NICU Family Advisory Council



The NICU Family News is produced by the Cooperman Barnabas Medical Center (CBMC) Neonatal Intensive Care Unit (NICU) Family Advisory Council (FAC). It is designed provide you with information we hope you will find useful during and after your family's stay in the NICU.

DID YOU KNOW...

August is Breastfeeding Awareness Month and breastmilk can provide special health benefits for NICU babies? If you have any questions at all about pumping breastmilk or breastfeeding, ask your NICU nurse or have them call an available lactation consultant to come help you at baby's bedside.

Cooperman Barnabas Medical Center



*MICU*Family News

Your Baby's Stress Signals in the NICU

Babies in the NICU are often exposed to many procedures and activities that can cause them "stress." Premature babies have fewer coping skills and need to rely on you and the NICU staff to help support them in the NICU environment so they can find and maintain balance. You will see the staff will largely position your baby so their head and upper body are in line and their arms and legs are tucked towards their center. Babies can be very sensitive to changes in their environment and will give you clues that they need your support. When you recognize your baby's signs of stress you can respond more quickly to try to reduce the stress they are feeling.

Some signs that your baby is stressed:

- Changes in color (become pale or blue)
- Changes in breathing rate or heart rate (as their monitors will show or sound)
- Yawning, sneezing, hiccupping, grimacing
- Stretching out and locking their arms/legs or flailing them about
- Decreased muscle tone or limpness
- Finger splaying (that looks like they are "saying stop")
- Glassy eyes or looking away
- Having a panicked look
- Being irritable or difficult to soothe

Ways you can support your baby's balance and reduce their stress:

- Speak to your baby in soft, soothing tones
- Use gentle, steady touch including hand hugs (where you cup your baby's head and feet in your hands)
- Protect your baby's eyes from bright light with your hand or a small cloth
- Open/close the doors of your baby's isolette/Giraffe gently and quietly
- Ask your nurse to turn on the Giraffes heated air curtain to keep baby warm when you open the portholes (if your baby is in that type of bed)
- When the nurse needs to do any medical or care procedure with your baby, you can support them in a tucked position with limbs towards center. For procedures that might be painful you can also swab your baby's mouth with breastmilk, or sucrose, beforehand for extra comfort (if the nurse tells you this is okay).
- Slow or stop what you are doing if baby shows signs of stress

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94 Old Short Hills Rd., Livingston NJ 07039 rwjbh.org/coopermanbarnabas Facebook.com/CBMCNICU

Interview With Neonatologist Jeong Eun Kim, MD (Pronounced the same as

the Leader of North Korea.)

Where did you do your schooling and training?

I had a long track because I moved to the US and had to do additional training here. I did my undergraduate and graduate work in South Korea (Yonsei Medical College and Severance Hospital which is one of the oldest and biggest university hospitals in South Korea.) The hospital was founded as a royal hospital in 1885 by Horace N. Allen and then was restructured as Severance Hospital by Oliver R. Avison, a Canadian medical missionary.

I received my medical degree from Yonsei University School of Medicine and did a pediatric residency for 5 years and fellowship for 1 year. After I married my husband, I came to the US and did 3 years of resident training at Newark Beth Israel Hospital in NJ and 3 years of fellowship training at Cohen Children's Hospital in Long Island, NY.

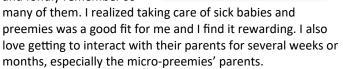
How long have you been working in this NICU here and/or anywhere else?

I worked in the NICU for 2 years in South Korea before I came to the US. I also did neonatal brain research and worked in the neonatal follow-up clinic at Brown University. My research interests include neonatal brain injury, NICU follow up, quality improvement, and children at risk for developmental delay or ongoing medical problems. I would follow them after hospital discharge and give support and guidance for the family.

How did you know you wanted to be a NICU doctor?

residency, I realized I loved the NICU work. I found it amazing

to resuscitate a baby and do CPR with just two fingers. I had good rapport with the families and fondly remember so





I like getting to see the adorable newborn babies everyday. They bring a smile to my face and give me the energy to do the hard work of the NICU. I also like that the sick babies often respond quickly to resuscitation and treatments which can be very rewarding.

What does Family Centered Care (FCC) mean to you?

FCC is a way of providing services that makes sure the health and well-being of the babies and their families is done through respectful partnerships with the families. Parent involvement in caring for the baby in the NICU, and open communication with parents are at the heart of this kind of work. When I interviewed to work at CBMC, I was impressed that our NICU has a NICU Family Coordinator who is an ex-NICU parent, Hayley Hirschmann. I was also impressed by the special spaces for parents to spend time in our NICU, including a library and an overnight family stay room. Where I trained, there was not much space for family at all.

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When I did clinical rotation during my second year of

22nd Annual Miracle Walk Sunday, October 9, 2022

It will be here before you know it!

The 22nd Annual Miracle Walk to benefit the Cooperman Barnabas Medical Center NICU will be held on Sunday, October 9, 2022, in beautiful Verona Park. Hope to see you there! To register for this family-friendly walk and get more information, visit: miraclewalk.com or facebook.com/miraclewalk.







Max's Story

We were thrilled to find out we were pregnant in July of 2020. I was a healthy 31-year-old-woman and was told my pregnancy was considered low-risk. I followed every suggestion in the pregnancy guidebooks and my baby boy passed all of his tests in utero, indicating that he was a healthy baby along the way. That's why doctors were so shocked when they discovered I was already three centimeters dilated at only 26 weeks into the pregnancy. My body was preparing to give birth months before a baby is usually considered able to survive outside the womb without intense medical interventions.

The day after Christmas, after 10 days on bedrest in the hospital, with my husband sleeping in a chair beside me, our son Max was born! He was three months premature and weighed just over 2 pounds. He stayed in the NICU for 77 days following his birth. Max is a fighter. He fought through anemia, apnea and bradycardia spells, two blood transfusions, two holes in his heart, and a very, very slow weight gain. Max was discharged at 38-weeks gestational age but did have to have several follow-up visits with a physical therapist and a cardiologist. They both felt that Max was progressing normally and doing well, especially after his Patent ductus arteriosus (PDA) and Patent foramen ovale (PFO) closed on their own with time.

Today Max has come a long way from his birth at 27-weeks gestation and is a healthy 17 month old who likes wearing shoes, watching Cocomelon, eating mashed potatoes, playing with remote controls, giving hugs, and giggling with other babies. We are, and will always be thankful for all of the medical interventions during the last 10 days of my pregnancy and Max's 77-day NICU stay at Cooperman Barnabas Medical Center!





-Max's parents



Important Phone Numbers

NICU 973-322-5300

NICU Clinical Director 973-322-8938

NICU Social Worker 973-322-5503

NICU Case Managers 973-322-5909/973-322-2678

Birth Certificate Office 973-322-5327

Lactation Consultants 973-322-9088

NICU High Risk Infant Follow-Up Program 973-322-2631

Want to Help the Family Advisory Council?

The FAC is made up of graduate parents dedicated to helping new NICU parents. We meet monthly to discuss ways to do this. We're always looking for recent graduate parents to share their experiences and ideas to make our NICU the best it can be. We welcome your ideas and participation. Contact:

Hayley Hirschmann FAC Coordinator Hayley.Hirschmann@rwjbh.org 973-322-9486

Baby's Stress Signals (con't from page 1)

- Lift your baby by their hips during diaper changes to reduce possible stomach upset
- Do kangaroo care / skin to skin holding with your baby often (for at least an hour at a time so baby has time to adjust to being on your bare chest), once your nurse says it's okay for your baby
- Avoid smelling like cigarettes, scented lotions and perfumes around baby
- Let your nurse know if you see any changes in your baby's behavior that you think are unusual and together you can assess these behaviors and respond if needed

Interview with Jeong Eun Kim, MD (con't from page 2) What suggestions or advice do you have for NICU families in general, or around being involved in their baby's care?

I have several: The NICU can be overwhelming. If there is anything you are unsure of, it's OK to ask hospital staff to explain it in words you understand. Also, feel free to share any concerns you have with staff. **Try to trust the health professionals and try to notice every little (and big milestone).**

Get involved with your baby's routines, by doing this you become a part of your baby's life. This is a great way to gain confidence in caring for your baby before you take them home.

Keep a record of your baby's development. You could take photos or videos, or keep a diary to help you remember.

Anything else you would like to say about your job or working with our NICU team?

The NICU can be a tough and difficult place to work. Sometimes, even we can feel overwhelmed or sad about how something is going. I appreciate how the staff try to encourage each other and are appreciative and respectful of each other.

Is there anything else you would like to tell us about yourself?

In my free time, I enjoy exploring parks and beaches with my family.

Leave us a review on Google

