Transition to Home
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.
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.

If your baby is having these episodes while sleeping, additional testing will be done before being discharged.

Some babies go home with oxygen and or monitors

Your neonatologist will discuss this with you if they think it is a possibility.

Additional classes and training will be provided.

Free CPR class offered in NICU, all parents are encouraged to attend.
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 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 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 gms
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 5 seconds
Saturation less than 80% for more than 5 seconds
Three self-limiting episodes of apnea, bradycardia or desaturation.

If your child fails their Car Seat Challenge...
Repeat in 3 days. If fails twice, discharged in a car bed. If this is needed, infant will return to the Apnea Clinic in 2-3 wks for a repeat CSC.
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 your car seat, BUT NEVER BOTH!
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 armpits. Never put my seat on top of a shopping cart. I could fall!

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.

Don’t forget to fasten my crotch buckle!
Position of Shoulder Harness

Adjust the harness strap in the slots that are below your baby’s shoulders for rear-facing position and 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.
Adjusting the Shoulder Strap and 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.

Proper placement of the chest clip is at the armpit level.
2018 Immunization Schedule

Pediarix: combination of DTaP, hepatitis B, and inactivated polio vaccines.
IMMUNIZATIONS IN THE NICU

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

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

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

• Some babies will go home on medications.

• *Some of these might include caffeine, aldactone, diuril, pepcid, 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**
  - <31 weeks @ 4 weeks
  - >31 week no eye exam

- **Hearing Test** – in Open Crib

- **Newborn Metabolic Screening**

- **Blood Count**

- **Sleep Study**

- **Cranial Ultrasound**
  - ≤32 weeks/1500 grams-done at 4 weeks
Preparing Yourself, Your Home & Your family

- Preparing for an emergency
- Tobacco Smoke
- Pets
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 discharge.
Post NICU Parent Buddy Program

Post-NICU Parent Buddy Program
A Special Program for Those Families Leaving or Preparing to Leave the NICU
Homecoming

A baby will make love stronger, days shorter, nights longer, bank balance smaller, home happier, clothes dirty, the past forgotten, and the future worth living for.
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.
- Share your room, but never your bed!
- Dress your baby in a sleeper or a swaddler instead of a blanket.
- Do not let your baby over heat during sleep and do not use hats to sleep.
- Never Smoke near the baby!
Safe Sleep tips

1. Place infants on their back for every sleep period until they are 1 year old.
2. Use a firm surface (mattress).
3. Breastfeeding is recommended.
4. Infants should sleep in the parents’ room close to the parents bed, but in a separate space. Ideally for up to 1 year, but strongly suggested to be up to 6 months.
5. Keep soft objects and loose bedding out of the infant’s sleep area.
6. Consider offering a pacifier at sleep times.
8. Avoid alcohol and illicit drug use during pregnancy and after birth.
9. Avoid overheating and head covering in infants.
10. Pregnant women should obtain regular prenatal care.

11. Infants should be immunized according to the recommended schedule.
12. Avoid using devices that can alter safe sleep recommendations, such as wedges or pillows.
13. Don’t use home cardiopulmonary monitors as a strategy to reduce SIDS risk.
14. Supervised tummy time while the infant is awake can help with development and minimize positional plagiocephaly.
15. There is no evidence to recommend swaddle of babies, as preventative measure for SIDS.
16. Health care professionals and staffing newborn nurseries and NICU as well as child care providers should endorse and model recommendations to reduce SIDS risk.
17. Media and manufacturers should follow safe sleep guidelines in messaging and advertising.
18. Continue the Safe to Sleep campaign, focusing on ways to further reduce sleep-related deaths.
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. Full term babies should not go more than 5 hours without feeding.

• 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.
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 (sterilize 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.

Type of Feeding:

- Premature formula versus regular formula
- When starting solid foods, always use your baby’s corrected age and instead of actual age.
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 **2-3 times a week**.

Tub bathing your baby

- Gather all of your supplies (washcloth, baby soap, towel or blanket).
- Fill the tub with 3 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.
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 of choice 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, plus one additional thin layer (onesie or light blanket).

**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 out doors, place a hat on your baby. Babies lose a lot of heat through their head.
- Use a sleep sack 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 their rectal temperature, lubricate the silver tip and insert it ½ inch into the anus.
Respiratory Syncytial Virus (RSV)

RSV is a common, seasonal, and easily spread virus that causes a serious respiratory track infection.

It 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 a vaccine is given to prevent RSV.

• <29 weeks-1st year of life
• 29-32 weeks- first year of life *Only if infant has CLD (great than 21% fio2 at DOL 28 or significant heart disease.
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 and 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** bleeding, unusual swelling, foul odor or discharge.
HEALTH TIPS

• Have a **bulb syringe** (**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 anything 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

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 the baby
- Burp the Baby
- Change the diaper
- Make sure their clothing isn't too tight
- Make sure baby isn't too hot or too cold
Additional Suggestions

- Take the baby for a walk outside in a stroller or for a ride in the car seat.
- Hold the baby against your chest and gently massage the baby.
- Rock, walk, or dance with the baby.
- Be patient; take a deep breath and count to ten.
- Call a friend or relative that you can 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 the baby a noisy toy; shake or rattle it.
- Hold the baby and breathe slowly and calmly; the baby may feel your calmness and become quiet.
- Sing or talk to the baby using soothing tones.
- Use a sound machine or record and playback a sound, like a vacuum cleaner, or hair dryer.
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 note book for your concerns and observations
  - Review the chart and check for signs you see in your baby.
  - Share any concerns with your doctor.
Tummy Time!

• What is tummy time?
• Is it really necessary?
• Is it needed daily? How long?
• What if my baby doesn’t like it?
High Risk Follow Up Clinic

Mondays with Dr. Kamtorn

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

1st visit- 2 weeks after discharge
2nd visit- 2 mts. after discharge
3rd visit- 4 mts. after discharge
4th visit- 8 mts. after discharge
5th visit- 12 mts. after discharge
6th visit- 18 -24 mts. 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 thru their 12 mt. f/u
Apnea Clinic

Thursday’s 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.

**Primary role:** To provide follow-up assessment, evaluation, treatment, and monitor download interpretation for our 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 last more than 20 seconds) or bradycardia (low heart rate lasting more than 5 seconds).
JUST ENJOY BEING A PARENT!