In order to reduce the risk for sudden infant death syndrome or sleep-related death, a safe crib shouldn't have the following: Pillows, bumper pads, quilts, lamb skins, blankets, stuffed toys or drop-down side(s).

Give your new baby a safe and healthy start with these additional safe sleep tips from Dayton Children's and the American Academy of Pediatrics:

- Make an appointment and go to all well-child visits.
- Place your baby to sleep in the same room where you sleep, but not the same bed.
- Keep soft objects or loose bedding out of the crib. This includes pillows, blankets and bumper pads.
- Wedges and positioners should not be used.
- Don't smoke while pregnant or after birth. Keep your baby away from smokers and places where people smoke.

- Breastfeeding is advised.
- Offer a pacifier at nap time and bedtime.
- Avoid covering the infant's head or overheating.
- Do not use home monitors or devices marketed to lower the risk of SIDS.
- Infants should get all recommended shots.
- Supervised, awake tummy time is advised daily to help growth and lessen the chance of positional plagiocephaly (flat heads).

how to dress your baby for sleep

Set the room temperature comfortable for a lightly dressed adult. The room should not be too hot. Dress the baby lightly for sleep using a sleep outfit (gown or sleeper).

Try not to let your baby get too hot. Your baby could be too hot if you see sweating, damp hair, red cheeks, heat rash or rapid breathing.

House temperature is best around 68-70°F in the winter. Do not overheat (too much clothing, heavy bedding or increase the thermostat too much), even if your baby has a cold or is sick.

tummy time

All babies should sleep on their back to lessen the risk of sudden infant death syndrome (SIDS) or other sleep-related deaths. But during waking hours, tummy time is essential from day one. Babies who don't spend time face-down often have some delays in their development of motor skills.

Below are tummy time tips for your baby. Remember, never leave your baby alone during tummy time.

keep your baby company

One mom-tested strategy is to distract your baby from the unfamiliar feeling of being face-down until he gets used to it.

The best thing you can do is join your baby on the floor. Encourage him, talk with him, shake his rattle, make funny faces, play peekaboo.

provide entertainment

Prop a board book open in front of your baby, or place a favorite toy within reach. Invest in a tummy-time toy or gym, designed especially for babies to play with while on their belly. Some have lights, mirrors, moving pictures, music and/or squeaky toys attached.

prop your baby up

Some parents find that giving their baby a new perspective — by propping her on a rolled towel or nursing pillow, for example — makes all the difference.

If your child has some neck strength and head control (by age 3 or 4 months), but can't get up on her forearms, simply place the towel or pillow under her chest and armpits, with her arms in front of it. (If she tends to roll forward, keep your hand on her bottom.) When she can get up on her forearms independently, remove the pillow and let her work on her motor skills without it.

time it right

Make sure your baby isn't hungry or tired when you set him tummy-down. On the other hand, don't place him on a full belly, which might be uncomfortable.

tune into your baby

Try to figure out if there's something about tummy time that your baby finds scary. Maybe his blanket is too scrunched under him for comfort. Maybe it's too cold on the floor.

when to call the doctor

when should I call my baby's doctor?

Sometimes it is hard to know when to call your baby's doctor. Most doctor's/nurse practitioner's offices have staff who can answer questions and make appointments for your baby as needed. Your doctor's/nurse practitioner's office may direct you to take your baby to urgent care or the emergency department to get care if needed.

call your baby's doctor/nurse practitioner if your baby:

- Has a fever that does not go down with Tylenol® or Motrin® (based on your baby's age and medicine recommendation). Check your baby's temperature before you call the doctor. Write it down and tell your doctor how it was taken (example: by mouth, by bottom, under the arm, in the ear or on the forehead).
- Has a rash, especially if there is also a fever.
- Is less active or is fussy.
- Will not eat.

- Throwing up (not including gastroesophageal reflux) and diarrhea that lasts more than a few hours.
- Has a cough or wheeze.
- Has a runny nose or cold lasting longer than two weeks.
- Has eye drainage.
- Has watery, frequent poops or blood in stool.
- Has pink or cloudy urine.
- Has less than 6 to 8 wet diapers per day.
- Looks or acts sick.

call your baby's doctor/nurse practitioner immediately if your baby:

- Has a high fever (fever > 100.5°F - infant 3 months or less)
- Has blood in their urine
- Has bloody diarrhea

You know your baby and his or her normal activity. If you feel something is wrong, call your doctor or nurse practitioner.

call 911 if your baby has:

- Bleeding that cannot be stopped
- Poisoning
- Any trouble breathing or is not breathing
- A head injury with loss of consciousness, throwing up or poor skin coloring
- Has **convulsions** (seizures)
- A blue color around or in the mouth or nose

tips for taking temperatures

when should I take my child's temperature?

If your child looks sick, you may want to take his or her temperature. Fever is a sign of sickness. However, small babies' temperatures will sometimes drop (go down) rather than rise (go up) when they are sick.

Never leave your child alone while taking his or her temperature. It's important to store all thermometers in a safe place out of the reach of children.

choosing a thermometer

The American Academy of Pediatrics (AAP) no longer recommends using a glass mercury thermometer because of mercury and broken glass. Other thermometers that are both safe and accurate include digital thermometers that can be used under the arm (axillary), by mouth (orally), in the bottom (rectally), in the ear (tympanic) or across the forehead (temporal). Whichever one you choose, be sure you know how to use it correctly so that you get the right reading.

how to take your child's temperature

under the arm (axillary)

Temperature can be taken under the arm for children birth to 2 years or anytime your child cannot hold a thermometer in his or her mouth:

- Turn the thermometer on. Hold the thermometer snugly (tightly) in the armpit (touching skin only, not clothing).
- Hold the thermometer there until it beeps. Read and record (write down) the number on the screen.

by mouth (orally)

Temperature can be taken in the mouth for children 2 years of age or older:

- Hold your child or have your child get in a comfortable position.
- Place the thermometer well back in his or her mouth under the tongue.
- Have your child keep his or her lips closed, but not bite down on the thermometer.
- The thermometer will beep when done. Remove the thermometer and read it.

Note: *An oral temperature may not be correct if your child has had something hot or cold to eat or drink in the last 15 minutes.*

in the bottom (rectally)

Temperature can be taken in the bottom for children birth to 2 years or when you cannot get an axillary (under the arm) temperature:

- Moisten (wet) the lower part of thermometer with Vaseline® or KY Jelly® (see thermometer package for best way to wet thermometer).

- Place child in a comfortable position. Spread the buttocks (child's bottom) with one hand to expose the rectal opening. Hold your child so he or she cannot move.
- Gently place the tip of the thermometer into the rectum 1/2 - 1 inch. Stop at less than 1/2 inch if the thermometer will not go in farther.
- Gently remove (take out) the thermometer when it beeps that the temperature has been read. Record (write down) temperature.

Note: *If thermometer will not go in, clean the thermometer carefully with soap and water or clean with alcohol if available, and use another way to take your child's temperature (axillary, orally or tympanic).*

in the ear (tympanic)

Temperature can be taken in the ear for children 6 months and older:

- Gently pull the child's ear back and down.
- Put the thermometer tip (cone shape) into the ear opening and push the start button.
- Follow the directions that come with the thermometer.

Note: *Your child's temperature may not be correct if he or she has an ear infection or wax buildup.*



across the forehead (temporal)

Temperature can be taken across the forehead for children 3 months and older:

- Start at the middle of the forehead; put the temporal artery thermometer on the skin.
- Slide the thermometer across the forehead, down the side of the face (in front of the ear) and across the back of the neck.
- Follow the directions provided with the thermometer.

what is a normal temperature?

Temperatures normally range from 97-100.5°F or 36.2-38°C. However, it's important to know that a “normal” temperature may be different for each child. Body temperatures change with activity, emotional stress, types of clothing worn and air temperature.

call your doctor if:

- Your baby under 3 months of age has a temperature over 100.4°F (38°C).
- Your premature baby has a temperature over 100.4°F (38°C) (even if he or she is older than 3 months).
- Your baby has a temperature over 100.4°F (38°C) and/or the following symptoms:
 - Crying or fussy
 - Not eating well
 - Floppy or listless (limp)
 - Difficult or trouble breathing
 - Coughing
 - Does not look good
- Your baby has a temperature less than 97°F (36.1°C).
- If your child feels hot and you can't read a thermometer.
- Your baby has a fever for more than three days.
- There are seizures with the fever.
- Your child has a long-term illness and has a temperature 2 degrees or more above his or her baseline (normal) for a certain length of time (follow your care provider's instructions about temperature and when to be concerned).

safety

buy a car seat

A safe car seat is one of the most important decisions you will make. Ohio's car seat law states that children under 4 years old and 40 pounds must ride in a car seat. Babies should be in a rear-facing car seat from birth until they reach the highest weight or height allowed by the manufacturer of the car seat. Therefore, you are required to have a car seat before you leave the hospital. Before you buy a car seat, make sure it's suitable for a smaller baby and avoid secondhand car seats because they could have been in a crash.

Ohio's child restraint law

Children ages 0-4

Any child who weighs less than 40 pounds or is younger than 4 years old must be properly secured in accordance with the manufacturer's instructions in a car seat that meets federal motor vehicle safety standards.

Children ages 4-8

Any child younger than 8 years old and less than 4 feet 9 inches in height must be properly secured in accordance with the manufacturer's instructions on a booster seat that meets federal motor vehicle safety standards.



child passenger restraints at a glance

age	type of seat	AAP and Dayton Children's recommendations
Babies and toddlers younger than 2	Infant-only and rear-facing convertible seat	All babies and toddlers should ride in a rear-facing car safety seat as long as possible. Until they reach the highest weight or height allowed by the manufacturer of the car seat. Most convertible seats have limits that will permit children to ride rear-facing for 2 years or more.
Toddlers and preschoolers	Convertible, combination and forward-facing seat	All children who have outgrown the rear-facing weight or height limit for their car seat should use a forward-facing car seat with a harness for as long as possible, up to the highest weight or height allowed by the manufacturer of their car seat.
School-age children	Booster seat	All children whose weight or height is above the forward-facing limit for their car seat should use a belt-positioning booster seat until the vehicle lap-and-shoulder seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are between 8 and 12 years of age.
Older children	Lap and shoulder seat belts	<p>An older child can use a seat belt when they can sit comfortably against the vehicle back seat without slouching forward with their knees bent at a 90 degree angle.</p> <p>When children are old enough and large enough to use the vehicle seat belt alone, they should always use lap-and-shoulder seat belts for optimal protection.</p> <p>All children younger than 13 years of age should be restrained in the rear seats of vehicles for protection.</p>

smoking

Everyone knows the risks of smoking, but premature babies are even more sensitive to its harmful effects. Breathing secondhand smoke may cause your baby to have more colds and other health problems. There appears to be a higher risk of SIDS in babies who are around cigarette smoke. Cigarette smoking during breastfeeding may decrease (lower) your milk supply. You should not take your baby into smoke-filled rooms or allow people to smoke near your baby, especially if your baby has had breathing problems. *For more information on quitting smoking, call 1-800-QUIT-NOW*



shaken baby
syndrome is
100%
preventable

shaken baby syndrome

never shake a baby

A child will outgrow crying, but shaking can cause brain damage and death. Shaken baby syndrome is a medical term for injuries caused when a baby or child is shaken. The injuries occur because the head is whiplashed back and forth during shaking. Babies can be seriously injured when shaken since their neck muscles are not strong enough to control head movements. Not only are their neck muscles relatively weak, but their brain is still developing.

It is important to remember all babies cry. Taking care of babies is hard work and when they cry it might seem even harder. Caregivers may feel angry, tense, worried or sad. It's understandable to have these feelings, but it is never okay to take them out on a baby. It's never okay to shake young children – **shaking them can cause severe injuries, even death.** It's important to talk to anyone caring for your baby about the dangers of shaking and how it can be prevented.



how to soothe a crying baby:

- Make sure the baby's basic needs are met (for example, she isn't hungry and doesn't need to be changed).
- Check for signs of sickness, like a fever or swollen gums.
- Rock or walk with your baby.
- Sing or talk to your baby.
- Offer your baby a pacifier or a noisy toy.
- Take your baby for a ride in a stroller or strapped into a child safety seat in the car.
- Hold your baby close against your body and breathe calmly and slowly.
- Call someone for support or to take care of the baby while you take a break.
- If nothing else works, put your baby on his back in the crib, close the door and check on the baby in 10 minutes.
- Call your doctor if nothing seems to be helping, in case there is a medical reason for the fussiness.

your guide to Dayton Children's

our campus

where to park

For the convenience of families and visitors, parking is free. The garage in front of the hospital can be accessed from the main driveway off Valley Street. RTA bus tokens are available in the Altitude gift shop.

handicap parking

There are handicapped spaces in the lower level of the parking garage.

smoke-free campus

For health and safety reasons, Dayton Children's is an entirely smoke-free campus. No one may smoke or use electronic cigarettes anywhere inside the building or outside on hospital property.

U.S. Bank ATM

The U.S. Bank ATM is located by the purple elevators.

free wi-fi

Free wireless internet is available throughout the hospital. Please check your wireless setting and click on "Dayton Children's Guest Network." No passwords are required.

pharmacy

For your convenience, a pharmacy is available at our main and south campus. Our pediatric pharmacists have specialized training to help ensure the safe and effective use of medication in children, from infants to young adults. The main campus pharmacy is open 24 hours a day, seven days a week. It is located on the first floor by the yellow elevators across from the fish tank.

safety and security

security 937-641-3636

Dayton Children's goes to great lengths to ensure the safety of patients and families. Security cameras are located throughout the hospital and parking lots. Security officers are available 24 hours a day. All security staff wear identification badges. Upon request, security can escort you to your vehicle or provide a courtesy ride to the Ronald McDonald House. If you need security anytime night or day, call 937-641-3636, or stop by the security office located straight off the yellow elevators.

what if my child is in isolation?

Germ spread. The best way to prevent infection is by washing your hands. To protect your child and others, your child may be put into isolation. If your child is in isolation, a sign will be placed outside of your child's room to let others know what steps they should take to protect themselves before entering your child's room. Children in isolation are not permitted to use the activity center. Please ask the nursing staff for available toys, books and other activities to keep your child occupied during their stay.

care signs

Outside each room is an electronic alert screen or a card. These screens or cards share patient-specific safety precautions, like isolation status. They help our team, family and visitors know what to wear to help prevent the spread of germs. Our alert screens could also show things like fall risk, patient napping, mother breastfeeding and happy birthday! Take a look at the screen or cards and tell any visitors to look at these before entering your child's room.

hand hygiene tips

Safety is the number one concern for all of our patients. Hand washing is the most important way to stop the spread of infection.

- Before you enter your child's room, you should use alcohol-based cleaner, such as hand sanitizer. Or, you can use soap and water to wash your hands. Scrub your hands for 15 seconds, then rinse and dry them.
- Wash your hands after using the restroom or changing a diaper.
- Cough into a tissue or your shirt sleeve. Do not cover your mouth with your bare hands.

where to eat



Grab a bite to eat at The Culinary Kitchen, located on the first floor. Menu items include everything from a stone-deck oven creating delish pizzas, to rice bowls, to international favorites. Salads, sandwiches and other family favorites are also available. The Culinary Kitchen is open every day. Check GetWellNetwork for specific hours.



The Up Cafe is on the first floor in the atrium. It offers coffees, teas, hot chocolate and fresh baked goods. View hours for the Up Cafe on GetWellNetwork.

Vending areas – Ask your nurse for closest location

Local restaurants – Check GetWellNetwork for a list of nearby restaurants and delivery options

other key services

GetWellNetwork

GetWellNetwork is an education and entertainment system available on your TV. Explore the many great features for your education, entertainment and comfort.

- Watch videos assigned specific to your child's care.
- Ask for child life support and place service requests.
- Nominate any one on your care team for a Daisy or Poppies award.

- Watch movies or TV, play games, and go online.

There are instructions on how to use the remote and keyboard in your room. Also, all families will receive a pair of headphones to use with GetWell. Please ask if you don't have a pair.



Scan to download the GetWell Anywhere app to access assigned education, nominate a care team member and more on your phone or tablet.

MyKidsChart

Through Dayton Children's MyKidsChart, you have a secure, online health connection to your child's health information. You can review your child's health history, immunization records, test results and more, all online. You can also request an appointment or a prescription refill and send a medical advice question. Visit <https://mykidschart.childrensdayton.org> to view or set up MyKidsChart. Ask your nurse or a member of your care team for more information and directions to sign up.

family resource connection

Could the right connection to a community resource help your family?

Dayton Children's family resource connection can connect you to community resources such as food banks, utility programs, job training, adult education, parenting classes, household items, personal care and educational support for children. If you think you can benefit from these services, call the family resource connection at 937-641-3716.

social work

Our social workers are available 24 hours a day, 7 days a week to assist children and families with health care services, understanding financial issues and contacting community resources. If you wish to speak with a social worker, request these services.

child life and where to play

Dayton Children's has child life specialists as part of the care team. Child life specialists are pediatric health care professionals who work with children to help them cope with the challenges of hospitalization, illness and disability. They provide children with distraction techniques during select procedures, age-appropriate preparation for medical procedures, coping strategies and play activities.

For children and their siblings, there are play spaces throughout the hospital for your convenience. Play areas or activity centers are located on three west on the third floor and each floor of the tower, except for the NICU. Children and families can also enjoy sunshine and fresh air on the Skydeck. The Skydeck is an outdoor activity area located on the fourth floor of the tower. It is open from dawn to dusk, weather permitting. There is a public side and a private side for children who are immunocompromised. The Children's Garden across Valley Street is another great place to get some fresh air. All units throughout the hospital have toys, games and books for children. All children should be supervised by a parent or guardian while in the play areas.

chaplain spiritual services

Chaplains, as members of the health care team, give emotional and spiritual care to patients, families and staff members. They offer acceptance and comfort during illness, injury and loss. Our chaplains have extensive training in working with children and their families in times of emotional crisis. Chaplains are either in the hospital or on-call around the clock.

If your child, you, or anyone in your family would like to speak to a chaplain of your own faith, or have your own clergy notified of your child's hospitalization, speak with your child's nurse or dial "O" for the hospital operator to have a chaplain paged.

Our interfaith chapel, open 24 hours a day, is located on the first floor across from the pharmacy.

volunteer resources

Volunteers are very special people who help us go above and beyond! They comfort and support our patients and their families through a variety of services. From greeting and guiding families and visitors when they enter the hospital, to helping child life in the activity rooms or patient rooms, to keeping kids company when they are inpatient, our volunteers are at the heart of what we do. Look for a royal blue button down shirt to identify a volunteer.



Keeping families close

Ronald McDonald House Charities® programs

When a child is ill or injured, the whole family needs care. As practitioners of family-centered care, we know the positive outcomes and benefits of keeping families together when a child has been hospitalized. Our partnership with Ronald McDonald House Charities programs gives families the opportunity to physically and emotionally support their child during all hours of the day.

Ronald McDonald Family Room

The Ronald McDonald Family Room offers parents, guardians, grandparents and siblings a quiet place to have a break, take a nap in a nap pod, take a shower or do laundry, all at no cost. The Family Room also has coffee, snacks and lite meal options. For hours and location go to [GetWellNetwork](#).

Ronald McDonald House

The Ronald McDonald House is a place for patients' families at Dayton Children's to take a break from the hospital while remaining available for their child at a moment's notice. The Ronald McDonald House is available as a home away from home when a child is facing hospitalization.

Located just across the street from Dayton Children's on the corner of Chapel and Valley Streets, the Ronald McDonald House has 14 bedrooms with private baths, a large kitchen with hot meals provided, two family rooms, as well as a play area, laundry facilities, a patio and free parking.



To access the house as a resident or day guest, a family first needs a referral. The referral form can be downloaded from their website (rmhcd Dayton.org) or obtained at the hospital. The referral form must be filled out by both the parent wishing to stay and a member of the child's treatment team, and then faxed to guest services at 937-496-2476.

All guests will be notified when their referral is received and if a room is available. If a room is not available, the family will be placed on the room request list and will be notified when a room is available. Those traveling the greatest distances and whose children are very sick are given priority.

Please note, completion of a referral does not guarantee a room or an offer of services.

finding more resources and support

The NICU at Dayton Children's offers information and support to get you through this challenging time. If you need information on specific support groups and additional services, visit our family support resource directory on our website.

glossary of terms

level IIIB NICU – a NICU that can care for the sickest of babies including newborns with extreme prematurity or who are critically ill and may require surgery.

neonatologists – a doctor who studies and treats newborn babies.

multidisciplinary – several specialists working together to provide the best care for your baby. These specialists might include cardiology, neurology, and gastroenterology, just to name a few.

IV – also known as intravenous therapy, is a treatment that delivers substance directly into a vein. Substances can include medicine, fluids and nutrition.

intravenous tube – the intravenous tube connects the IV to a bag that contains the substance that your baby needs.

antibodies – are naturally created in a person's blood and are needed to fight off disease.

immune factors – substance that is naturally created in the body to help protect from some infections.

enhancements – can be added to your breast milk to make sure your baby is getting the right nutrients to grow.

SIDS – sudden infant death syndrome is unexplainable death, typically during sleep, to what seems like a healthy baby less than one year old.

hypothermia – a low body temperature.

pulse oximetry – a way to determine the oxygen level in your blood. Pulse oximetry is measured using a pulse oximeter. The pulse oximeter is typically placed on the fingertip.

bulb syringe – an instrument used to remove fluids from the baby.

zinc oxide – an ingredient used in creams and ointments that can be used to prevent and treat minor skin irritations.

umbilical cord – cordlike structure that contains blood vessels and connects the unborn baby to its mother. The umbilical cord provides oxygen and food to the baby.

navel area – also known as the belly button, is the area on the stomach where the umbilical cord attaches.

circumcision – procedure done to remove the extra skin off the tip of the penis.

discharge – substance that can develop around the umbilical cord.

Or – being sent home from the hospital.

windpipe – the airway from the throat to the lungs.

esophagus – is a tube that connects the throat to the stomach.

convulsions – sudden, irregular movement of the body.

rights and responsibilities

what are my rights as a parent, patient or legal guardian?

1. To get the best care possible. Race, religion, sex, age, disability, cultural status or national origin will not affect the quality of care.
2. To be treated with courtesy and respect at all times. Personal values, cultural and spiritual beliefs will be respected as long as they don't interfere with the well-being of others or the medical care planned. If needed, the hospital can help your child with resources to meet psychosocial and spiritual needs.
3. To have personal privacy and confidentiality within the limits of the law.
4. To have safe care and surroundings as much as possible.
5. To have pain relief, including a quick response to reports of pain by concerned staff members who are committed to pain prevention and management.
6. To know the name of the doctor or caregiver in charge of your child's care and to know the name and job of others caring for your child.
7. To have the doctor in charge give you complete information about your child's condition, care and what to expect. This information is given to you in words you can understand.
8. To have visitors unless there are restrictions due to an outbreak of a communicable disease. And, to be able to talk with or see people outside the hospital.
9. To have an interpreter if needed (child or family member is unable to see, hear, speak or understand English).
10. To see your child's medical record as permitted by law and to have help in understanding the information in the medical record.
11. To be involved in your child's care as much as possible. To do so, you will have

- Complete information about your child's condition.
 - Complete information on planned treatment.
 - If experimental treatment is recommended for research and/or education, you will receive a full explanation which includes: details on any risks, recovery and success rates.
 - Information on other treatments available when they are considered appropriate.
12. To ask that a specialist (a doctor who is an expert on your child's problem) see your child. One of Dayton Children's doctors needs to submit this request in writing.
 13. To refuse treatment (except when those treatments are required by law). If you refuse treatment that your child's doctor feels is necessary for good medical care, he or she has the right to stop being your child's doctor.
 14. To know all the reasons that make it necessary to transfer your child to another hospital or health care facility. Your child also has the right to know about other options.
 15. To ask for and get a complete list and explanation of all charges that you may be billed for.
 16. To get information when your child is admitted. Information should include Dayton Children's patient rights policy; how patient complaints are resolved and information on the bioethics committee.
 17. To develop advance directives (patients 18 years of age and older) and appoint a surrogate to make health care decisions on your child's behalf.
 18. To get information on ways to help children who have had a long absence from school.
 19. To have freedom from the use of restraints, except when medically indicated.
 20. To be informed of hospital rules and regulations.
 21. To have protective services as needed.
 22. To know why your child experienced unanticipated results due to a change in the care plan.
 23. To file a complaint or grievance about patient care, abuse or neglect, or ethical issues

what are my responsibilities as a patient, parent or legal guardian?

1. To give complete and honest information about:
 - Present sickness or condition
 - Past sickness or condition
 - Past hospital stays
 - Medicines
 - Anything else that might affect your child's health
 - Advance medical directives as appropriate
2. To follow the treatment plan recommended by your child's doctor. This includes:
 - Instructions from nurses and other health professionals who are carrying out the physician's orders and enforcing hospital rules and regulations
 - Keeping appointments and notifying the responsible physician or hospital if you cannot do so
3. To accept responsibility for what happens if you refuse treatment or do not follow the physician's instructions.
4. To tell the doctor or nurse when your child is in pain.
5. To work with the doctor and nurse to develop a pain management program.
6. To pay your child's medical bills on time.
7. To follow hospital rules and regulations.
8. To respect the rights of other patients and hospital personnel.

**While "your child" is primarily used throughout this document, these rights and responsibilities apply if you are a parent, patient or if you are the legal guardian of the patient.*

Dayton Children's realizes that there may be times when a patient, parent or legal guardian has questions about decisions and actions related to their care. The first step in getting your questions answered is to talk directly with your child's physician or the hospital department. In cases of disagreement or concern regarding patient care, abuse or neglect, or ethical issues, the patient, family, or legal guardian may submit a verbal or written grievance to our patient relations department.

if you have a concern, please contact or talk to:

- The caregiver or person in charge
- The doctor or hospital department
- The patient representative at 937-641-3306
- The Ohio Department of Health (ODH) at 1-800-342-0553
- The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) at 1-800-994-6610

OR write:

- Patient Relations Department
One Children's Plaza
Dayton, Ohio 45404-1815
- Ohio Department of Health
246 North High Street
P.O. Box 118
Columbus, Ohio 43266-0118

You may also call patient relations at 937-641-3306 if you want to contact the bioethics committee at Dayton Children's.

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dayton
children's