

## NICU Family Advisory Council



Courtney and Lionel With NICU Graduate Simone.

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 provide you with information we hope you will find useful during and after your family's stay in the NICU.

## DID YOU KNOW...

...You can request to have a NICU Parent Buddy? A NICU Parent Buddy is a graduate NICU parent who already had a baby (or babies) in the SBMC NICU and can give you emotional and informational support. Because they have had NICU experiences similar to you, they can give very special support that only another parent who "has been there" can. You can get matched with a "buddy" by filling out a yellow NICU Parent Buddy Program info form. These forms can be found in your NICU Welcome Bag, in the NICU Library, or in the top drawer in the NICU Parent Lounge. Once filled out please give it to any NICU nurse who will get it to the NICU Buddy Program Coordinator to assign you your match.

# *nicu* Family News

## Tips for Pumping, Hand Expression and Breastfeeding

In Honor of Breastfeeding Awareness Month, August 2021

If your baby is in the NICU, you may be feeling too overwhelmed and concerned for your baby to think about breastfeeding or pumping. However, your breast milk can provide important health benefits for your NICU baby. Therefore, even if you had not planned to breastfeed, it is important now for you to consider expressing your milk to be used as part of your baby's treatment plan. Your actions in the early days/weeks after your baby's birth are the key to establishing your milk supply.

The following tips will help you with this.

### When getting started, it's very important to:

- try hand expressing breast milk as soon as possible
- start pumping as soon as possible, within 24 hours after delivery, ideally within the first 6 hours
- pump at least 8 times every 24 hours during the first couple of weeks. (on average, you should pump every 2-3 hours during the day and every 3-4 hours at night/overnight)
- double pump using both breasts for about 15 minutes each time you pump
- make sure the flanges (the pump part that the nipples go into) fit properly and are not too loose or too tight

### Ways to increase the amount of milk you produce:

- by seeing, smelling or even just thinking about your baby (consider pumping while near your baby or just after having skin-to-skin contact, Kangaroo Care, with your baby in the unit)
- pumping more frequently each day
- do hand expression after using the electric pump

### Hand Expression:

- is the skill of removing milk from the breast by hand
- gets easier the more you try it

(continues on page 4)



## Interview With Neonatal ICU Nurse Samantha Hess, MSN, BSN, RN



**Q: How long have you been working at SBMC and in the NICU?**

**A:** I started working at SBMC in 2015 as a telemetry float nurse in the nurse residency program. I did that for almost two years before switching to the NICU, where I have now worked for the last four years.

**Q: Where did you do your education/training?**

**A:** I graduated with my Bachelors of Science in nursing from the University of Tampa in 2015. In addition, I recently graduated from Sacred Heart University with my Masters in Nursing for nursing leadership and executive management.

**Q: Please describe what your role is in the NICU/ what do you do specifically?**

**A:** My role as a bedside nurse is to care for premature neonates and full-term newborns that have complications, while also offering comfort and support to their families. Some of my responsibilities include attending preterm or high-risk deliveries, accurately documenting, reporting changes in a patient's condition to the physician, drawing and interpreting blood work, administering feedings and medications, and educating families in how to care for their infant. My other roles in the NICU include being a member of the small baby committee and the NICU Quality and Leadership Practice Council. I also precept/orient new nurses hired to our unit.

**Q: How did you know you wanted to be a nurse? Did you know you wanted to do this work specifically with infants in the NICU?**

**A:** While growing up, I had always been drawn to children and originally thought I wanted to be a teacher. However, as I got older I realized it was always my first instinct to jump in and help someone in need whether they were hurt or upset. This led me to nursing, as I knew I wanted to care for people at a time when they were most vulnerable and be able to ease the experience for them. Throughout nursing school I loved all of my clinical rotations and enjoyed all the patients I

cared for but I knew I had a passion to work in the NICU from my one observation day I got to spend there.

**Q: What do you like most about working in the NICU?**

**A:** Working in the NICU was my dream job since my observation day in nursing school and it is now one of the most rewarding aspects of my life. I love having a part in helping these babies grow and get stronger in order to go home with their families. I also cherish the continued relationships with the infants and their families through pictures and communication after they are discharged from the NICU. The teamwork with my colleagues is also one of my favorite parts about working in the NICU.

**Q: In recent years NICU staff have been learning more about the possible short and long term benefits of more neurodevelopmentally sensitive care.**

**A:** As a member of the Small Baby Committee, this is a topic we focus on and one I feel very strongly about. Our committee has made short fact sheets on several of these topics (noise in the NICU, cycled lighting, how to wake a small baby) that can be sent to parents as education. Our staff was also given the opportunity to complete a small baby specialization course that focuses on this kind of care and its numerous benefits.

**Q: Is there anything else you would like to say about your job or the NICU?**

**A:** I would like our families to know that we care for each baby as if they are our own child. We love and appreciate all the cards and pictures the families send us after the babies are discharged! We also love seeing the babies each year in October at the Miracle Walk and can't wait until we can all be in-person again at Verona Park in October of 2022! (continues on page 4)

**21th Annual Miracle Walk to benefit the SBMC NICU  
Sunday, October 10, 2021**

**Learn more about this virtual event and register now:**

**[miraclegwalk.com](http://miraclegwalk.com) | [facebook.com/miraclegwalk](https://facebook.com/miraclegwalk)**

## My Thriving Twin

Simone Harmony arrived on May 11, 2019, Mother's Day weekend, weighing 1 pound, 6 ounces. It was a bittersweet day after having a history of a lost pregnancy at 24 weeks and 1 day, less than a year ago. During my pregnancy with Simone, my husband and I went for our four-week ultrasound to check the length of the baby. To my surprise, the baby measured a lot bigger than anticipated. My OB/GYN ran some blood work and told me to come back in a week to make sure things were going well.

When we returned, my doctor surprised us and told us that I was pregnant with identical twins. My husband and I were ecstatic, to see the babies grow and hear two heartbeats. At our eight-week ultrasound, we were saddened to only see one baby. The other baby "vanished." We walked away feeling sad, but yet happy that we still had one miracle. As the weeks went by, our excitement grew.

At 24 weeks and 4 days PROM (Premature Rupture of Membranes) began to happen. My OB/GYN was out of town for Mother's Day weekend. I felt scared and alone but luckily, I had the support of all the high-risk doctors and nurses to help us at this difficult time. I was kept in the hospital for monitoring and given magnesium and steroid shots to strengthen the baby's lungs. After staying in the hospital on bed rest, I went to bathroom and I had a sharp pain in my back. The doctors rushed in to do an ultrasound. To my surprise, the baby's foot was coming out. The doctor decided to deliver the baby at 25 weeks via emergency C-section. It was a bittersweet delivery. I was shocked that I had another premature pregnancy.

After Simone was born, I spiked a fever and had trouble breathing. The nurses and medical doctors swarmed my post-op room. I became scared and worried that Simone may have the same symptoms as I had. Thanks to one of the best Neonatal Intensive Care Unit (NICU) doctors in the country, Simone's treatment was already started. On the other hand, I was diagnosed with cold sepsis and given IV fluids along with oxygen to assist my breathing.

After 6 days in the hospital, I was discharged while Simone's journey was just beginning. On her second day at the hospital, I called the NICU to see how she was doing. The nurse said, "She scared us because she extubated herself." That means she pulled out the tube that was helping her breathe. From then on, I knew she was a "fighter and determined" to get what she wants.



As the days and weeks passed, she needed several blood transfusions, intubation, extubation, a PICC line, steroids to help her get off the respirator, a feeding tube in her mouth then transitioned to her nose, and a lot of Kangaroo time. In spite of all the treatments Simone had in the NICU, Simone's only diagnosis was extreme prematurity.

It was a blessing that Simone was discharged home with just vitamins and an apnea monitor, which she grew out of pretty quickly. Simone enjoyed the music therapist's visits during her feeding time. She passed all head ultrasounds and all vision and hearing tests. Simone went home from the NICU after 100 days (close to her due date). I saw the NICU as my second home. I would pump breast milk to give to Simone, visit the library to gather books to read to Simone, and eat lunch (and sometimes dinner) in the hospital. Simone is currently a smart and active 2-year-old who has reached all of her milestones, thus far. She is truly a living Miracle!

**-Lionel and Courtney**

## 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

## Important Visitation Update

As of June, the NICU is welcoming back vaccinated grandparents to visit the NICU with mommy and daddy. If any grandparents would like to visit, they should be sure they have finished getting their COVID vaccines at least two weeks before coming to the NICU and to please be prepared to show a proof of vaccination card to security desk right outside the NICU.

## Tips for Pumping, Hand Expression... (continued from page 1)

- often only produces a few drops at first and larger amounts as you practice and the skill becomes easier
- requires you always be gentle with your breasts (if it is uncomfortable ask for help from the lactation consultants)

### Breastfeeding:

- When it's time to try the breast, look for signs your baby is ready. These may include:
  - bottlefeeding or sucking around their feeding tube
  - putting their hand to their mouth
  - nuzzling and turning their head toward you with a wide open mouth
- Think of your early breastfeeding sessions as practice as it may take your baby several feedings before they breastfeed well. They may just lick or mouth the nipple at first.

### Other important information:

- If you are taking any medication that is not recommended for lactating mothers because it passes from the breast milk to the baby, you should keep pumping to keep your milk supply going but you may need to throw the milk away ("pump and dump") until you stop that medication. Talk to your baby's neonatologist to check about the safety of any medications you are taking.
- Try not to get discouraged and keep in mind that pumping and hand expression are not a good indication of milk supply. You may be surprised how much milk the baby can get once you are able to get them to the breast.
- Remember, the hospital nurses and lactation consultants are available to provide assistance and answer questions at any stage so don't hesitate to ask for help or attend one of the lactation consultants daily classes.

## Interview with Samantha Hess ... (continued from page 2)

**Q: Would you like to share a little about what you like to do in your free time?**

**A:** In my free time I like to read, kayak, go hiking, and spend time with my family and bird. I also prepare lots of scent cloths which our NICU moms receive in their Welcome Bags when they arrive in the NICU.