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 can get your very own graduate NICU parent to talk to and ask questions of by filling out a yellow NICU Parent Buddy form or emailing the program coordinator at Hayley.Hirschmann@RWJBH.org. These parents have been where you are now and are ready to support you and share good information/resources.

Infection Prevention in the NICU

The SBMC NICU staff is always taking steps to keep the number of infections in our unit as low as possible. Over the years, our staff have studied and learned new ways to keep these rates low and keep working hard at keeping them low every day.

What YOU (families and visitors) can do to help keep your baby infection free:

- remove rings, bracelets, watches and roll up your sleeves when you are with your baby
- remove any artificial fingernails (nailpolish is okay, but should be free from cracks or chips)
- wash your hands well for two minutes the first time you enter the unit each day and again if you leave the hospital and come back the same day
- wash or gel your hands after touching your face, using the bathroom, eating, drinking, using your phone, your camera or anything outside your baby’s bed before touching your baby again
- place your phone/camera and any ipad-type devices in a clean plastic zip lock bag each day when you enter the NICU (available at the Unit Representatives desk right inside the unit)
- wash or gel your hands after changing your baby’s diaper
- if you have multiples, wash or gel your hands between babies
- make sure any friends and family you bring into the unit to meet your baby are feeling well (no recent fevers, stomach illness, coughs or colds)
- make sure anything brought in to the NICU for baby is wipeable or small enough to be wrapped in plastic wrap and placed in the crib or isolette
- ask staff to wash or gel before touching your baby if you haven’t seen them do so
- do not eat or drink anything while spending time with your baby
- give breast milk to your baby

Here are some of the special things our staff does, in addition to many of the things you are asked to do, to help keep infections rates low in the NICU:

- place your baby in a new bed each week
- send our infection rates to national groups to compare ourselves with other NICUs
- work with 15 other Level III NICUs in NJ to decrease infection rates
- keep waterless hand gel at each baby’s bedside
- wipe down equipment before use on your baby
- wipe down your baby’s bedside at least once a shift
- do not eat or drink in the NICU
- encourage the use of breast milk for all babies but especially those born weighing less than 1500 grams (3.3 pounds)
Interview With Katherine Visnosky
Dedicated NICU Technician

Q: How long have you been working in the NICU?
A: I have been working at Saint Barnabas for almost 10 years and I have spent that whole time working in the NICU. Before working here, I worked in a nursing home.

Q: How did you know come to work at SBMC?
A: I had a relative who worked in the NICU and I have always liked the idea of working in a hospital so she suggested I apply for a job opening here and I did.

Q: What are your job responsibilities?
A: I have several. It is my job to clean and make sure all the equipment in the NICU is working properly. I call another department to come fix anything that needs fixing. I also organize and stock supplies for the nurses and doctors and stock and keep track of our supply of donor breast milk. Lastly, I cover for the unit representatives when they go on break so I can help the staff and provide a smile and some guidance to the families that come in to our unit during those times.

Q: What is your role in fighting infection in the NICU?
A: I think it’s an important role actually. I clean all the baby’s Giraffe beds and isolettes AT LEAST every seven days. I clean them thoroughly with a special germ fighting cleaning fluid and each one takes about an hour. Then, I cover the clean ones and date them using a special tag system we have been using for a few years now.

Q: What have you liked the most about working in the SBMC NICU?
A: I like that everybody works as a team.

Q: Any other thoughts or comments you would like to add?
A: Just that I am excited and looking forward to moving into the new NICU next year. There is going to be a lot more space for families and for storage, which could actually enhance some of our infection prevention methods.

Miracle Walk Update
On October 16, 2016, the 16th Annual Miracle Walk, to benefit the NICU at Saint Barnabas Medical Center, was held in Verona Park. It was a beautiful day that brought over 2,500 participants to the walk. The event helped raise over $347,000 for the NICU. Please consider making a donation to help us reach $350,000! Donations can be made at miraclewalk.com until December 31.

Save-The-Date
17th Annual Miracle Walk
Sunday October 8, 2017
Zadie was born on May 31, 2011. She was a scheduled C-section at 39 weeks. Other than a lot of extra amniotic fluid, the pregnancy was normal and the weekly ultrasounds (to try to figure out the cause of the fluid) showed nothing out of the ordinary.

When she was born, she was examined and found to have a cleft palate in the roof of her mouth. The neonatologist in the delivery room said it would require surgery, but not right away. We were told everything was fine. In fact, she wasn’t even sent to the NICU at first. She was sent to the regular nursery where they attempted to bottle feed her. Since she did not bottle feed well, she was sent to the NICU.

That night, a plastic surgeon from the craniofacial team came to visit Zadie at the request of her pediatrician. He diagnosed her with something called Pierre Robin Sequence. He explained that it involves a cleft palate, a recessed lower jaw, and a tongue that falls back on the airway. We were told she would have to use a special bottle and sleep on her belly or side. While the hope was for Zadie to have to stay in the NICU for several days until she learned to drink from a bottle, she actually needed to stay in the hospital for 10 weeks. During that time, she went under anesthesia three times and had two surgeries, eventually coming home with a G-Tube and a tracheostomy for help with feeding and breathing.

The NICU was the scariest and most amazing experience. Every nurse in the NICU was one of a kind. They encouraged us to hold Zadie, to try to feed her, to bring toys and clothes and blankets in to make her NICU bed a little more personal. I remember the day we were told Zadie needed a trach. Her nurse that day saw me and just hugged me as I sobbed. The doctors, social workers, and speech therapists were amazing as well. Over five years later, we still see some of her caregivers at the Miracle Walk and they’re just as warm as ever.

Zadie has had several more surgeries. Including the repair to the cleft in her palate when she was 11 months old, she has had tubes in her ears, a tonsillectomy and an adenoidectomy. She was under anesthesia several other times as well, for scopes of her airway and an MRI. Her G-Tube was removed in March of 2014 and her trach was removed in October of the same year. Her last surgery (hopefully) was in March of this year to close her trach stoma. Yay!!

Zadie is now 5 and is a happy and healthy kindergartener who loves dancing and gymnastics. For the most part, people who meet her now have no idea that she had such a rough start. Our family is forever grateful for the care she received from the Saint Barnabas NICU!

-Janice and BJ
Keeping Baby Healthy at Home

With any newborn at home, you want to try to avoid having common colds in your home. But from about October to April/May, you also want to avoid Respiratory Syncytial Virus (RSV), an easily spread cold virus that attacks the respiratory tract. This can be especially serious for preemies because of their immature lungs. Some high-risk babies will get a monthly shot of Synagis (http://synagis.com/insurance.aspx) to help protect them from severe RSV.

Other things you can do to help keep baby well include:
- Washing hands often and using antibacterial gel
- Keeping your baby away from crowds for several months
- Not allowing your baby to put other children’s toys near their mouth
- Asking visitors (and strangers) not to touch your baby’s hands or mouth to help prevent the spread of germs
- Washing baby’s bedding and items she mouths often
- NOT smoking around your baby

Our tips for keeping your NICU baby healthy around school-age siblings:
- Have siblings wash hands when they first come home from school
- Have them take off their shoes in the house
- Maybe even change clothes from school outfit to play outfit
- If they are sick, try to have them stay at least six feet away from the baby and cover their mouth/nose when coughing/sneezing
- Encourage the use of antibacterial gel and keep it in several easy-to-reach places the child can get to
- Let the school know you have a preemie at home and ask them to alert you to any illnesses that may be floating around the school
- For younger school kids, maybe a show and tell about his/her siblings (either with pictures) and tell the class the importance of hand washing and hygiene
- Set up more play dates outside the home than in the home (and wash those hands!)

In Good Health E-Newsletter
Those interested in learning more about the latest programs and services offered by Saint Barnabas Medical Center and Barnabas Health Outpatient Centers can sign up for our free, monthly e-newsletter, In Good Health, by visiting tinyurl.com/sbmcnws.