

Your baby's stay in the NICU

Many parents are unsure about how to take care of their baby in the NICU. They don't know how involved they can be in their baby's care. NICUs welcome all parents and encourage them to take care of their babies. Here's what you can do:

Ask questions.

If you have questions about your baby's care, ask. Ask the doctors and nurses about anything you don't understand. Learn as much as you can about your baby's condition and treatment before you take your baby home. Write your questions down so you don't forget to ask them. You can ask these questions when you're in the NICU with your baby or when you call the NICU to check on your baby.

Questions you may want to ask about caring for your baby:

- Can I hold my baby?
- What can I do to help take care of my baby?
- What can I do to help my baby if she's in pain?
- When do you think my baby will go home?
- What do I need to learn about my baby before we go home?

Questions you may want to ask about your baby's condition:

- How is my baby doing today?
- Who should I talk to if I have questions about my baby's condition?
- How will I find out about any major change in my baby's condition?



Questions you may want to ask about medicines, tests or medical equipment used to treat your baby:

- How does this medicine help my baby?
- How does this medical equipment help my baby?
- What tests are you doing and what information do they give about my baby?
- Will the medicine, equipment or tests hurt my baby?
- How does the NICU team help my baby if she's in pain?

This resource includes some medical terms you may hear in the NICU. You can find out what they mean in the *Words to know* section at the end of this resource.

Be an active member of your baby's health care team.

You are your baby's best advocate. From the start, make it your goal to have a good working relationship with the NICU staff. Ask questions, let them know your concerns and take part in making decisions about your baby's care.

You may be able to talk to your baby's health care team during medical rounds. Medical rounds are when providers visit each baby in the NICU and talk about each baby's condition and treatment. Ask your baby's doctor or nurse if this is a time when you can share information with the team. If you can't share during medical rounds, ask when you can talk with your baby's health care team. Also, ask how you can get information about your baby if you are not in the NICU during medical rounds.

Nursing change of shift (also called nursing report) is when your baby's nurse meets with the next nurse who is going to care for your baby. In the NICU, nurses often work 8 or 12 hours at a time called shifts. Depending on your NICU, parents may be welcome during nursing change of shift. If you can, join in the discussion and share information with your baby's nurses.



Care for your baby.

There are many ways you can care for your baby during her NICU stay. When your baby is ready, you can bathe, feed, change and hold her. You may be able to take her temperature and help weigh her. You may feel nervous at first, but your baby's nurses can show you what to do.

You can hold your baby even if she's connected to medical equipment. It may take time and practice for you and your baby to get comfortable. If you haven't been able to hold your baby, ask the nurses how you can touch and comfort her.

The more you are involved in your baby's care, the more comfortable you will be caring for her.

Help your baby if he's in pain.*

During your baby's NICU stay, it's likely that he will have procedures and treatments that may cause him pain and discomfort. These include:

- Taking blood
- Putting in an IV to give fluids or medicine
- Being connected to a breathing machine
- Having surgery

There are things you can do that may help reduce your baby's pain and make him more comfortable. Start by getting to know the signs of when your baby is in pain. Your baby's health care team may have ideas on how to help comfort your baby. You may want to try:

- Talking to him quietly
- Touching him in a gentle way
- Holding him
- Swaddling him. When you swaddle your baby, you snugly wrap a thin blanket around him so that it covers most of his body below the neck.

**Adapted from "Comforting Your Baby In Intensive Care" by Linda Franck (2013). Linda S. Franck, RN, PhD, FRCPCH, FAAN, Professor & Chair, Department of Family Health Care Nursing at UCSF*

- Dimming the lights
- Giving him a pacifier (if you use one)
- Giving him your finger to hold

Ask if you can provide comfort during a medical procedure or treatment. Not every parent feels OK being present during a procedure. Or there may be other reasons why you can't be with your baby. Talk to your nurse about ways NICU staff comfort your baby if you aren't there.

Seeing your baby in pain can be hard. Remember that these procedures are necessary for your baby's health and that you and the health care team are doing everything you can to help him.



Bond with your baby.

You may not feel close to your baby. Feeling distant or unconnected is a normal response for parents during the early days and weeks of their baby's stay in the NICU. Feeling like this doesn't mean you're not bonding with your baby. Your bond with your baby began during pregnancy and keeps growing long after your baby is born. Be patient with yourself. Over time, as you get used to the NICU, you'll feel closer and more like a parent to your baby.

Some of the most important ways you can begin to bond with your baby are holding her, doing kangaroo care and feeding her. Other ways of bonding include singing, talking or reading softly and gently touching your baby.



Get support.

Ask for help from nurses and other NICU staff. You also may want to talk with other NICU parents. You can meet other parents in the NICU or on [shareyourstory.org](https://www.shareyourstory.org). Think about who can support you now and in the future.

Start a file of health information about your baby.

You may get a lot of information and paperwork about your baby when he's in the NICU. You may find it helpful to keep all of it together in a file. Put information about your baby's health, providers, medicine and medical equipment in the folder. You can even add to it after your baby leaves the NICU so you have all your baby's health information in one place.

In the NICU, keep the file by your baby's bed. As you think of questions to ask, write them down and put them in the file to help you remember them later.

Words to know

advocate — Someone who speaks up for something or someone who is not able to do this for themselves. Also means to speak, write or stand up for something or someone.

health care team — A group of health care providers who work together to care for a baby.

intravenous line (in-truh-VEE-nuhs line) — Also called IV. A tube inserted with a needle into your baby's vein. A vein is a blood vessel that brings blood back to the heart. Your baby can get fluids, medicine and blood through an IV.

IV — See intravenous line.

kangaroo care — Also called skin-to-skin care. Putting a baby dressed only in a diaper on his parent's bare chest.

medical rounds — A practice in the NICU where a medical team walks from baby to baby talking about their care and treatment. The medical team may include doctors, nurses, therapists, pharmacists and social workers. The medical team talks about a baby at her bedside.

NICU — Also called the neonatal or newborn intensive care unit. The place in the hospital where newborns go for special care.

nursing change of shift — Also called nursing report. At the end of a shift, the baby's nurse meets with the next nurse who is going to care for the baby. They discuss the baby's care.

nursing report — See nursing change of shift.

provider — See health care provider.

swaddle — A safe way to wrap the baby in a blanket. This is when the baby is wrapped in a thin blanket so that it covers most of her body below the neck.