

nicu Family News



A NICU Mom doing a hand-hug with her premature baby.

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...

You or a friend can set up a page on takethemameal.com or mealtrain.com and invite people you know to bring you and your family meals while you are busy with your NICU stay?

Saint Barnabas Medical Center | **RWJBarnabas 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

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).

continues on page 4

Interview With Maureen Dunn, RN, RNC

Q: How long have you been working as a nurse?

A: I have worked at Saint Barnabas Medical Center since I graduated college in 1979 with a BSN. I have been in the NICU for over 17 years, and I earned my nursing certification last year.

Q: How did you know you wanted to be a NICU nurse?

A: I worked on 3200 with high risk pregnant moms, and then moved on to postpartum and the Newborn Nursery. Each unit sparked my interest more in the care of the sick or premature infants especially when working in the admissions nursery. I liked the pace and the variety and realized that I needed more of a challenge in my career. After caring for adults and healthy newborns for 20 years, I finally made the leap to NICU. Truthfully, I felt like a new graduate for the first 2 years, there was so much to learn.

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

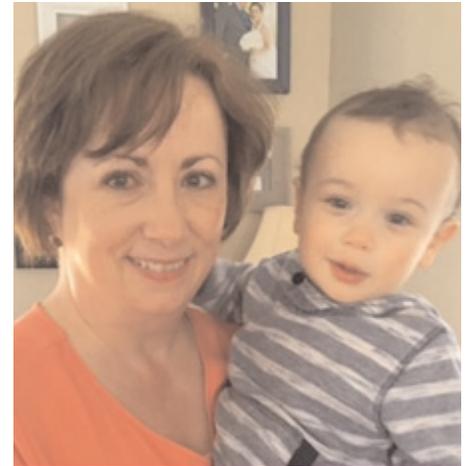
A: It's difficult to name just one thing, but I love being part of a team that works so well together to give the best care to these infants. This team includes the nurses, doctors, and respiratory therapists that I work beside each day, who embody the saying "it takes a village". It also includes the team that makes up the NICQ Council, from whom I have learned so much and who were instrumental in my personal journey to improve my practice.

2 There is a lot of satisfaction in

seeing that what you do makes a difference. This team of professionals recently supported me and my family through my own daughter and grandson's NICU journey. After my daughter's membranes ruptured at 22 weeks gestation, she spent 9 weeks on bedrest here in the hospital. She was visited by many of my NICU co-workers, who shared information, insight, and their loving support. She was able to read the sensory development brochure created by the NICU Family Advisory Council and felt empowered by it. When Dominic was born at 31 weeks gestation, I knew that he would receive the best care, as would my daughter and her husband as parents of a preemie. Katie and Mike had the advantage of Grandma being a NICU nurse, but they learned so much at his bedside and were involved in his care from day one.

Q. Recently the NICU staff have been learning more about the possible short and long term benefits of more neuro-developmentally protective care, especially for the very premature babies. What are your thoughts about this?

A: I have been very eager and willing to learn about any changes in care procedures that will help provide the best outcomes for our babies on every level. I joined the Small Baby Room (SBR) Education Committee in the NICU to help make the changes necessary to provide neuro-protective care to our tiniest babies. We are working to educate ourselves, our staff and



Maureen Dunn, RN, RNC
and her grandson.

our families in the culture of the SBR, including the importance of dim lighting, quiet voices, protecting sleep, and cue based care given while supporting baby in a comfy tucked position. All of these components of care are important, but I think that supporting the infant in a facilitated tuck with 2-person care before, during and after any painful procedure is most important. We have learned that pain alters the brain and nerve pathways and the baby's development over time so we must keep our cares in line with this information.

Q: What does Family Centered Care mean to you?

A: Family centered care means involving the parents in the care of the infant as early as possible, whether it is hand hugs for a micro-preemie or a tub bath for a soon-to-be graduate. It means educating the parents to read their baby's cues, involving them in as much care as possible, kangarooing early and often, scheduling activities such as

continues on page 4

Logan's Arrival

Things can often change at any second of the day. On Thursday, June 30, 2016, I met with the hospital's nutritionist to talk about an action plan for the next few weeks. Later that afternoon, my Mom and I met with NJ Perinatal at Saint Barnabas Medical Center (SBMC) to discuss my recent diagnosis of gestational diabetes. Upon my ultrasound, the doctor determined that I had a low level of amniotic fluid and I was sent to the High Risk Antepartum Unit to be induced. After a long 24 hour labor, Logan Bryce was born on Friday, July 1, at 3:02 pm.

Unfortunately during my labor, I developed a fever and Logan was taken to the NICU. For the next 48 hours he received antibiotics and observation. After being up for 36 hours straight my Mom and my husband, Mike, took me to the NICU see my little one. I never expected to be in the NICU holding my newborn son. The first time I saw Logan, I was nervous to see him attached to all the wires and machines. I remember hearing bells and alarms beeping and thinking are those Logan's machines? I looked around at the little ones surrounding us and tried to be thankful his condition was not

worse. For the next two days, around the clock, every three hours, I was down in the NICU breastfeeding him or giving him formula. I was relaxed holding Logan for an hour or two because all I wanted was to leave the hospital with my son. Along the way, my nurses helped me to feel comfortable with changing and weighing his diapers, taking his temperatures and even giving him a gentle bath.

I was discharged on Sunday, July 3, and was emotionally drained. That morning I hoped Logan would be able to leave with me; however, because Logan's C-Reactive Protein (CRP) test was high, he had to stay in the hospital for an additional three days. I never thought as a new mom, I would be leaving the hospital without my newborn son. Wiping away the tears, I said good night to Logan, kissed his forehead and walked back to my hospital room. The nurses comforted me as they understood what it was like for me to leave my newborn baby. I knew Logan was in the best place possible, but my heart was heavy. That night was rough; I cried almost the whole way home and cried myself to sleep in my husband's arms. I



remember I felt like I could hear Logan's cries throughout the night.

My mom and I returned to NICU the next morning for his 9:00 a.m. feeding. I was informed by his neonatologist that since his CRP test was still abnormal Logan would need to continue with antibiotics with the hope that he would go home on Wednesday. For the next 48 hours, my family and I continued to drive back and forth from Edison for his feedings every 3 hours. It was exhausting, but at the same time we enjoyed being able to spend as much time as we could holding and feeding Logan.

- Rebecca O.



Save-The-Date
17th Annual Miracle Walk
Sunday October 8, 2017

TO LEARN MORE, REGISTER OR DONATE:
MIRACLEWALK.COM ■ 973-322-4259
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 Worker
973-322-5503

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:

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Continued from page 1

- Slow or stop what you are doing if baby shows signs of stress
- 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 Maureen Dunn, RN, RNC

Continued from page 2

bathing when the parents are spending time with baby, and reviewing the plan of care daily. It means listening to the parents' insights about their baby and taking them to heart. It means validating the parents' concerns and working to find answers for their questions.

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

A: Please know that the staff is here for you. We want you to ask questions and ask us to clarify anything you do not understand. We want you to be involved in your baby's care as soon as possible. We are big fans of breast milk because of the benefits it has for your baby, and will encourage you to pump even at the bedside. Pay attention to your baby's cues. Help protect your baby's immediate environment from loud noise and lights, from infection, from unpleasant odors and overstimulation. Kangaroo as soon as possible. Share your scent, your quiet voice, and your still touch with your baby. Eat healthy foods. Schedule rest. Realize that you and your partner may not cope with the stress of the NICU in the same way. Do not feel guilty for taking a day off from spending time in the NICU if you need. And, most important, celebrate the milestones!

Q: Anything else you would like to say about your job or the NICU?

A: I am very proud to be a member of the NICU team. I love what I do, and I love to teach. I feel that my involvement in the NICQ council and the SBR Education committee have made me a better nurse. Also, Dominic, who is my bright, happy non-stop active 15 month old grandson, and who gives me joy beyond measure, makes me one thankful grandma for having this kind of care available.