

مدينة الملك فهد الطبية King Fahad Medical City



NICU Parents Guide

Dear Parents,

Your baby was admitted into our highly specialized state of the art intensive care unit because she/he needs exceptional care.

We know that having your baby in the NICU can be a stressful experience. We can imagine how stressed parents and families feel when their baby is hospitalized.

In addition to providing the best medical care to your baby, we also strive to provide a supportive environment for you and your family.

The staff of our NICU is committed to facilitating as much quality time between you and your baby as possible.

On behalf of our NICU entire team, we wish you and your family a very healthy and happy future.

From the NICU Team

The Neonatal Intensive Care Unit (NICU) at King Fahad Medical City is a state of the art intensive care unit that provides care for critically ill newborns and infants.

Our NICU is a referral and training center that provides comprehensive, family-centered, individualized, developmentally supportive service to premature and/ or sick newborn and their families 24 hours a day, 7 days a week.

NICU team

The NICU care team provides care to babies 24 hours a day 7 days a week.









Your baby may need

NICU level III care if:



Require breathing support like mechanical ventilator



Require oxygen more than 40% on CPAP



Requires close monitoring of vital signs



Require inotropes (medicines that strengthen the force of the heartbeat).



Newborn with birth weight of less than 1.5 kgs



On admission ,no feed by mouth and in need of intravenous nutrition

There may be a time when your baby will no longer require care in the NICU level III, but may not be fully ready to go home.

In these situations, care may be transferred to NICU level II located in the 3rd floor of WSH. We want to assure you that your baby will continue to receive the same quality care during their stay on another unit.

NICU level II care if:



Require oxygen less than 40%



Off CPAP or ventilator for at least 24 hours



Current weight more than 1 kgs



More than 2/3 of full feeding except for bowel syndrome cases

What is Kangaroo Care (Skinto-skin contact)?

Your baby needs to receive love along with medical care.



The NICU nurses and doctors take care of your baby along with you, they don't replacing you – you have a very important role in the care of your infant.

One of the unique ways only you can provide is kangaroo care or skin-to-skin.

Kangaroo Care is a bonding technique was resemblance to the way a mother kangaroo carries her baby in her pouch.

For babies, it is a method of holding with skin-to-skin contact in an upright position between the mother's breast or on the father's chest.

Benefits

Mother

- Improved bonding, feelings of closeness with their babies
- Increases a nursing mother's breast milk supply
- Increase confidence in ability to care for babies
- Increase confidence that babies are well cared for

Baby

- Increase brain maturation of premature babies that leads to better developmental outcome
- Help improve weight gain
- Help to fight against infection
- Improved sleep



Signs That Your Baby Might Be Ready or NOT Yet Ready for Kangaroo Care

Ready for Kangaroo care

- Current weight more than 800 grams
- On room air. If on breathing support, oxygen requirement less than 40%.
- Current gestation age more than 26 weeks
- If born before 30 weeks, at least above 5 days old

NOT ready for Kangaroo Care

With tube attached to the chest

(is a flexible plastic tube that is inserted through the chest wall and into the pleural space drain blood, fluid, or air from around your lungs, heart, or esophagus).

With inotropes

(medicines that strengthen the force of the heartbeat).

With central lines

(type of catheter that is placed in a large vein that allows multiple Intravenous fluids to be given and blood to be drawn).

With sedations

(medicines that reduce the irritability or agitation).

With defect in the abdomen

(defect that allows the stomach, the intestines, or other organs to protrude through an unusual opening that forms on the abdomen).

Example: Gastrochisis

The parent educator will give you more information about this topic.

Ask your baby's nurse if kangaroo care is appropriate for your baby.

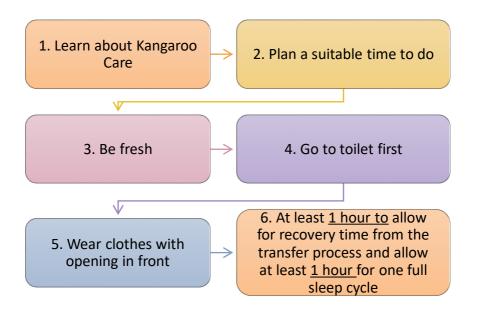
You may need to wait until your baby is stable before attempting this kind of care.

Who can do Kangaroo Care?

Parents: Mother, father

*In the absence of a mother, please inform NICU team.

How to get *ready* for Kangaroo Care?



How to Collect Breastmilk, Store & Transport?



 When pumping at home, first wash hands well with soap and water.



 Gently massage your breast or apply warm cloths before hand express.

Hand

• Sit comfortably.



 Hand express as comfort allows and works towards 10-15 minute sessions per breast.



 Express or pump at least 8 times per 24 hours, and at least one time at night.

Electronic pump



 Your pumped breast milk needs to be identified with your baby's hospital label. Please add the date and time of pumping to the label.

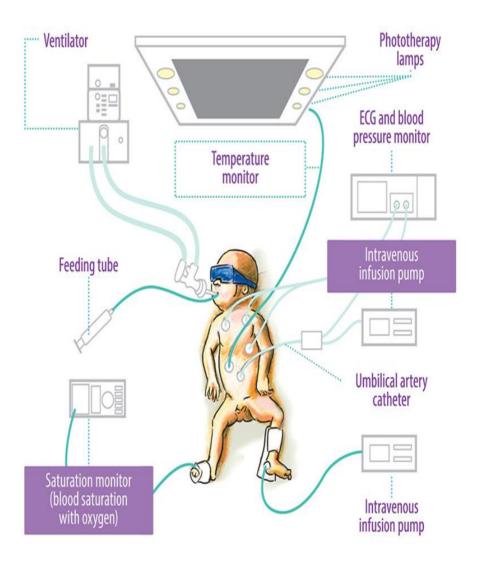


- The breastmilk can be stored in the freezer.
- The pumped breast milk, should be brought to the hospital frozen.
- Use an ice cooler in good condition



- Cover the bottom of the cooler with an ice.
- Put the oldest milk on the bottom and the freshest milk on top.
- Fill the cooler with more ice.
- Cover and transport from home to hospital.

Simple Medical Equipment use in the NICU



Your journey to home

(this may change depending on condition and progress of the baby)

Birth Weight		Expected length of Stay in the NICU				
Above	1.5 kg	30 days				
1.251 kg	1.5 kg		50 days			
1.001 kg	1.250 kg			60 days		
751 gm	1.000 kg				90 days	
Below	750 gm					120 days

Example:

Date of admission: 05/07/2019 Your Baby's weight: 750 grams Expected length of stay: 120 days

Expected date of discharge to home: 05/11/2019

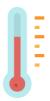
Signs that your baby may be ready for discharge home:



- Stable heart beat and breathing for the last 48 hours
- Breathing in room air. If not when infant meets other discharge criteria, shall be considered for home oxygen
- If for home oxygen therapy, parents/caregiver received training



- Consistent and adequate weight gain
- At least 1.8 kg or at discretion of Consultant.
- As early as 34 weeks post conceptual age



• Stable body **temperature** above 36.3 while fully cloth in an open crib



- Full oral **feeding** in less than 30 minutes
- If not on oral feeding, parents/caregiver received training on how to feed.



 Your readiness; parents or caregiver received teaching or training of baby cares, competent and feel confident in providing baby cares.

Your Baby's Procedures Prior to Discharge Home



Newborn Screening

 Those test assess for serious developmental ,genetic and metabolic disorders so action can be taken during the critical time before symptoms develop. Most of these illnesses are very rare but treatable if caught early.



Hearing Screening

 Early detection of hearing loss is vital in preventing later speech and communication disorders, as well as any potential developmental problems stemming from poor speech and hearing loss.



Vaccination/Immunizations

- If your baby is vaccinated prior to discharge, it will be recorded in the immunization booklet given to you at time of discharge.
- This booklet will help you keep track of your infant's vaccinations.
- If your infant is not yet fit for vaccine, you will receive an appointment.



Retinopathy of Prematurity (ROP) screening

 Diagnostic eye examination done by Ophthalmologist (a medical doctor who is specialized in eye and vision care) to detect abnormality of the retina. This examination will be done for any preterm infant less than 32 weeks age of gestation or the weight less than 1500 grams.

On discharge or transfer, check the following:

	Notes
 Medical Report Summary 	
 Appointments for Follow-up care (s) 	
 Vaccination/Immunization card 	
 Medicines, if any 	
 Laboratory results, if any 	

