

The background is a light blue gradient with several white butterfly silhouettes scattered across it. The text is centered and written in a blue, cursive font with a white outline.

Transition to Home

Revised 9/2022

When will my baby go home?

Every baby must meet certain criteria before they are discharged home:

- **At least 4 lbs.** on day of discharge
- Able to maintain **all feedings** by breast and/or bottle, hopefully within **30 minutes.**
- Able to **maintain their temperature** in an open crib and be gaining weight on a regular basis.

Preparing Yourself, Your Home & Your family

- Preparing for an emergency
- **Tobacco Smoke**
- **Pets**



The background is a light blue gradient with several white butterfly silhouettes scattered across it. One butterfly in the bottom right corner is a darker shade of blue.

Homecoming

Safe Sleep For Your Baby

- ALWAYS put your baby on his/her back to sleep!
- Your baby should have his/her own safe sleep environment (Safety-Approved Crib, Portable Crib, Play Yard) with a firm sleep mattress, covered in only one fitted sheet.
- Remove any toys, pillows, bumpers or bedding from the crib.
- Dress your baby in a sleeper or a swaddler instead of a blanket.

Safe Sleep Tips

1. Place infants on their back every sleep period until they are 1 year old.
2. Use a firm surface (mattress), non-inclined sleep surface.
3. Breastfeeding is recommended.
4. Infants should sleep in the parents' room close to the parents bed, but in a separate space. Ideally for at least the first 6 months.
5. Keep soft objects & loose bedding out of the infant's sleep area.
6. Consider offering a pacifier at sleep times.
7. Avoid smoke exposure during pregnancy & after birth.
8. Avoid alcohol & illicit drug use during pregnancy & after birth.

9. Avoid overheating & head covering in infants.
10. Infants should be immunized according to the recommended CDC schedule.
11. Avoid using devices that can alter safe sleep recommendations, such as wedges or pillows.
12. Don't use home cardiopulmonary monitors as a strategy to reduce SIDS risk.
13. Supervised tummy time while the infant is awake can help with development and minimize positional plagiocephaly.
14. There is no evidence to recommend swaddle of babies, as preventative measure for SIDS.

https://publications.aap.org/pediatrics/article/150/1/e2022057990/188304/Sleep-Related-Infant-Deaths-Updated-2022?autologincheck=redirected&_ga=2.23342770.98617627.1661866085-769823403.1638272730

Feedings



Feeding Schedule

- To provide optimal nutrition, feed your full term baby every 3-4 hours on demand. Breastfed infants may eat every 2-3 hours. DO NOT go more than 5 hours without feeding your baby in the first weeks of life.
- Try to complete feedings in 30 minutes or less.

Preparing Feedings:

- Always wash your hands before preparing a feeding/feeding your baby.
- Sterilize all bottles and nipples before the 1st use.
- When mixing powder formula, use sterile water (sterilized tap water/bottled water by boiling for 5-8 minutes).
- Bottles should be warmed by placing in a cup of warm water or with a bottle warmer. **NEVER** use the microwave to warm milk!

Is your baby getting enough?

- The baby should have 6-8 wet diapers a day.
- After feedings, your baby should be relaxed and sleepy, not crying and fussy.
- Signs of dehydration are dry mouth or thick saliva, small amounts of dark urine, dark circles under eyes, or soft spot on head sinks in when baby is held upright in sitting position.

Bathing Your Baby

How often and where to bathe your baby

- Wash your baby's **hands, face and bottom daily**, but babies only need a tub bath **3 times a week** for the first year.

Tub bathing your baby- after umbilical stump falls off

- Gather all of your supplies (washcloth, baby soap, towel or blanket).
- Fill the tub with 2 inches of water that feels warm but not hot.
- Carefully place baby into the tub (be careful, babies are slippery when wet).
- Always wash the baby's face with just plain water (never with soap).
- Wash the baby head to toe, occasionally pouring cupfuls of bath water over the baby to keep him/her warm. Use soap sparingly (it is drying to their skin).
- When finished, wrap the baby in a clean, dry towel or blanket.

<https://www.healthychildren.org/English/ages-stages/baby/bathing-skin-care/Pages/Bathing-Your-Newborn.aspx>

Tips for Safe Bathing

- **NEVER** leave your baby unsupervised in the water, not even for a second!
- **NEVER** put your baby in the tub with the water still running.
- Fill the tub with 2-3 inches for newborns and infant up to 6 months, and never more than waist-high (in sitting position) for older children.



Skin and Nail Care

- Use lotions sparingly.
- **NEVER** use baby powder.



- A baby nail file is the best and safest way to trim your baby's nails.
- The best time to do nail care is after a bath because the nails are soft.
- File fingernails in a round shape and toenails straight across.

Diapering Your Baby

- Some babies have a bowel movement with every feeding, some every 2-3 days.
- To clean the diaper area, simply wash with plain water or a wipe that does not contain alcohol.
- **ALWAYS** wipe girls front to back.



The Many Colors of Poop !

Once your baby has pooped enough to get rid of the tarry meconium, all the varying shades of yellow, brown, and even green are considered perfectly acceptable.

- ❑ **Mustardy yellow** is the color for most breastfed babies.
- ❑ **Yellow-tan** with hints of green for those who are formula-fed.



The Many Colors of Poop...

Color Concerns

- **BLACK:** Black-colored poop sometimes represents old blood because blood is known to turn from red to black over time in the intestinal tract.
- **RED:** Seeing red can mean blood. Any amount of bloody poop should be evaluated because it can also be a sign of a problem.
- **WHITE:** White poop is quite rare, but needs to be brought to the attention of a doctor ASAP because it can be caused by an underlying liver problem.

Care of the Circumcised Penis

- After circumcision your baby may be irritable, especially after urination.
- A Vaseline dressing will be on the penis for the first 24 hours. Do not remove the dressing, allow it to fall off by itself.
- For the next 5 days, apply Vaseline or A&D ointment to the penis after each diaper change.
- Sponge bathe your baby until the redness goes away.
- Continue to clean the folds around the penis and scrotum each diaper change.
- Report bleeding, unusual swelling, foul odor or discharge to your baby's doctor.

Care of the Uncircumcised Penis

- If your son is not circumcised, just clean the fold around the foreskin and scrotum each diaper change.
- Avoid pulling back the foreskin because it is not ready until the child is several years old.

Dressing Your Baby

As a general rule, infants should be dressed in clothing that adults would be comfortable in.

SUMMER

- Babies are usually fine in just a onesie and a diaper
- Check your baby for red, raised rash when the weather is warm. Heat rash may mean the baby is too warm.
- Keep your baby's skin and head covered if he/she will be in the sun. Babies can get severe sun burn quickly. The best thing is to keep you baby out of the sun.
- Do not use sun screen on babies under 6 months old.

WINTER

- Layer your baby in clothing; if you need a sweater, your baby probably does too.
- If you go outdoors, place a hat on your baby. Babies lose a lot of heat through their head.
- Do not use a snowsuit while baby is in car seat.
- Use a sleepsack or swaddler at night instead of swaddling your baby with a blanket.

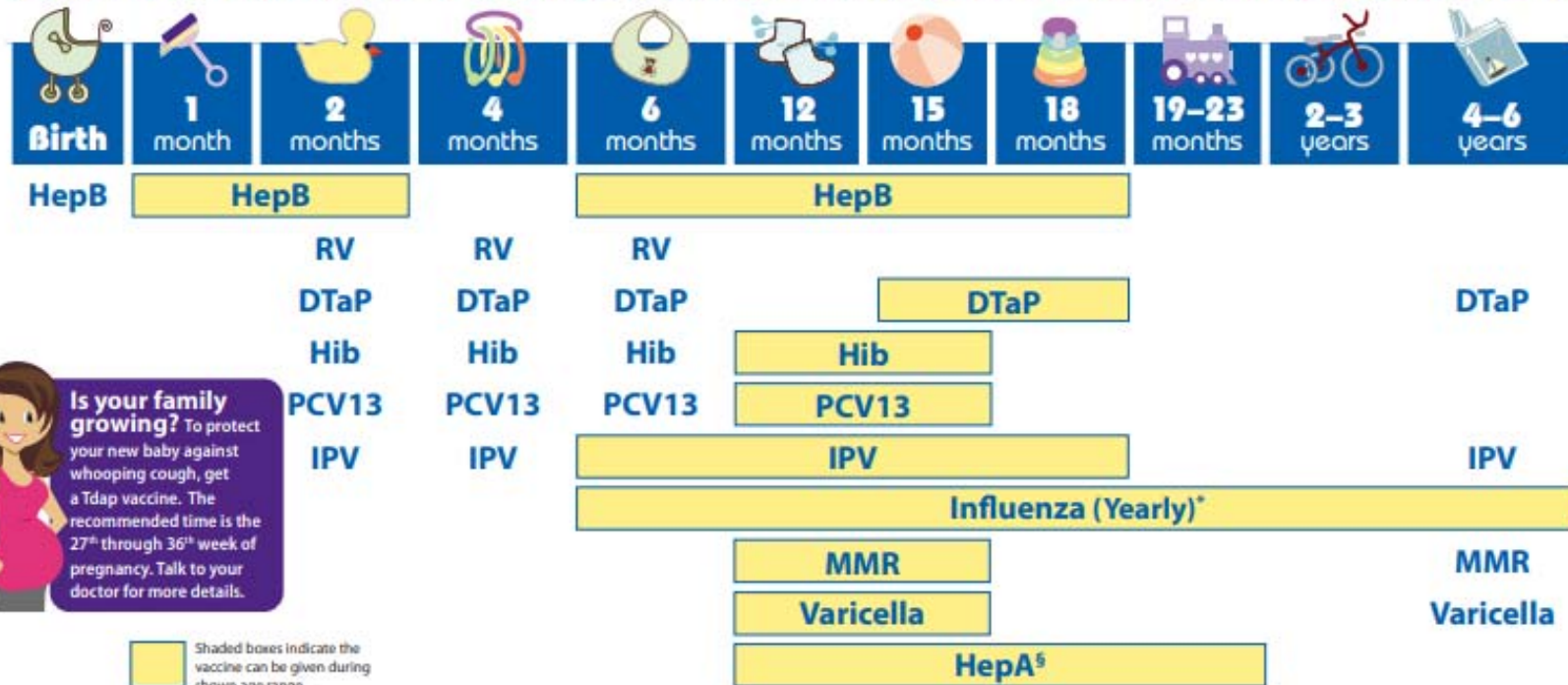
Taking your baby's temperature



NORMAL TEMPERATURE RANGE: 97.6°F to 99°F

- It is not necessary to check your baby's temperature regularly, but you should if you think that he/she is ill, and before you call your pediatrician.
- Always use a **digital thermometer**; mercury thermometers should NOT be used.
- Temporal thermometers should not be used until 3 months of age,
- Tympanic (ear) thermometers should not be used until 6 months of age.
- **Axillary is the best way to check you baby's temperature**; place the silver tip of oral or rectal thermometer high up in infant armpit and hold their arm snugly against their body.
- To take a rectal temperature, lubricate the silver tip and insert it 1/2 inch into the anus.

2022 Recommended Immunizations for Children from Birth Through 6 Years Old



Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

COVID-19 VACCINATION IS RECOMMENDED FOR AGES 6 MONTHS AND OLDER.

NOTE:

If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
 - § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.
- If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free **1-800-CDC-INFO** (1-800-232-4636) or visit www.cdc.gov/vaccines/parents



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Pediarix: combination of DTaP, hepatitis B, and inactivated polio vaccines.

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs), death
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders, death
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer, death
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs), bronchitis, sinus infections, ear infections, death
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness, death
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration, death
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

Immunizations In NICU

If your baby has been in the NICU for less than 8 weeks:

- Baby will receive Hepatitis B vaccine only
- You will need to sign consent for the immunization.
- Your pediatrician will continue the regular immunization schedule

Car Seat Safety

To give your child the best protection you must:

- Use an appropriate car seat
- Install the car seat correctly
- Secure your child correctly

Use an Appropriate Car Seat

- Check the weight requirements for your car seat.
- Car Seats have expiration dates! Check your make and model for specific details.
- Car Seat Straps: washing with certain detergents can weaken the integrity of the straps, causing them to fail in an accident.
- Complete the registration card for your car seat and ALL baby products-this is how you will be notified of a recall.
- Do not reuse a car seat that has been in a car accident!

Installing your Car Seat

- **All Infants MUST be REAR-FACING until they are at least 2 years of age or until they reach the highest weight or height allowed for that car seat!**
- Install your car seat PRIOR to discharge and have it inspected at certified Car Seat Inspection Station or by a certified Child Passenger Safety Technician.
- Install the car seat tightly! It should not move more than 1 inch side-to-side or front-to-back.
- Use the LATCH (lower anchor and Tether for Children) system **OR** the seat belt to secure you car seat, **BUT NEVER BOTH!**

New Jersey Car Seat Inspection Locations

By: [Melanie C.](#)

Published: September 30, 2019

Updated to reflect 2019 New Jersey Car Seat Inspection locations and times

“4 out of 5 Children’s Car Seats are NOT installed correctly!”

From the [National Highway Traffic Safety Administration](#)

“Motor vehicle crashes are the leading cause of death for children from 3 to 14 years old.”

<https://www.jerseyfamilyfun.com/new-jersey-car-seat-inspection-locations/>

Securing Your Child in the Car Seat

- Do not dress your baby in bulky clothing or snowsuits. Instead, tuck a blanket over your baby after he/she is strapped in.
- **NEVER** use anything in the car seat that did not come in the box (after market products such as positioners, head rest and carrier covers).
- **Read the instruction** before placing your baby in the seat



THE COOL KID'S GUIDE TO CAR SEAT SAFETY

Don't make my straps too loose - they need to be taut enough that you can't pinch up any excess at my shoulder.

Bulky winter coats and car seats don't mix! Just put me in a fleece jacket and give me a blanket to cuddle.

It's called a chest clip, not a belly clip - the top of the clip needs to be level with my arm pits.

Never put my seat on top of a shopping cart. Don't forget to fasten my crotch buckle!



Headrests, strap protectors, and car seat covers affect the way my seat works in an accident - please don't use any that didn't come with my seat!

Make sure my straps are set right - while I'm Rear-Facing, they need to come from AT or BELOW my shoulders. Forward-Facing, it's AT or ABOVE.

Don't rush to move me to a forward-facing seat - I need to stay rear-facing until at least my 2nd birthday, preferably my 4th. Until then, my little neck and spine just can't take it.

Clip my pacifier to my shirt, not my harness.

Position of Shoulder Harness

Adjust the harness strap in the slots that are below your baby's shoulders for rear-facing position & above your baby's shoulders for forward-facing position.

Rear-Facing position



Incorrect Installation

A harness slot above the child's shoulders can allow the child to move upwards. As you can see in this illustration, a harness belt that is too high potentially allows for the child's torso to travel twice the distance compared to the proper positioning below the shoulders.



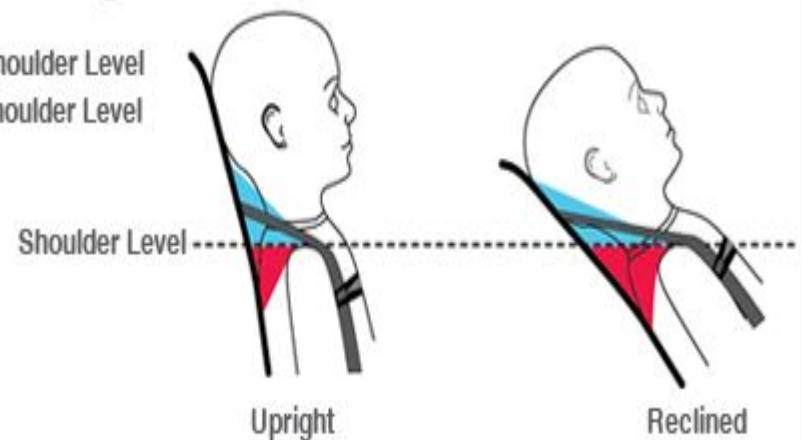
Correct Installation

The harness straps are anchored snugly below a rear-facing child's shoulders, and better restrain the child from sliding upwards.

Forward-facing position

Forward Facing

■ Above Shoulder Level
■ Below Shoulder Level



Adjusting the Shoulder Strap & Chest Clip

- Adjust the shoulder straps as tight as you can. If you can pinch any of the strap then it is not tight enough.

RIGHT



WRONG



SNUG



NOT SNUG

- Proper placement of the chest clip is at the armpit level.

Other Testing Done Prior to Discharge

- **Hearing Test** – in Open Crib
- **Newborn Blood Spot Screening**
- **CCHD-**
 - **Critical Congenital Heart Disease Screening**



Before Discharge

- **Circumcision:** Please discuss with your neonatologist when to call your obstetrician to have the procedure done. If your obstetrician does not perform circumcisions, one of the neonatologists will.
- **Car Seat:** Please have a car seat ready. Take it out of the box and review the instructions for use. Bring in car seat the day of discharge.
- Have your **Pediatrician** selected.

Discharge Day

- The preferred discharge time is between 11am and 3pm
- You will receive a discharge summary. Bring it with you to the first appointment with your pediatrician.
- When you get home, call your pediatrician and make an appointment for within the next 48-72 hours.
- Discharge summary is also faxed to your pediatrician within 3 business days of your baby's discharge.



Keeping Your Baby Healthy

If you bring your baby out in the first 8 weeks, be sure that anyone that comes in contact with him/her is healthy.

*Make sure that anyone that comes to visit your baby is **WELL**. If they are not, please ask them not to visit until they are better.*

Limit the number of children that visit, if possible.

Waterless hand cleaner is a very effective way to kill bacteria and fight infection. Before anyone touches or holds your baby, ask them to gel their hands first.

Wipe down light switches, door knobs, toilet handles, and stair banisters, cell phones, remote controls daily with a disinfecting wipe.



When To Call Your Pediatrician

- **TEMPERATURE:** less than 97°F or over 100.4 °F (Do not give acetaminophen (Tylenol) for fevers during the first 6-8 weeks of age).
- **BREATHING:** that is labored, distressed or struggling to breathe.
- **VOMITING:** after several feedings in a row, or bloody or green vomit.
- **FEEDING:** Difficulty waking up or refusing to eat for 2-3 feedings in a row.
- **SKIN:** More yellow than at the time of discharge, or a blue or grey color. Any unusual rash (except prickly heat rash).
- **BEHAVIOR:** Excessive crying, irritability or lethargy (sleepiness).
- **URINATING:** Less than 6 wet diapers in a 24 hour period by day 4 of life.
- **STOOL:** Very hard or very watery stool, no stool for over 72 hours, or black, red or white stool.
- **UMBILICUS:** Redness around the umbilical cord, bleeding, foul odor, or discharge.
- **CIRCUMCISION:** increased bleeding, unusual swelling, foul odor or discharge.

Health Tips

- Have a suctioning device such as a **bulb syringe** or **Nose Frida** handy to clear your baby's nose if he/she gets sick.
- If your infant is sick and needs a humidifier, only use a **cold-air** humidifier.
- Always wash clothing/linen that you are going to put on or near your baby in a mild laundry detergent beforehand.
- Your house temperature should be between **68-72 degrees**.

The Period Of Purple Crying

The acronym **PURPLE** is used to describe specific characteristics of an infant's crying during this phase and let parents and caregivers know that what they are experiencing is indeed normal and, although frustrating, is simply a phase in their child's development that will pass. The word period is important because it tells parents that it is only temporary and will come to an end.

The Letters in **PURPLE** Stand for

P

PEAK OF CRYING

Your baby may cry more each week. The most at 2 months, then less at 3-5 months

U

UNEXPECTED

Crying can come and go and you don't know why

R

RESISTS SOOTHING

Your baby may not stop crying no matter what you try

P

PAIN-LIKE FACE

A crying baby may look like they are in pain, even when they are not

L

LONG LASTING

Crying can last as much as 5 hours a day, or more

E

EVENING

Your baby may cry more in the late afternoon and evening

Shaken Baby Syndrome

- Inflicted traumatic brain injury that happens when a baby is violently shaken.
- The brain bounces back and forth inside the skull and causes **bruising, swelling, and bleeding**. This leads to permanent, **severe brain damage or death**.
- The characteristic injuries of shaken baby syndrome are subdural hemorrhages (bleeding in the brain), retinal hemorrhages (bleeding in the retina), damage to the spinal cord and neck, and fractures of the ribs and bones.
- Symptoms of shaken baby syndrome include extreme irritability, lethargy, poor feeding, breathing problems, convulsions, vomiting, and pale or bluish skin.

How To Calm Your Baby

First, Take care of their Basic Needs

- Feed your baby
- Burp your baby
- Change his/her diaper
- Make sure their clothing isn't too tight
- Make sure baby isn't too hot or too cold

Additional Suggestions

- Take your baby for a walk outside in a stroller or for a ride in the car.
- Hold your baby against your chest and gently massage the baby.
- Rock, walk, or dance with your baby.
- Be patient; take a deep breath and count to ten.
- Call a friend or relative that you trust to take over for a while, then get away, get some rest & take care of yourself.
- Offer a pacifier.
- Lower any surrounding noise and lights.
- Offer your baby a noisy toy; shake or rattle it.
- Hold your baby and breathe slowly and calmly; your baby may feel your calmness and become quiet.
- Sing or talk to your baby using soothing tones.
- Use a sound machine or record and playback a sound, like a vacuum cleaner, or hair dryer.



Tummy Time!



- What is tummy time?
- Is it really necessary?
- Is it needed daily? How long?
- What if my baby doesn't like it?



JUST
ENJOY

BEING
A
PARENT!



If Your Baby was born before 37 weeks or is being discharged weighing less than 2500 grams (5.5 lbs), your baby will need a Car Seat Challenge before discharge.



3-5 Days Before Discharge

- **Circumcision:** Please discuss with your neonatologist when to call your obstetrician to have the procedure done. If your obstetrician does not perform circumcisions, one of the neonatologists will.
- **Car Seat Challenge:** will be done as soon as the baby is taking about 75% of feedings by mouth. Please have a car seat and base ready to bring in for the test. Take it out of the box and review the instructions for use before you are asked to bring it in for the test.
- If your baby is going home on **oxygen and/or monitors**, appointments will be made this week. The case manager will be in touch with you to set them up.
- Have your **Pediatrician** selected.

Car Seat Challenge

What is the car seat challenge?

Preterm infants are placed into a car seat for 1 ½ hours (or the length of time it takes to get home) while being continuously monitored.

What is the purpose of the car seat challenge?

To observe those at-risk infants for possible apnea, bradycardia, or oxygen desaturation while in a car seat.

Who needs a car seat challenge?

Infants born less than 37 weeks

Discharge weight less than 2500 grams

Infants requiring oxygen or monitors at home

Any condition that places an infant at risk for apnea, desaturations or bradycardia.



Catching problems before your baby leaves the hospital is imperative.

What if my baby fails the Car Seat Challenge?

How does one fail a Car Seat Challenge?

Apnea greater than 20 seconds

Heart rate less than 80 for more than 10 seconds

Saturation less than 90% for more than 10 seconds

If your baby fails their Car Seat Challenge...

Repeat the Car Seat Challenge in 12-24 hours.

If infant fails twice, discharged in a car bed.

If this is needed the NICU provides you with the car bed.

The infant will return to the Apnea Clinic in 2-3 wks for a repeat CSC.



For infants born less than 35 weeks, please remain for additional information.



Apnea and Bradycardia Episodes?

Mild desaturation or slowing of your baby's heart rate during feeding is to be expected due to immature lungs and lack of coordination between feeding and breathing. This will resolve as your baby gets older.

Some babies go home with oxygen and or monitors

Your neonatologist will discuss this with you if they think it is a possibility. Additional training will be provided.

Free CPR class offered twice a month, all parents are encouraged to attend.



Feedings



Feeding Schedule

- To provide optimal nutrition, preterm babies must eat every three to four hours around the clock, and continue until the pediatrician advises differently.
- Try to keep the feedings to 30 minutes or less.
- To help make sure your preterm baby is getting enough protein and calories for catch up growth, your doctor may recommend that you add Neosure to some or all of your baby's bottles.

Type of Feeding:

- Premature formula versus regular formula
- If your baby is discharged on fortified feedings, your bedside nurse will provide specific individual teaching along with written instructions.

Adjusting volume of feeding after discharge:

- Every Monday, increase feeding amount by 5-10ml each feeding.

Medications

- Some babies will go home on medications.
- *Some of these might include caffeine, aldactone, diuril, inderal, digoxin, or phenobarbital.*
- Your baby must be stable on these medications before we would discharge him/her.
- Your neonatologist will give you prescriptions several days before discharge.

You must have them filled at your pharmacy, and then bring them back to the NICU so that the staff can check them and teach you how to administer them.

Other Testing Done Prior to Discharge

- **Eye Exam if born ≤ 30 weeks/ BW ≤ 1500 grams and at risk infants > 30 weeks/ BW 1500-2000 grams**
 - < 27 weeks: First exam done @ 31 weeks PMA
 - > 27 weeks: First exam done @ 4 weeks of age

<https://publications.aap.org/pediatrics/article/142/6/e20183061/37478/Screening-Examination-of-Premature-Infants-for?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000>
- **Hearing Test – in Open Crib**
- **Newborn Blood Spot Screening**
- **Blood Count**
- **CCHD-Critical Congenital Heart Disease Screening**
- **Cranial Ultrasound**
 - ≤ 32 weeks/1500 grams-done at 4 weeks



Post NICU Parent Buddy Program



Immunizations In NICU

If your baby has been in the NICU for more than 8 weeks he/she will receive 1st round of vaccines which are given over a 3-4 day period:

- PEDIARIX (DTaP, IPV, and Hepatitis B)
- HIB (meningitis)
- Prevnar (PCV or pneumococcal infections)

If your baby has been in the NICU for less than 8 weeks:

- Hepatitis B vaccine only
- You will need to sign consent for the immunizations.
- Your pediatrician will continue the regular immunization schedule after discharge

Immunizations are given according to your baby's actual age, not their adjusted age.

Respiratory Syncytial Virus (RSV)

RSV is a common, seasonal, and easily spread virus that can cause a serious respiratory tract infection.



RSV is the number one reason babies under 12 months old have to be admitted to hospitals in the US.

Nearly all children will get their first RSV infection by age 2.

Each year up to 125,000 babies in the U.S. are hospitalized for RSV.

Synagis is given to prevent or reduce RSV severity.

- <29 weeks-1st year of life
 - 29-<32 weeks- first year of life *Only if infant has CLD or significant heart disease
 - Synagis is given monthly during RSV season November through April
- <https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-for-use-of-palivizumab-prophylaxis-to-prevent-hospitalization/>

Developmental Issues

- *Corrected age vs. Actual age*
- Most babies catch up by the time they are two years old.
- **Early detection is the best prevention!**
 - Keep a notebook to write down your concerns and observations
 - Share any concerns with your doctor.

High Risk Infant Follow Up Clinic

Mondays with Dr. Kamtorn

Deborah Ann Cialfi, RN BSN - Program Coordinator

Includes infants 1500 grams & less, feeding issues, small for gestational age, and genetic anomalies

1st visit- 2 weeks after discharge

2nd visit- 2 months after discharge

3rd visit- 4 months after discharge

4th visit- 8 months after discharge

5th visit- 12 month after discharge

6th visit- 18 -24 months after discharge. Infants at this visit will also receive a developmental psychological evaluation (by a Developmental Psychologist)

****PT/OT will also be evaluating your infant during follow up.***

Apnea Clinic

Thursdays with Dr. Kamtorn - Clinical Director
Deborah Ann Cialfi, RN BSN - Program Coordinator

Any infant who goes home on a monitor will be seen in the apnea clinic.

Purpose: To provide follow-up assessment, evaluation, treatment, and monitor download interpretation for infants who are on Home Apnea Monitors.

The monitors are prescribed by a doctor and are used when a baby is at risk for apnea (pause in breathing which lasts more than 20 seconds) or bradycardia (low heart rate lasting more than 10 seconds).

JUST
ENJOY

BEING
A
PARENT!

