



Welcome

to the Lundy Family Neonatal Intensive Care Unit
(NICU)



HOWARD COUNTY
GENERAL HOSPITAL

JOHNS HOPKINS MEDICINE

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Neonatal Intensive Care Unit
(NICU)



Newborn babies who need specialized attention because of premature birth or medical conditions, are cared for in the state-of-the-art level III NICU.

The majority of newborn infants at HCGH are born healthy but sometimes more intense monitoring and care are required. Our NICU has sophisticated equipment specially designed to care for critically ill newborns in an environment that fosters healthy development.

We know this is a difficult time for your family, and you may have many questions. This guide has information to help you during your baby's stay in the NICU.

Please ask your baby's nurse or doctor any questions you may have regarding your baby. We are all here to care for your baby and your family in any way we can.

Our mission as staff of the NICU at Howard County General Hospital is to offer excellent care for babies and their families in a supportive and compassionate environment.

Special thanks to the following staff members who contributed to the production of this guide:
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Premature Babies

There are certain medical issues that premature babies can face. Both your doctor and nurse will discuss these issues with you:

• Temperature Control

- Most premature babies need help to keep their body temperature at the right level.
- Warmer beds and isolettes provide the necessary warmth monitored by a temperature probe.
- As a baby grows and develops, they will gradually need less warmth to maintain their temperature.
- Once they are placed on air temperature in the isolette, the baby is dressed and wrapped in a blanket inside the isolette.
- The temperature of the isolette is decreased gradually.
- Once the baby can maintain a stable body temperature with the lower air temperature, they are wrapped in a swaddler and placed in an open crib/bassinet.

• Pain

- We assess pain levels based on the following criteria: crying, facial expression, muscle tone, vital signs and state of arousal.
- We use various comfort measures to soothe your baby, including pacifiers, swaddling, touch and music.
- Our goal is to minimize pain for your baby.

Premature Baby's Eyes

- At the request of your baby's doctor, an eye exam may be performed on your infant.
- Babies weighing less than 1500 grams at birth, or born less than 30 weeks gestation, and other babies designated by the NICU doctors, are examined by an ophthalmologist.
- Exams begin around four to six weeks of age or by 31 weeks post-conceptual age and are repeated two weeks or as needed.
- There is a follow-up appointment post discharge.
- Retinopathy of Prematurity (ROP): This occurs when a premature infant's retina is not yet completely developed and the blood vessels in the immature part of the retina may develop abnormally.

• Apnea/Bradycardia/Desaturations

- Apnea is when a baby pauses to breathe for 20 seconds or longer.
- Bradycardia is when a baby's heart rate drops below normal.
- Desaturation is when the baby's pulse oximetry (measure of the oxygen in the baby's body) drops below normal.
- The alarms on the monitor let the staff know when a baby has an episode of apnea, bradycardia and/or desaturation.
- Premature babies commonly have these issues because the centers in the brain that control breathing and heart rate are immature.
- The baby may recover from these events on their own. Sometimes, they may need to be stimulated by gently flicking their foot or patting their back or bottom.
- Most babies outgrow these events as they get closer to their due date.
- As the baby gets closer to going home, they are watched closely for these events and any significant events could delay discharge.

When ROP occurs, one of these things may happen:

- In most babies, abnormal blood vessels will heal themselves, usually during the first year of life.
- In some babies, the abnormal blood vessels heal only partially and nearsightedness, lazy eye or a wandering eye may develop. Glasses may be required in early life. In some cases, a scar may be left in the retina, resulting in vision problems that are not entirely correctable with glasses.
- In severe cases, the abnormal blood vessels form scar tissue, which can damage or dislodge the retina. This problem results in a severe loss of vision.
- Rarely this condition requires laser eye surgery. The infants are monitored by the ophthalmologist to identify problems early and intervene if indicated.

Touching, Interacting and Handling Your Baby

Your time in the NICU can be very overwhelming and stressful. It can be difficult on babies who are just starting their new life in the world outside of mom's womb. This information will help you interpret your baby's responses and suggest specific ways to help your baby deal with stress.

All babies communicate with the world around them. They use specific body language and communicate with us in their own way, especially babies born prematurely.

Most full-term babies thrive on stimulation, but for a premature baby or sick baby, too much stimulation may be overwhelming. By observing and learning to read your baby's body language, you soon learn what causes stress, and you can change your actions to suit the baby's needs.

Signs of Overstimulation

- Color change (pale/flushed)
- Hiccups, gagging, spitting up
- Changes in breathing pattern
- Oxygen or heart rate levels dropping
- Frowning, grimacing, worried expression
- Changes in muscle tone (floppy, limp, stiff)
- Avoiding eye contact
- Sneezing or yawning
- Trying to change position
- Getting into a drowsy or light sleep to shut out stimulation

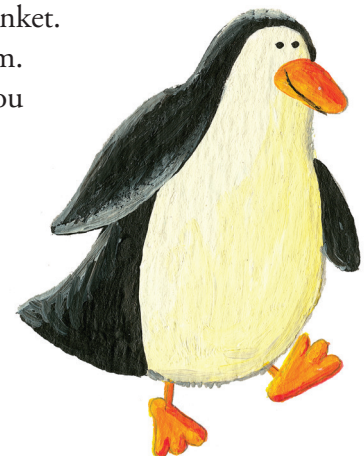
Signs of Comfort

- Bracing legs or back against side of bed
- Hands clasped
- Hands near mouth
- Sucking on pacifier, hands or fingers
- Relaxed limbs
- Eyes open
- Staying in cuddled position

These skills require a lot of energy from the babies and may tire them out easily, so **never wake a sleeping baby while visiting the NICU.**

Ways to Help Your Baby

- Open and close doors of the isolette quietly.
- Speak to your baby in a quiet voice before touching them, letting the baby know you are there.
- Offer a finger for the baby to hold.
- Swaddling is soothing. If your baby is big enough, they can be swaddled in a blanket.
 - Smaller babies do well with cupping your hands around their head and bottom.
- Hold your baby skin-to-skin, also known as kangaroo care. Skin-to-skin helps you feel closer to your baby which can enhance bonding. It allows you to participate in the care of your baby. Studies have shown that babies held skin-to-skin cry less, feed better, breathe easier, sleep longer, have better weight gain and they may have a decreased length of stay in the hospital as a result. Holding skin-to-skin benefits both you and your baby. Baby rests on your bare chest, only wearing a diaper, and possibly a hat, and covered with a blanket. Skin-to-skin is ideally done for at least one hour. Ask your baby's nurse when your baby can be held skin-to-skin.



Breastfeeding

Mothers are encouraged to breastfeed as soon as their baby is able to do so. When supplementation is needed, you breastfeed first and supplement second. Mothers can call the NICU to find out their baby's feeding schedule and visit at those times to enhance breastfeeding. The NICU has a full-time lactation consultant.

Breast pumps are available for use in the NICU. Mothers can pump in the Mother's Suite or may bring a pump to the bedside (if baby is stable). Hospital-grade breast pumps are available through our loaner program for breastfeeding mothers to use at home for the duration of the baby's hospital stay. There is no charge provided the pump is returned at or before the baby's discharge. A signed contract and personal information is required for the loan.



Special Considerations

If your baby is on respiratory support, phototherapy or humidity, or has tubes and lines, it is up to the medical team to decide if holding your baby is possible and for how long. If your baby is having a sensitive day, showing signs of overstimulation or requiring more oxygen or support, you will not be able to hold your baby that day. The medical team will discuss with you if this is the case.

When interacting with your baby, observe their behavioral cues. This is how they interact with you. Your baby will guide your interactions, and you will soon learn your baby's needs. Eventually your baby will be able to maintain good eye contact and listen to the sound of your voice without becoming overstimulated. It takes time to grow and lots of patience on your part, but it is well worth it! Please speak with any nurse regarding your baby's special needs.

Handwashing

Health care providers are required to wash and sanitize their hands before and after touching a patient. All parents and visitors must also follow this procedure for handwashing to ensure the baby's safety:

- Remove all hand and wrist jewelry before cleaning your hands.
- Roll or push up long sleeves above the elbow.
- Use the scrub brush, and soap and water.
- Use the blue stick to clean under and around nails while washing.
- The duration of the first wash of the visit must be three minutes.
- All other washes should last 15 seconds and include hands and wrist.
- Instructions are posted at the scrub sinks.
- Use hospital lotion only, if needed.
- You may use waterless hand sanitizer, such as Purell,[®] at other times throughout the day; rub hands briskly until they feel dry, approximately 15 seconds.

Infection Control

Respiratory hygiene is very important. Cover your mouth and nose when sneezing or coughing by using tissues or the bend of your elbow to prevent your hands from spreading germs. Remember to wash your hands after sneezing or coughing. Please ask for a mask if you have a runny nose, or are sneezing or coughing. Use your best judgment and discuss with medical staff as to whether or not to visit if you have any of these symptoms. Visitors who are sick and contagious are not permitted in the NICU.

No stuffed toys or other items are allowed in your baby's bed. The NICU has clothes for your baby once they are old enough to wear them. Parents may bring in clothes. Make sure they are labeled with the baby's name, are clean before they come in contact with the baby and, once dirty, taken home to be washed.

Where to Get More Information

- The NICU has a monthly support group the second Tuesday of each month. The subjects discussed include breastfeeding, infant massage, positioning of your infant and creating mementos for your infant.
- The nurses will give you multiple informational handouts regarding your infant's conditions and care.
- Bimonthly parent groups meet to celebrate babies' milestones.



NICU Staff

- **Physician (M.D.):** The physicians on our unit are neonatologists or hospitalists who have specialized training in caring for critically ill newborns. They will oversee and coordinate your baby's care. The daytime neonatologist changes every three weeks. A covering attending neonatologist usually covers physician duties at night and on weekends.
- **Neonatal Nurse Practitioner (NNP):** The NNPs are a team of care providers with advanced degrees, specializing in the care of critically ill newborns. They oversee and coordinate your baby's care directly with the neonatologist.
- **Nurse Manager:** Feel free to contact the nurse manager with any concerns you may have about your baby's care while hospitalized.
- **Nurses (RN):** The nurses in the NICU have extensive experience and training in the care of critically ill newborns. The staff supports primary nursing, which allows for continuity of care for your baby. Each baby has a primary nurse on day shift and one on night shift. The primary nurse may not actually take care of your baby every day, but she will coordinate your baby's care until discharge.
- **Social Worker (LCSW):** The social worker assists families in dealing with their concerns and worries while their baby is in the hospital. The CSW can also help with information about community resources, insurance and transportation.
- **Case Manager:** The case manager will work with your insurance company to coordinate plans for your baby's discharge.
- **Respiratory Therapist (RT):** A team of respiratory therapists helps with every baby who has breathing problems. They manage the respiratory equipment.
- **Pharmacist:** A pharmacist is part of the team to help with information and advice on prescribing medications for your baby.
- **Patient Clerical Assistant (PCA):** The PCA manages the front desk, and works throughout the NICU performing a variety of customer service and unit activities to assist families and staff.
- **Chaplain:** The hospital chaplain is available to help families by providing spiritual care and support during your NICU stay.

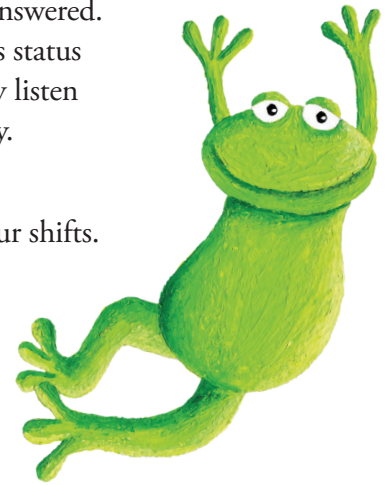


Nursing Shift Report

The nursing shift report occurs at each shift change when the off-going nurse gives a report to the on-coming nurse at your baby's bedside. Parents are encouraged to take part in the nursing shift report which is a best practice in the care of patients. It is a chance for the clinical staff to exchange information about the plan of care and for parents to get their questions answered. The nurse will discuss mom's and baby's history, review current orders, update baby's status with recent changes, and update baby's plan of care. When you are present, you may listen to the report and add information that you feel will help us better care for your baby. Your input is important to us. Please hold questions until the end of the report.

The shift reports will occur twice during a 24-hour period, as all nurses work 12-hour shifts. Shift report takes place between 6:30 and 7:30 a.m. and 6:30 and 7:30 p.m.

PLEASE NOTE, for patient confidentiality reasons, at these times the NICU is closed to all visitors except parents.



Bedside Rounds

Daily rounds take place at the bedside every morning, starting at approximately 10 a.m. and lasting several hours. The start time is subject to change based on the needs of the unit. The rounding team consists of physicians, a neonatal nurse practitioner, your baby's nurse and the charge nurse. At times, the unit's social worker, nutritionist and lactation specialist will attend daily rounds. The nurse assigned to your baby will talk about your baby with the rest of the team. The team will discuss an updated plan of care for your baby. Parents are encouraged to participate as part of the team. Parents may ask any questions at the end of the presentation.

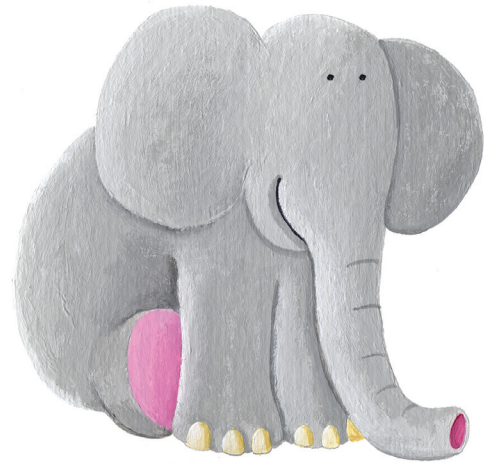
Visitors and Medical Information

During bedside rounds, private medical information about mother and baby will be discussed. As the parent, if you do not want your visitors to hear this information, please ask them to go to the waiting room during this time.

Equipment

There are many different types of equipment that are used to care for babies in the NICU, including:

- **Incubator (isolette):** Premature babies cannot maintain their body temperature without some source of heat until 33- to 34-weeks' gestation. The incubator helps the baby to maintain proper body temperature.
- **Radiant Warmer:** Full-term babies and those over 34 weeks gestation are placed on warmers for evaluation at admission. Once they are stable, they will be moved to an isolette or crib (bassinette).
- **Crib (bassinette):** Cribs are used for babies who can maintain their body temperature.
- **Snuggler Blanket:** This wearable blanket keeps the baby warm and safe while sleeping. They are approved by the American Academy of Pediatrics for the safe sleep program. Your baby will be placed in a snuggler once in the open crib.
- **Cardiorespiratory Monitor:** Every baby in the NICU is on a monitor that show their heart and breathing rate, and blood pressure. Soft leads or wires are placed on the baby's chest to read these measurements.
- **Pulse Oximeter:** Most babies are also placed on a monitor called a pulse oximeter, which measures the amount of oxygen in the baby's blood. A small cloth tape with a red light is wrapped around the baby's hand or foot to take this measurement, which displays on the cardiorespiratory monitor. The site of the pulse oximeter is changed every three to four hours.
- **Ventilator:** A ventilator is a machine that helps the baby breathe and can provide extra oxygen. Many babies in the NICU need this assistance with their breathing. There are several different types of ventilators used in the NICU. The medical team will choose the right one for your baby.
- **Breast Milk Analyzer:** Breast milk regularly changes in nutritional composition. When given to NICU preterm babies, breast milk is fortified to meet their need for macronutrients like carbohydrates, protein and fat. The breast milk analyzer measures macronutrient composition and generates the exact fortification formula for each baby.



- **Endotracheal Tube:** The ventilator is connected to a breathing tube, called an endotracheal tube that passes through the baby's mouth into their airway. This tube is taped to the baby's face to hold it in place.
- **Nasal CPAP/SiPAP:** This equipment helps babies who are breathing on their own but need a little extra support. Either soft prongs or a mask are placed in the baby's nose providing pressurized air to help keep the lungs expanded. Extra oxygen may or may not be given as well.
- **High-flow/regular-flow Nasal Cannula:** A nasal cannula is a small, soft plastic tube with prongs that fit into the baby's nose. The cannula gives the baby extra oxygen or flow to help remind them to breathe.
- **Phototherapy Lights:** These lights are used to treat jaundice and can include overhead spotlights and blankets.

Tubes and Lines in the NICU

Babies in the NICU have multiple lines and tubes, which can be scary for a parent to see. The following may help you to understand why they are important in your baby's care.

- **Feeding Tube:** Premature babies initially are unable to eat by mouth, since they are not able to coordinate sucking, swallowing and breathing. They usually are able to start doing this around 33 to 34-weeks' gestation. Feedings are started before this time period by inserting a small, soft plastic tube through the nose or mouth into the baby's stomach. Some full-term babies may also require a feeding tube. The need for a tube is determined by the medical team and the baby's condition.
- **Intravenous (IV) Line:** Most of the babies in the NICU need an IV line. This is a thin catheter placed into a vein in the hand, arm, foot, leg or occasionally in the scalp. Medications, blood products, fluids and IV nutrition can be given through the IV line.
- **Central Line:** A central line is a special type of IV that is longer in length than a regular IV line, and can reach a larger and deeper vein in the body. There are several types of central lines. A PICC line is used most frequently in the NICU. Another type of central line is placed by surgeons, usually in the chest and is called a Broviac line. Since these lines are much longer, they are able to stay in place for several weeks. Medications, fluids, IV nutrition and blood products can be provided through these lines.
- **Umbilical Lines:** Two types of lines can be placed directly into the baby's umbilical cord just after birth. One is called an umbilical venous line (UVC). This is an IV line that can be used for medications, blood products, fluids and IV nutrition. The other one is an umbilical arterial line (UAC), which is used to monitor the baby's blood pressure and draw blood samples without having to repeatedly stick the baby.
- **Peripheral Artery Line (PAL):** This is an IV line placed in an artery of the wrist or ankle that can be used to monitor the baby's blood pressure and draw blood samples without having to repeatedly stick the baby.



Procedures and Tests

We may need to perform certain procedures and tests to provide the best care for your baby. Your baby's doctor will discuss any procedures with you when they are needed, unless the situation is an emergency. These are some procedures and tests:

- **Intubation:** This procedure places a breathing tube, called an endotracheal tube, through the baby's mouth and into the main airway to help the baby breathe better.
- **Lumbar Puncture/Spinal Tap:** This is a procedure to sample the fluid around the brain and spinal cord. A small needle is placed in the baby's lower back to collect the cerebrospinal fluid (CSF). The fluid is then sent to the lab for testing.
- **Transfusion:** This procedure is used to give blood products through an IV site. Most premature babies will need a transfusion at some point while in the NICU.
- **Phototherapy:** Many babies are jaundiced, a condition when the baby develops a yellow color on their skin and eyes from a chemical in their bloodstream called bilirubin. To get rid of the bilirubin, the baby may need to be put under special bright lights that help break down the bilirubin. A soft mask is placed over the baby's eyes to protect them from the lights.
- **Electrolytes (BMP):** This is a blood test done by a heel stick that measures the level of several chemicals in the baby's blood. Results are used to adjust the baby's nutrition and/or medications.
- **Blood Glucose Level:** This blood test, done by a heel stick, measures the level of glucose in the baby's blood. There are several tests that measure this level, which include the use of a bedside glucometer and/or sending a blood sample to the lab.
- **Complete Blood Count (CBC):** This test, done by a heel stick, measures the number of red blood cells (carry oxygen), white blood cells (fight infection) and platelets (help the blood clot). It is used to determine if the baby needs a blood transfusion to detect an infection.
- **Blood Gas:** This test, done by a heel stick, measures the amount of oxygen and carbon dioxide in the baby's blood. The results are used to make changes in the baby's ventilator or to monitor the baby's breathing status.
- **Blood Culture:** This test looks for an infection in the baby's bloodstream.
- **MRSA/MSSA Surveillance (Methicillin Resistant Staphylococcus Aureus and Methicillin-Susceptible Staphylococcus Aureus):** Every week on Wednesday morning, we send a swab from your baby's nose to screen for MRSA/MSSA. The bacteria, which can normally be found in the nose, can colonize in a baby causing an infection.
- **Newborn Metabolic Screening:** Maryland state law requires that all newborn babies are tested for a number of conditions that can cause mental retardation or health problems. This is a series of blood tests done at specific intervals during the newborn period.
- **Congenital Heart Defect Test:** Maryland state law requires that all newborn babies are tested for congenital heart defects. The test requires putting the pulse oximeter on the right hand and one foot and checking the level of oxygen saturation in the baby's blood.
- **Car Seat Test:** All babies born less than 37 weeks gestation or with birth weight less than 2500 grams require a car seat test before discharge. We will ask you to bring in the car seat. The infant must sit in it for 90 minutes to make sure they can tolerate sitting up in the seat.

NICU Hearts: Guidelines for Parents

The heart is given to the parents to take home and place on their skin. Then, you bring it back and place it near your baby. The baby will then have your soothing scent to comfort them when you are unable to visit.

The guidelines are as follows:

- The hearts are supplied by the NICU.
- Parents must launder the heart with a gentle detergent for babies with sensitive skin, such as Dreft®. Do not use fabric softener before bringing the heart into the NICU.
- Do not wear perfume/cologne, vape or smoke. The smell of perfume/cologne and cigarette or vape smoke can be harmful to the baby's respiratory status.

Anticipating Discharge

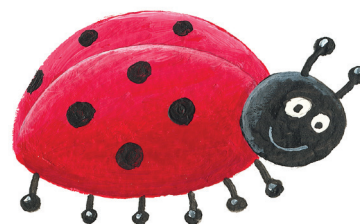
These goals must be met before your baby goes home:

- It is your responsibility to choose a pediatrician to provide follow-up care for your baby after discharge.
- Your baby should no longer require ventilator, SiPap or CPAP. Some babies may still need oxygen when they are ready to go home. The neonatologist will decide how long your baby must be free of apnea, bradycardia and desaturation before being discharged.
- Your baby must be taking all of their feedings by mouth and showing a steady weight gain.
- Your baby must be out of the isolette and in a crib/bassinet and able to maintain their body temperature.
- You will be given prescriptions for any medications your baby may need at home. You will need to bring the filled prescriptions to the NICU to be checked. Your baby's nurse will show you how to give the medications to your baby.
- You need to watch CPR, choking and safe sleep videos in the NICU prior to your baby's discharge.
- You must bring a car seat to the NICU, so your nurse can see if any special adjustments must be made. Your baby's nurse may perform a car seat test close to the date of discharge to ensure your baby can breathe effectively and travel safely in the car seat.
- If you have a NICU loaner breast pump, it must be returned before baby's discharge.
- If your baby needs any special care, the nurses will show you how to take care of these needs before discharge. This includes breast milk and formula preparation. The NICU social worker will help you to get any special equipment or supplies that you may need to care for your baby at home.
- All babies are due for important vaccinations (immunizations) at certain ages. If your baby is ready for any vaccinations before discharge, we will discuss this with you and ask for your permission. We will let your pediatrician know what vaccines, if any, your baby has received. You should also take immunization records to your first visit to the pediatrician.

Follow-up Visits

Pediatrician: You must have a pediatrician to follow your baby after discharge. Your baby's pediatrician will have a summary of your baby's NICU course. We will help you plan when your baby's first visit should be. You must have an appointment scheduled before the baby can be discharged.

Ophthalmologist: If your baby needs a follow-up eye exam, we will make the appointment for you. You will receive a form notifying you of the doctor's contact information and appointment details.



Guidelines for the NICU

Phone Calls

When calling the NICU, always use the main number and you will be transferred to the nurse/provider who is caring for your baby. The NICU main phone number is **410-740-7555** and can be reached from a hospital room by dialing x7555. You may call anytime except during shift change (6:30 – 7:30 a.m. and 6:30 – 7:30 p.m.). Medical information will only be given to the baby's parents. The identity of the parents is verified by giving the nurse the baby's hospital ID number, which can be found on the ID band. Remember to ask for your baby by the mother's last name because that is how your baby is registered. Please be sure we have current phone numbers for both parents on file in the baby's electronic medical record.

Cell Phone and Electronic Devices

Cell phones are allowed in the NICU but need to be on vibrate and silenced while in the unit. Please perform hand hygiene after touching your cell phone and before touching your baby or the bedside. A cell phone may be used to take pictures, but we ask that you go to the waiting room if you need to make a phone call.

Wireless Internet Access

Free wireless internet service is available throughout the hospital and in all patient care areas. The "JHGuestnet" wireless network is for hospital guests and visitors. To connect, go to the Wi-Fi settings on your device, click on "JHGuestnet" enter your email address, then click accept.

Birth Certificates

All babies receive a birth certificate. New mothers should fill out the Birth Certificate Form while in the Maternal Child Unit (MCU). It usually takes four to six weeks to receive the birth certificate by mail after the form is completed and mailed. More information can be found at:

The Division of Vital Records
6550 Reisterstown Road
Baltimore, MD 21215
410-764-3063

<http://vsa.maryland.gov>

If there is a problem or concern with the Birth Certificate Form, call the Howard County General Hospital Registrar's Office at **410-740-7597**.



Visitation

The NICU supports family-centered care and allows parents to visit 24/7. However, there may be times when parents and/or visitors are asked to step out of the NICU for short periods to protect the confidentiality of others, or for medical or therapeutic patient care reasons.

- Two people may be present at one time at the bedside. One person must be a parent with the baby's ID band on his/her wrist. An exception may be granted under certain conditions and, in those cases, either the Independent Visitation or Support Circle form must be completed after discussion with the nurse manager and/or social worker.
- During shift change (6:30 – 7:30 a.m. and 6:30 – 7:30 p.m.) only parents are allowed to visit.
- Siblings older than two years of age may visit but must be supervised by a parent, free of communicable disease and current on immunizations. Children under five years old should be limited to a 15-20 minute visitation.
- Since this is an intensive care unit, use discretion regarding the number of visitors that you allow to visit. All visitors (except siblings) must be 16 years or older.
- When there is not a patient care assistant at the front desk, ring the doorbell, which has a video attached. The nurses will open the door as soon as they are able.
- We ask that noise be kept to a minimum.

Security in the NICU

The NICU is a locked unit for the safety of our patients. Parents have ID bands that are worn throughout the baby's stay. A support circle may be established and consists of an individual or individuals who provide the parents with different types of support while their infant is in the NICU. The support circle may include, but is not limited to, the two sets of grandparents. The parents will identify these individuals and give them permission to visit the baby in the NICU without a parent present. A total of four individuals may be named. The support circle must be agreed upon by parents and staff. A consent form must be signed and a picture ID of all support individuals is required to be kept at the front desk for independent visitation. The members can only visit the NICU from 12 to 6:30 p.m. and cannot bring other visitors into the unit or receive medical information about the infant.

Patient Identification/Safety

All babies have two ID bands on at all times with their name and hospital number. The staff use the bands when giving medications, scanning breastmilk, performing procedures and identifying parents. NICU patients are admitted under the mother's last name. After you are finished touching or holding your baby, make sure to close the doors to the incubator or place the crib side rails up and lock them.

Spending the Night in the NICU

For parents who want to spend the night in the NICU to care for their infant, there are three options available. The options (in the following order) are:

- **The Pauline Reyes Sleep Room**

Named after one of the founding NICU physicians.

- This room is established for the purpose of providing a temporary respite to family members of patients in the hospital. The eligibility for use of the room is determined by evaluating the circumstances surrounding the request.
- The room is available for one night at a time, to be reevaluated each day.
- Food, smoking and alcohol use are prohibited at all times.

- **Baby's Bedside**

- No food is allowed.
- Water and non-alcoholic drinks are permitted in a covered container only.
- Electronics, such as cell phones, may not be plugged into bedside outlets.
- Curtains remain open unless breastfeeding, pumping or performing skin-to-skin care.
- Lights are turned on when the nurse is providing care and off when complete. This may occur frequently.
- You are encouraged to participate in your baby's care while at the bedside.



- **Parent Sleep Room**

- The purpose of this room is to provide parents, especially the mother, a temporary place to rest. The eligibility for use of the room is determined by evaluating the circumstances surrounding the request.
- The room is available for one night at a time and can be used between 9 p.m. and 10 a.m.
- Food, smoking and alcohol use are prohibited at all times.

NICU Waiting Room

The NICU waiting room includes a television and a play area for children. Food is permitted in the waiting area.

Children must be supervised by a responsible adult at all times. Please be considerate and clean up after yourself, to keep the room available for all families. Sleeping in the waiting room is not permitted.



Maryland Car Seat Law

More infants and children are killed in car accidents than by any other cause. A major factor is that car seats for infants or young children are often used incorrectly or not used all the time. Maryland law requires the following:

- Every child under eight years of age must ride in an appropriate child restraint (car seat, booster seat or other federally approved safety devices) unless the child is four feet, nine inches or taller.
- Every child from eight to 16 years of age who is not secured in a child restraint must be secured in a vehicle seat belt.
- A child younger than 16 years of age may not ride in an open cargo bed of a pick-up truck.
- It is recommended that all infants ride rear-facing in either an infant care seat or convertible car seat until the child has reached two years of age. If an infant car seat is used, it should be switched to a rear-facing convertible car seat once the maximum height and weight have been reached for the infant seat as suggested by the car seat manufacturer. Never place a rear-facing car seat in the front seat of a vehicle. All children less than 13 years of age should ride in the back seat as airbags can injure children in the front seat.

Getting a Car Seat and Installing It Properly

An infant-only car seat, rather than a convertible infant/toddler-type seat, should be used for a small infant. Check the lower weight limit before purchasing a seat. The lower limit may be four or five pounds, or the seat may say “from birth,” which can be used for babies less than five pounds. It is important to have a seat with a weight limit that is appropriate for your baby’s weight at discharge, so that your baby can be safely secured in the seat. Car seats with different weight limits are available in all price ranges and must be purchased by parents prior to discharge.

The Maryland Kids in Safety Seats (KISS) Program has car seat information and service available. The contact information is **1-800-370-SEAT (7328)** or visit **mdkiss.org**. The website **healthychildren.org**, sponsored by the American Academy of Pediatrics, includes information about car seat safety, as well as a current product listing of seats available for retail purchase, along with their height/weight limits and suggested retail process.



Honor a Caregiver

Have you had a hospital experience that made you feel like a specific caregiver made a world of difference during your stay? The Honor a Caregiver program allows HCGH patrons and friends to make a tribute donation in the name of a caregiver who made a difference during your or your loved one's hospital experience. Be it a physician, nurse, housekeeper or other caregiver — oftentimes just one person or many people can make all the difference.

Your HCGH caregiver will be acknowledged and thanked for their outstanding and compassionate care.

Your donation will support new equipment, staff education, community wellness and other enhancements designed to save and improve lives in Howard County. To make a donation to honor a caregiver, visit hcggh.org/honoracaregiver.

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