

nicu Family News



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

DID YOU KNOW...

...That the maximum you have to pay for parking each day on any one car is \$6. If you plan to leave and come back to the hospital one or more times in any day, pay your parking ticket and then take it to the security window for a re-entry pass. Also, all seniors (62 and older) can receive 50% of all parking rates if they take their ticket to the security window BEFORE paying at the machine.

■ ■ Saint Barnabas Medical Center
■ ■ Barnabas Health

The SBMC NICU is now on Facebook
www.facebook.com/SBMCNICU



94 Old Short Hills Road, Livingston, NJ 07039
1-888-724-7123 barnabashealth.org/sbmc

Whooping Cough and RSV: What You Need to Know

Whooping cough, also called pertussis, is a very serious respiratory infection caused by a bacteria. It can cause severe and unstoppable coughing. It usually starts with a runny or stuffy nose, sneezing, a mild cough and/or a pause in infant's breathing. When they have whooping cough, after a week or two of mild symptoms, you will see more severe coughing and gasping for breath after the coughing fits that make a "whooping sound." This disease is most dangerous for babies and young children and saw a large increase in the number of cases in this country between 2004 and 2011.

All babies should get the DTaP vaccine. This vaccine combines the vaccines for pertussis, diphtheria and tetanus and should be given to babies at 2, 4 and 6 months of age. A fourth dose should be given between 15 and 18 months and a fifth one between 4 and 6 years of age. A one-time booster, called the Tdap vaccine, should also be given to preteens (between 11 and 12 years old).

Pregnant women should also be vaccinated for pertussis (preferably between 27 and 36 weeks gestation). If you were not able to get the vaccine during pregnancy, talk to your OBGYN or pediatrician about getting the vaccine as soon as possible after delivery. Adults and teens who will be helping to care for your baby should also be vaccinated if they have not done so in the past.

Respiratory Syncytial Virus (RSV) is a common fall to spring virus that causes moderate to severe fever and cold symptoms. Your pediatrician can diagnose this and whooping cough with a saliva or nasal swab test. For very premature babies, babies with chronic lung disease or certain heart problems, RSV can lead to serious health problems. Babies with these risk factors are given the Synagis vaccine by their pediatrician or neonatologist in the months when the virus is present in your part of the country.

Vaccination helps prevent Whooping Cough and RSV, but you should also take the following steps to try to keep baby well: **wash your hands often and use antibacterial gel;** keep your baby away from crowds for the first few months out of the NICU; don't allow your baby to put other children's toys in her mouth; ask visitors not to touch your baby's hands or mouth; and DON'T smoke around your baby.

For more info on these and other health conditions and vaccines visit:
www.cdc.gov

Interview With Donna Seyffart, RNC, BS Patient Care Coordinator (PCC)

Donna has worked in the SBMC NICU for 21 years.

Q: How long have you been a nurse?

A: Before working at Saint Barnabas Medical Center (SBMC), I worked in a surgical/trauma unit at Robert Wood Johnson Hospital in New Brunswick. While employed there, I gave birth to my first daughter, Korilynn, at SBMC in March of 1992. Little did we know, Korilynn had a condition called gastroschisis. In utero, her abdominal wall did not close and she was born with much of her intestines, stomach and liver outside of her body. We went from expecting to deliver a healthy newborn and bringing her home within two days, to spending the next 2 1/2 months in the NICU with Drs. Santo Domingo and Soni as her primary care neonatologists. She had numerous surgeries (and setbacks) throughout her recovery. Many of the nurses I now work with cared for her during her stay. I remember in the early days being overwhelmed as a new parent. The world of adult medicine where I worked was very different from the neonatal one. Terms, medications, and equipment were very different. For those 2 1/2 months, I took a reverse role and had to learn, watch and trust in others. I found myself in awe of my own profession when observing the special care and attention the nurses, physicians, respiratory therapists and all the NICU staff gave to these newborns, specifically Korilynn. I saw the camaraderie the NICU medical staff shared and how well they worked together in critical situations. I was amazed how in tune everyone was to the medical needs of the patients and the emotional needs of the parents. While I sat at Korilynn's bedside, the nurses would jokingly ask if I wanted a job in the NICU when I returned from maternity leave. I knew a few positions were available. It had never occurred to me -- prior to having Korilynn and being exposed to the NICU -- to ever work with infants or children. I thought my next goals were to move to the ER in the trauma hospital where I worked and then on to flight nursing, if possible. However, the experience I had with Korilynn in the NICU made me realize that I wanted to connect more with patients and their families and to work in a place where I could really make an impact. After being home with Korilynn for a few weeks, I placed a call to the NICU to ask if the position was still available. It was and so began my long orientation to the NICU.

Q: When did you become a PCC? What are some of the responsibilities of being PCC that you particularly enjoy?

A: I have been a PCC for three years. What I enjoy most about this position is that I now have a more active role in problem solving and being the liaison between nurse, doctors and parents. I am able to maintain my skills by being active at the bedside and lending a voice on how to make improvements. I feel this job requires multitasking and being ready to make adjustments quickly throughout the day.

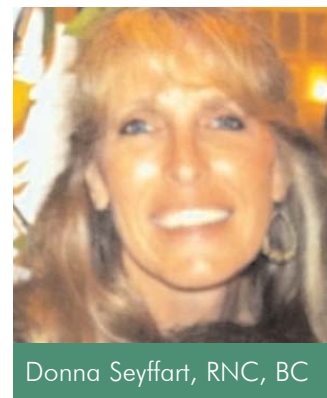
Q: What have you liked most about working in the NICU?

A: What I have liked most about working in the NICU is the sense of purpose I feel it has given me. Every day, even after 21 years, I can honestly say I learn something. It can be something as small as finding a better way of handling a difficult situation, to something as big as making a lifelong impact for a family (and myself).

Q: What does Family Centered Care (FCC) in the NICU mean to you?

A: FCC in the NICU is something I wish had been implemented 21 years ago when I was experiencing the NICU for the first time as a parent. Back then, there was "parent only" visitation. Grandparents, aunts, uncles and siblings were allowed to view the babies from the windows only. For the most part, family would only get to see the baby when you brought her home. It discouraged support systems by isolating the parents in the most stressful times of their lives. Bonding between the infant and extended family members was non-existent during the hospital stay. FCC has changed how parents and families are viewed in the NICU. Parents, from admission into the NICU, are now encouraged to play a vital role in decision making and care. I feel this has paved a way for families to be more prepared and at ease when discharge day eventually comes.

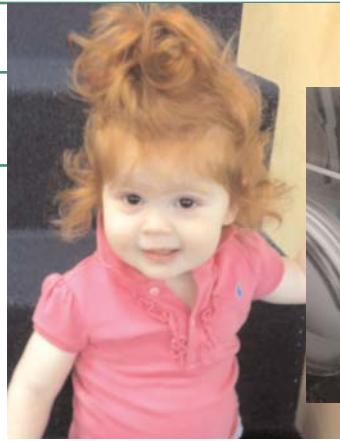
continues on page 4



Donna Seyffart, RNC, BC

A Short But Memorable NICU Stay

Our baby girl, Dylan, joined us at 39 weeks in November of 2011. The first thing we noticed was how much bigger the other babies in the regular nursery were. Because of Dylan's size and unexpectedly low birth weight for a full-term baby, she was not able to regulate her body temperature and was moved from the regular nursery to the NICU within her first day of life.



As first time parents, we never imagined being separated and unable to bond with our baby soon after her birth. We were disoriented, disappointed, scared, and upset to learn our newborn would have to spend her first nights several floors away from us in the NICU. Just those words, Neonatal Intensive Care Unit, were frightening to us.

Our first days in the NICU threw us into a world of being apart from our baby girl. We felt scared and overwhelmed. We held our baby and tried to bond with her over the constant beeps and sounds from the many monitors. This made it a challenge to hold her, feed her, and change her while she was hooked up to so many wires. In fact, the very first time we changed her tiny diaper was through the small hand portals of her isolette.

We also never imagined a scenario other than the three of us walking happily out of the hospital together as a new family. Instead, we had the somber experience of leaving the hospital with congratulatory flowers, first baby

balloons and an empty car seat as we left our new baby behind; still needing to get stronger for her eventual discharge.

As hard as it was leaving without our baby, we quickly realized that Dylan was in the best possible care with the nurses and staff of the Saint Barnabas NICU. They not only helped our baby grow stronger, they helped us grow as well. While in the NICU we always felt a personal connection to the nurses that cared for Dylan all while reassuring us that our little girl was comfortable, well attended to and constantly cared for in our absence. We felt so incredibly lucky to have such a knowledgeable and supportive group of people looking after us as they did.

Despite our initial disappointments and fears and despite having to initially go home without her, we are still amongst the very lucky ones. So many moms and dads and the brave NICU staff endure long roads and

continues on page 4

13th Annual Miracle Walk
To Benefit the SBMC NICU



SATURDAY,
September 28, 2013

Verona Park, Verona, NJ

9:00 am: Gather at Verona Park Boathouse for check in and festivities.

10:30 am: Walk begins!!

To learn more or register:

MIRACLEWALK.COM ■ 973-322-4259

Find MIRACLE WALK on FACEBOOK
FACEBOOK.COM/MIRACLEWALK

Important Phone Numbers:

NICU

973-322-5300

NICU Step-down (3100)

973-322-5310

NICU Nurse Manager

973-322-8938

NICU Social Workers

973-322-5503 or 8408

NICU Case Managers

973-322-2045

973-322-2678

Birth Certificate Office

973-322-5327

Lactation Consultants

973-322-5684

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. Contacts:

Eileen Steffen

NICU Quality & Research

Coordinator

esteffen@barnabashealth.org

973-322-5453

Hayley Hirschmann

FAC Coordinator

hhirschmann@barnabashealth.org

973-322-5453

A Short But Memorable NICU Stay (continued)

hardships far greater than ours, sadly sometimes even suffering the ultimate heartbreaking outcomes. We are in awe, thankful and appreciative of the knowledge, strength and sensitivity these fine people gave us during our little journey. We are grateful for the opportunity to watch our healthy and precocious little beauty prance around and enjoy life. All who cross the threshold of the NICU doors, whether for a short- or long-term stay, share a universal bond.

Today, our almost-two-year-old toddler is thriving and her full head of hair is still red! It is our greatest privilege to watch her grow and develop each and every day. Thank you to the NICU nurses, doctors and staff, who cared for us and helped us during that precious first week of life.

Interview With Donna Seyffart, RNC, BS (continued)

Q: Have you seen any beneficial changes in the NICU since you have worked here?

A: I have seen VAST medical advances in the 21 years I have worked in the NICU. The changes in medical equipment and procedures is outstanding. More long-term positive outcomes have come in direct relation to decreased days of ventilatory support required, improved nutritional needs met and decreased lengths of stay. More importantly, on a nurturing level, I have seen more improvement to better our NICU amongst the staff. I am noticing the culture of the staff taking pride in participating in unit improvement projects. There has been a more collaborative effort to move forward and involve families.

Q: What suggestions or advice to you have for NICU families?

A: The biggest advice I have for our NICU families is to take one day at a time. Trust in your feelings. There is no one who knows your baby like you do. If you have an uneasy feeling, voice it. In the midst of all the chaos, remember to rejoice in your little one's milestones and document them! It is very encouraging to my now 21 year old and to us, to look back and see early pictures of what she endured. Their start in life may not be textbook or conventional, but it was their start and they will want to know all about it.

Q: Anything else?

A: Korilynn is now entering her senior year at Marist College where she majors in Media Communications and has made the Dean's List each year. She completed a semester abroad in Italy as well. She has a very laid back personality which I attribute to being a 'NICU Graduate.' The most prized thing I have of hers from her NICU stay is the lock of hair her nurse, Emilie, saved for me when they needed to shave her head for an IV. I, in turn, ALWAYS save a lock of hair from a baby for his/her parents if I am the one doing a scalp IV. I also have three other daughters, ages 17, 13 and 12, and my husband, Craig, and I will be celebrating 25 years together this month.