

Caring for Your NICU Baby



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Photos courtesy of Mudpies N' Butterflies Photography

WellSpan Chambersburg Hospital NICU



Welcome to WellSpan Chambersburg Hospital Neonatal Intensive Care Unit

The birth of your baby is one of the most exciting and memorable events of your lifetime. It is a deeply moving experience that can be shared forever with friends and family.

Some babies will be born prematurely. Others may have a critical illness or condition that requires highly specialized care. If your baby needs to be in the NICU, you may be experiencing a wide range of emotions right now.

When you enter the NICU, you begin an emotional journey you hadn't planned. You will mourn the losses you experience, but your journey is not just about grief, it is also about joy, delight, and devotion.

It is normal for the excitement you feel about the birth of your new baby to quickly change to worry or fear about what lies ahead. It is also true that the more you know about what to expect when your baby is in the NICU, the easier it can be for you and for your family to manage these feelings and move forward. We're here to help.

Our goal is to provide the best care possible to your baby and to you! We want you to have trust and



confidence in your care team. During your baby's stay in the NICU your care team will:

- help you understand your baby's treatment and progress;
- work together to care for you and your baby;
- be sensitive to your stress as a NICU parent;
- educate and prepare you for discharge of baby to home.

Neonatal Intensive Care Unit (NICU)
(717) 267-7784

Family Birthing Services and
NICU Nurse Manager
(717) 262-4673

Social Workers / Case Managers
(717) 217-4386

Lactation Consultants
(717) 267-7781

Your Baby's Health Care Team

Your baby's care team includes specially-trained professionals who are dedicated, experienced, and deeply committed to providing the highest levels of medical care. You can count on the team to work closely with you to develop a plan of care for your baby.

Our NICU Providers

Dear Parent,

Congratulations on the birth of your baby. The doctors and staff of the Newborn Intensive Care Unit (NICU) are committed to providing you with the highest quality of care and service. Our team consists of highly experienced, specialized professionals who are dedicated to caring for your child.

Communication with you is very important to us. During your child's stay with us, we will make every attempt to communicate with you on a regular basis. Often, this will be in person while you are visiting in the unit. In other cases, it will be on the telephone when you call in. When appropriate, we will call you at home with an update. In many situations, the nursing staff will be your first line of communication and will be able to answer many of your questions. However, if there is something specific that you want to discuss with your doctor or nurse practitioner, please let your nurse know and they will arrange for contact with us if we are not present at the time.

Please do not hesitate to ask questions. All of your questions are important to us and we will do what it takes to help you understand your baby's medical issues and progress.

We understand that this can be a stressful time in your life; however, we have found that the better you understand your baby's medical issues, the less stress you will feel as a parent. Rest assured that we will help to put you at ease as much as possible.

WellSpan Neonatology

Misty McCaig, MD, FAAP



Medical School: American University of the Caribbean
Residency Program: Southern Illinois University School of Medicine / Pediatrics
Fellowship Program: University of Maryland Medical Center / Neonatology
Board Certifications: American Board of Pediatrics / Pediatrics and Neonatal-Perinatal Medicine

Hyung Woo, MD, FAAP



Medical School: SUNY @ Downstate Medical Center
Residency Program: New York Presbyterian Hospital / Pediatrics
Fellowship Program: Women & Infants Hospital / Neonatal-Perinatal Medicine
Board Certifications: American Board of Pediatrics / Pediatrics and Neonatal-Perinatal Medicine

Amy Drawbaugh, CRNP, NNP-BC



Graduate School: Thomas Jefferson University Medical College
Board Certification: Neonatal Nurse Practitioner

Amy Rhoades, CRNP, NNP-BC



Graduate School: University of South Alabama
Board Certification: Neonatal Nurse Practitioner

Barbara Taylor, CRNP, NNP-BC



Professional Education: University of Maryland School of Nursing
Graduate School: University of Maryland School of Nursing
Undergraduate Education: York College of Pennsylvania
Board Certification: Neonatal Nurse Practitioner

Our NICU Nursing Team



- **Nurse Manager/Assistant Nurse Manager:** Oversees nursing operations and unit processes. Spends time in the unit speaking with staff, doctors, and parents.
- **Clinical Manager/Resource Nurse:** Oversees the daily care and operations of the unit during each shift. Answers questions and helps with any concerns when you visit your baby.
- **Clinical Educator:** Works with staff to make sure that all patients receive the best quality care. Also handles patient care standards, new staff orientation, and continuing staff education.
- **Registered Nurse (RN):** Works closely with you and the neonatologist to plan your baby's care. Monitors your baby closely, directs feedings, and gives medications. They will work 1:1 with you to teach and educate you about your baby. They are members of the care team that you will see the most.

Our NICU Support Team

- **Occupational Therapists (OTs):** In the NICU help your baby participate in their “occupations,” which are bonding with a caregiver, receiving their care (such as diaper changes), and exploring their environment and play.
- **Speech/Feeding Therapists (SLPs):** Assess your baby's readiness to feed by mouth and help your baby feed safely, especially if your baby is having difficulty nursing or taking a bottle.
- **Lactation Specialists:** Include International Board Certified Lactation Consultants (IBCLC) and Certified Lactation Counselors who provide specialized professional knowledge, clinical experience and skills to support breastfeeding and/or use of a breast pump so that babies can receive the benefits of mother's milk.
- **Respiratory Therapist (RT):** Is a licensed health care practitioner trained to care for babies with breathing difficulties, working closely with the neonatologist to monitor equipment, and manage a baby's respiratory needs.
- **Pharmacist:** Experienced in neonatal medicine, the pharmacist reviews, monitors, and dispenses medications ordered by your baby's providers. They education to the parents regarding baby's medications.
- **Social Worker:** Provides information about available community programs, guidance, and support. The social worker can also help with financial, emotional, and/or family concerns.
- **Case Manager:** Helps with discharge planning, dealing with insurance companies, and addressing any financial concerns or individual needs.

Here are some things you can expect while your baby is in the NICU.



- It is important that **you feel welcome** in the NICU. Feel free to ask your baby's nurse for an update. You may be present for bedside rounds with the doctor and the nurse. This is when your baby's plan of care for the day will be discussed. Times vary, so please be sure to ask when your baby's rounds take place.
- Change of shift generally happens at 6:45 a.m., 2:45 p.m., 6:45 p.m., and 2:45 a.m. During these times, your nurses will be exchanging information regarding your baby's care and progress. We call this exchange of information "handoff." **We welcome you to be present with the nurses caring for your baby anytime they give handoff to each other.** This is a busy time and your nurse may not be readily available to you for assistance with baby care. We ask for your patience at these times.
- Please communicate any plans that you have for bathing or feeding your baby at a certain time. Plan to arrive 30 minutes before the scheduled feeding to allow time for your baby to have a diaper change and temperature taken. We do not want you to feel rushed when caring for your baby. If you are running late, please notify the NICU so that we know you are on your way.
- We are happy to offer you the **Angel Eye™ webcam** system to view your baby. This lets you to see your baby and have your baby's care team communicate with you, on any internet enabled device, such as a smart phone, tablet, or computer. A current email address and connection to the internet are needed.
 - o A member of the NICU care team will help you sign up and log in. You will have your own password. Once you have logged in, you can invite other family members or friends to see your baby.
- Your healthcare team will communicate with you daily; either by phone or in person. You may also receive text messages through or in Angel Eye.
 - o Your nurse leaders, neonatologists, registered nurses, and social worker are also here for you.

It is important to follow these guidelines to promote the safety of your baby.

- **Please keep your baby's ID band for the entire length of your baby's stay.** For security reasons, only the parents can call into the NICU for updates on their baby. For verification as the parent, your nurse will ask you for the security code before sharing any information with you over the phone. Do not share the security code with family or friends.
- **Our unit is locked and has safety practices in place to protect your baby.** Babies move to different bed spaces due to many factors; we strive to give you prior notice before moving your baby. If advance notification is not possible, a member of our NICU team will communicate with you after your baby has moved.
- **When entering the NICU, use hospital scrub lotion on your hands and arms.** Pay attention to cleaning your thumbs and in between your fingers. If hands or arms are visibly dirty, please use soap and water to wash your hands and arms up to your elbows for a full 2 minutes at the scrub sink. Waterless hand sanitizer is located at each bedside for your use before and after touching your baby.
- **We are obligated by law to respect privacy and to keep information about all patients confidential.** In the intimate environment of our NICU, this can present a challenge. To help avoid unintentional sharing of information about another family's baby, we may ask you to briefly close the door to your baby's room, move to the NICU waiting room, or leave the unit while we are rounding at a nearby bedside.
- We know that no one goes anywhere without their cell phone, but we have very important rules to keep your baby safe. Phones are very dirty. Please use the UV slate cleaner and/or cell phone wipes to sanitize your phone. Our staff will help you with this. Wash your hands or use hand sanitizer after touching your cell phone. Place your phone on vibrate or mute. You may text or take pictures but, if you need to talk on your phone, please go to the waiting room or step outside the NICU. FaceTime, video calling, and video recording in the unit are not allowed due to confidentiality.
- Your privacy is important to us. We will pull curtains during breastfeeding, pumping, and when placing your baby on your chest for kangaroo care. **We may ask that we can visually see your baby during kangaroo care to facilitate care.**
- **Never fall asleep while holding your baby.** Should you become sleepy, unsteady, or weak, please call for help. Realize that if a nurse finds you sleeping while holding your baby, the nurse will place baby safely in bed. If you need to transfer your baby into or out of the bed, a nurse must be present to ensure a safe transfer.
- **In an effort to keep infection rates as low as possible and provide a safe environment for your baby, we do not allow stuffed animals, soft toys, balloons, or flowers in the NICU.**
- **You are a critical part of your baby's care team and our communication with you is very important to your baby's care.** Please know that we will continue to communicate with you regularly.

The NICU Parent Partnership

We commit to provide the following as a way to improve our valued partnership between NICU staff and you, the parents. Please read this agreement with the knowledge that we ask for your cooperation and support.

NICU staff will:

- provide a family-friendly, respectful, and medically safe environment;
- provide support and education so that you can take an active role in giving care to your baby;
- talk with you about your baby's medical status to give you the facts and support your needs;
- be attentive and sensitive to your role as a parent so that you can be included in decisions about your baby's care;
- address any concerns that you may have in a timely manner. Nurses are available 24/7. Please know that our medical team may not be able to commit to a conversation with you after 5 p.m. as there is only one on duty at this time and they are caring for all babies in the unit.

We consider NICU parents an essential and important part of the health care team. We encourage your being involved and ask that you keep the following expectation in mind when you are with your child.



NICU parents will:

- Once parent identification is confirmed when you arrive, please follow handwashing rules for the safety of your child and all NICU babies. While we want to encourage and support family time and bonding, we must insist that family members, siblings, and visitors not visit when they are ill. Sick visitors pose serious risks to the babies.
- We encourage you to partner with our health care team to plan your child's care.
- Tell us when you have questions or concerns about your baby's care. We welcome your thoughts.
- Communication is important and we urge you to visit or call each day. The ideal time for you to discuss your baby's care with the doctor or nurse practitioner is between 9 a.m. and 5 p.m. each day. You are always encouraged to attend daily rounds, generally held between 8 a.m. and noon. Ask your baby's nurse about details regarding the timing of rounds.
- Show respect for the people taking care of your baby and for the other babies and their families present in the unit.
- For the care and concern of all NICU babies, keep your behavior peaceful and calm at the bedside, with low voices and silent cell phones.

As NICU parents, you may have a great range of emotions, so NICU staff are here to help you, as a family, cope with these challenging times.

WellSpan Ephrata Community Hospital NICU



Welcome to WellSpan Ephrata Community Hospital Neonatal Intensive Care Unit

The birth of your baby is one of the most exciting and memorable events of your lifetime. It is a deeply moving experience that can be shared forever with friends and family.

Some babies will be born prematurely. Others may have a critical illness or condition that requires highly specialized care. If your baby needs to be in the NICU, you may be experiencing a wide range of emotions right now.

When you enter the NICU, you begin an emotional journey you hadn't planned. You will mourn the losses you experience, but your journey is not just about grief, it is also about joy, delight, and devotion.

It is normal for the excitement you feel about the birth of your new baby to quickly change to worry or fear about what lies ahead. It is also true that the more you know about what to expect when your baby is in the NICU, the easier it can be for you and for your family to manage these feelings and move forward. We're here to help.

Our goal is to provide the best care possible to your baby and to you! We want you to have trust and



confidence in your care team. During your baby's stay in the NICU your care team will:

- help you understand your baby's treatment and progress;
- work together to care for you and your baby;
- be sensitive to your stress as a NICU parent;
- educate and prepare you for discharge of baby to home.

Neonatal Intensive Care Unit (NICU)
(717) 738-6607

NICU Clinical Coordinator
(717) 738-6469

NICU Social Workers
(717) 721-8272

NICU Lactation Consultants
(717) 738-6308

NICU Nurse Manager
(717) 738-6328

Your Baby's Health Care Team

Your baby's care team includes specially-trained professionals who are dedicated, experienced, and deeply committed to providing the highest levels of medical care. You can count on the team to work closely with you to develop a plan of care for your baby.

Our NICU Providers

Dear Parent,

Congratulations on the birth of your baby. The doctors and staff of the Newborn Intensive Care Unit (NICU) are committed to providing you with the highest quality of care and service. Our team consists of highly experienced, specialized professionals who are dedicated to caring for your child.

Communication with you is very important to us. During your child's stay with us, we will make every attempt to communicate with you on a regular basis. Often, this will be in person while you are visiting in the unit. In other cases, it will be on the telephone when you call in. When appropriate, we will call you at home with an update. In many situations, the nursing staff will be your first line of communication and will be able to answer many of your questions.

However, if there is something specific that you want to discuss with your doctor or nurse practitioner, please let your nurse know and they will arrange for contact with us if we are not present at the time.

Please do not hesitate to ask questions. All of your questions are important to us and we will do what it takes to help you understand your baby's medical issues and progress.

We understand that this can be a stressful time in your life; however, we have found that the better you understand your baby's medical issues, the less stress you will feel as a parent. Rest assured that we will help to put you at ease as much as possible.



Our NICU Nursing Team

- **Registered Nurse (RN):** Works closely with you and the neonatologist to plan your baby's care. Monitors your baby closely, directs feedings, and gives medications. They will work 1:1 with you to teach and educate you about your baby. They are members of the care team that you will see the most.
- **Charge nurse:** Oversees the daily care and operations of the unit during each shift. Answers questions and helps with any concerns when you visit your baby.
- **Nurse Manager/NICU Clinical Coordinator:** Oversees nursing operations and unit processes. Spends time in the unit speaking with staff, physicians and parents. Answers questions and helps with any concerns when you visit your baby.
- **Clinical Educator:** Works with staff to make sure that all patients receive the best quality care. Also handles patient care standards, new staff orientation, and continuing staff education.
- **Unit Care Assistant/Nursing Assistant:** Handles administrative duties to keep the unit running smoothly; welcomes and helps you; answers questions about hand washing, cell phone cleaning, and visitation.

WellSpan Neonatology

Jocelyn Austria, MD



Medical School: University of the East Ramon Magsaysay Memorial Medical Center

Residency Program: Albert Einstein Medical Center / Pediatrics

Fellowship Program: Albert Einstein Medical Center / Neonatal-Perinatal Medicine

Board Certifications: American Board of Pediatrics / Pediatrics and Neonatal-Perinatal Medicine

Michael Bruno, MD



Medical School: University of Medicine & Dentistry Robert Wood Johnson Medical School

Residency Program: Children's Hospital of the King's Daughter Pediatrics

Fellowship Program: Thomas Jefferson University Hospital, Christiana Care Health System / Neonatal-Perinatal Medicine

Board Certifications: American Board of Pediatrics / Pediatrics and Neonatal-Perinatal Medicine

Olayemi Ajayi, MD



Medical School: American University of Antigua, College of Medicine

Residency Program: Cooper Medical School of Rowan University, Cooper University Hospital / Pediatrics

Fellowship Program: University of Maryland Medical Center / Neonatal-Perinatal Medicine

Board Certifications: American Board of Pediatrics / Pediatrics and Neonatal-Perinatal Medicine

Brandon Poterjoy, DO



Medical School: Philadelphia College of Osteopathic Medicine

Residency Program: Geisinger Medical Center/St. Christopher's Hospital for Children, Drexel University College of Medicine / Pediatrics

Fellowship Program: St. Christopher's Hospital for Children / Neonatal-Perinatal Medicine

Board Certifications: American Board of Pediatrics / Pediatrics and Neonatal-Perinatal Medicine

Juan Ballesteros, MD



Medical School: The University of Panama School of Medicine

Residency Program: St. Mary's Hospital, Yale University School of Medicine / Pediatrics

Fellowship Program: Temple University Hospital/St. Christopher's Hospital for Children, MCPHahnemann University School of Medicine / Neonatal-Perinatal Medicine

Board Certifications: American Board of Pediatrics / Pediatrics and Neonatal-Perinatal Medicine

Our NICU Support Team

- **Occupational Therapists (OTs)** The occupational therapy team supports your baby by creating a therapeutic environment, which includes reducing noise, facilitating flexion with positioning, and providing positive touch to help your baby grow. As your baby gets older, we facilitate developmental tasks to assist in their muscle growth and participation within their environment.
- **Speech/Feeding Therapists (SLPs)** assess your baby's readiness to feed by mouth and help your baby feed safely, especially if your baby is having difficulty nursing or taking a bottle.
- **Lactation Specialists** include International Board Certified Lactation Consultants (IBCLC) and Certified Lactation Counselors who provide specialized, professional knowledge, clinical experience, and skills to support breastfeeding and/or use of a breast pump so that babies can receive the benefits of mother's milk.
- **Respiratory Therapist (RT)** is a licensed health care practitioner trained to care for babies with breathing difficulties, working closely with the neonatologist to monitor equipment, and manage a baby's respiratory needs.
- **Pharmacist:** Experienced in neonatal medicine, the pharmacist reviews, monitors, and dispenses medications ordered by your baby's providers.
- **Social Worker:** Meets with parents at the beginning of the NICU stay to provide emotional support and resources to assist you as you navigate the NICU journey. Works with families and medical staff to help create a smooth transition from hospital to home. They may meet with you to organize follow-up appointments and make sure equipment is ready for home. They provide information about available community programs, guidance, and support. The social worker can also help with financial concerns, deal with insurance companies, and help with emotional and family needs.



Here are some things you can expect while your baby is in the NICU.

- It is important that **you feel welcome** in the NICU. Feel free to ask your baby's nurse for an update. You may be present for bedside rounds with the doctor and the nurse. This is when your baby's plan of care for the day will be discussed. Times vary, so please be sure to ask when your baby's rounds take place.
- Change of shift generally happens at 7:00 a.m. and 7:00 p.m. During these times, your nurses will be exchanging information regarding your baby's care and progress. We call this exchange of information "handoff." **We welcome you to be present with the nurses caring for your baby anytime they give handoff to each other.** This is a busy time and your nurse may not be readily available to you for assistance with baby care. We ask for your patience at these times.
- Please communicate any plans that you have for bathing or feeding your baby at a certain time. Plan to arrive 30 minutes before the scheduled feeding to allow time for your baby to have a diaper change and temperature taken. We do not want you to feel rushed when caring for your baby. If you are running late, please notify the NICU so that we know you are on your way.
- Your healthcare team will communicate with you daily; either by phone or in person. Your nurse leaders, neonatologists, registered nurses, and social worker are also here for you.

It is important to follow these guidelines to promote the safety of your baby.

- **Please keep your baby's ID band for the entire length of your baby's stay.** For security reasons, only the parents can call into the NICU for updates on their baby. For verification as the parent, your nurse will ask you for the security code before sharing any information with you over the phone. Do not share the security code with family or friends.
- **We are obligated by law to respect privacy and to keep information about all patients confidential.** In the intimate environment of our NICU, this can present a challenge. To help avoid unintentional sharing of information about another family's baby, we may ask you to briefly move to the NICU lounge or leave the unit while we are rounding at a nearby bedside.
- We know that no one goes anywhere without their cell phone, but we have some very important rules to keep your baby safe. Phones are very dirty. Wash your hands or use hand sanitizer after touching your cell phone. Place your phone on vibrate or mute. You may text or take pictures but, if you need to talk on your phone, please go to the lounge or step outside the NICU. FaceTime in the unit is not allowed due to confidentiality.
- Your privacy is important to us. We will pull curtains during breastfeeding, pumping, and when placing your baby on your chest for kangaroo care. **Curtains may remain open during kangaroo care if needed to facilitate our caring for both you and your baby.**
- **Never fall asleep while holding your baby.** Should you become sleepy, unsteady or weak, please call for help. Realize that if a nurse finds you sleeping while holding your baby, the nurse will place baby safely in bed. If you need to transfer your baby into or out of the bed, a nurse must be present to ensure a safe transfer.



- **In an effort to keep infection rates as low as possible and provide a safe environment for your baby, we do not allow stuffed animals, soft toys, balloons, or flowers in the NICU.**
- **You are a critical part of your baby's care team and our communication with you is very important to your baby's care.** Please know that we will continue to communicate with you regularly.

The NICU Parent Partnership

We commit to provide the following as a way to improve our valued partnership between NICU staff and you, the parents. Please read this agreement with the knowledge that we ask for your cooperation and support.



NICU staff will:

- Provide a family-friendly, respectful, and medically safe environment.
- Provide support and education so that you can take an active role in giving care to your baby.
- Talk with you about your baby's medical status to give you the facts and support your needs.
- Be attentive and sensitive to your role as a parent so that you can be included in decisions about your baby's care.
- Address any concerns that you may have in a timely manner. Nurses and neonatologists are available 24/7.

We consider NICU parents an essential and important part of the health care team. We encourage your being involved and ask that you keep the following expectation in mind when you are with your child.

NICU parents will:

- Once parent identification is confirmed when you arrive, please follow handwashing rules for the safety of your child and all NICU babies. While we want to encourage and support family time and bonding, we must insist that family members, siblings, and visitors not visit when they are ill. Sick visitors pose serious risks to the babies. Daily Health Questionnaire will be completed prior to entering the NICU.
- We encourage you to partner with our health care team to plan your child's care.
- Tell us when you have questions or concerns about your baby's care. We welcome your thoughts.
- Communication is important and we urge you to visit or call each day. You are always encouraged to attend daily rounds. Ask your baby's nurse about details regarding the timing of rounds.
- Show respect for the people taking care of your baby and for the other babies and their families present in the unit.
- For the care and concern of all NICU babies, keep your behavior peaceful and calm at the bedside, with low voices and silent cell phones.

As NICU parents, you may have a great range of emotions, so NICU staff are here to help you, as a family, cope with these challenging times.

WellSpan York Hospital NICU



Welcome to WellSpan York Hospital Neonatal Intensive Care Unit

The birth of your baby is one of the most exciting and memorable events of your lifetime. It is a deeply moving experience that can be shared forever with friends and family.

Some babies will be born prematurely. Others may have a critical illness or condition that requires highly specialized care. If your baby needs to be in the NICU, you may be experiencing a wide range of emotions right now.

When you enter the NICU, you begin an emotional journey you hadn't planned. You will mourn the losses you experience, but your journey is not just about grief, it is also about joy, delight, and devotion.

It is normal for the excitement you feel about the birth of your new baby to quickly change to worry or fear about what lies ahead. It is also true that the more you know about what to expect when your baby is in the NICU, the easier it can be for you and for your family to manage these feelings and move forward. We're here to help.

Our goal is to provide the best care possible to your baby and to you! We want you to have trust and



confidence in your care team. During your baby's stay in the NICU your care team will:

- help you understand your baby's treatment and progress;
- work together to care for you and your baby;
- be sensitive to your stress as a NICU parent;
- educate and prepare you for discharge of baby to home.

Neonatal Intensive Care Unit (NICU)
(717) 851-2303
Toll Free (888) 947-2601
ask for main NICU, Tower NICU or CCN

NICU Care Coordinator /
Parent Group Coordinator
(717) 851-5961

NICU Discharge Coordinator
(717) 851-7959

NICU Social Worker
(717) 851-3474

Perinatal Case Manager
(717) 851-4305
Toll Free (800) 540-7684

NICU Lactation Consultants
(717) 851-4490

NICU Nurse Manager
(717) 851-2199

NICU Assistant Nurse Manager
(717) 851-6345

Care Line
(877) 232-5807

Your Baby's Health Care Team

Your baby's care team includes specially-trained professionals who are dedicated, experienced, and deeply committed to providing the highest levels of medical care. You can count on the team to work closely with you to develop a plan of care for your baby.

Our NICU Providers

Dear Parent,

Congratulations on the birth of your baby. The doctors and staff of the Newborn Intensive Care Unit (NICU) are committed to providing you with the highest quality of care and service. Our team consists of highly experienced, specialized professionals who are dedicated to caring for your child.

Communication with you is very important to us. During your child's stay with us, we will make every attempt to communicate with you on a regular basis. Often, this will be in person while you are visiting in the unit. In other cases, it will be on the telephone when you call in. When appropriate, we will call you at home with an update. In many situations, the nursing staff will be your first line of communication and will be able to answer many of your questions. However, if there is something specific that you want to discuss with your doctor or nurse practitioner, please let your nurse know and they will arrange for contact with us if we are not present at the time.



Please do not hesitate to ask questions. All of your questions are important to us and we will do what it takes to help you understand your baby's medical issues and progress.

We understand that this can be a stressful time in your life; however, we have found that the better you understand your baby's medical issues, the less stress you will feel as a parent. Rest assured that we will help to put you at ease as much as possible.

WellSpan Neonatology

Michael H. Goodstein, MD, FAAP, Division Chief Newborn



Medicine WellSpan Health, joined the practice in 1993. He earned his medical degree at Albert Einstein College of Medicine. He served his residency at Saint Christopher's Hospital for Children in Philadelphia. Dr. Goodstein then completed his Post Doctoral Fellowship training at Temple University School of Medicine and

Saint Christopher's Hospital for Children in Philadelphia. Dr. Goodstein is board certified in both Pediatrics and Neonatal-Perinatal Medicine and is a Fellow in the American Academy of Pediatrics. Dr. Goodstein holds the position of Clinical Associate Professor of Pediatrics at the Penn State College of Medicine. Dr. Goodstein is the Director of the York County Cribs for Kids Program as well as Medical Director of Research for the National Cribs for Kids Program. He has been a member of the American Academy of Pediatrics Task Force on SIDS since 2010.

Chinazo Meniru, MD, FAAP, Associate Regional Director,



Newborn Nursery Services, WellSpan Health joined the practice in 2016. Prior to joining WellSpan Neonatology, Dr. Meniru was employed at the University of Maryland Medical Center. She completed her Pediatric Residency at Cooper University Hospital and completed her Post Doctoral Fellowship in Neonatal-Perinatal

Medicine at the University of Maryland. Dr. Meniru earned her medical degree at the University of Nigeria in Enugu State, Nigeria. She is a Fellow in the American Academy of Pediatrics and is board certified in both Pediatrics and Neonatal-Perinatal Medicine. Dr. Meniru holds the position of Clinical Assistant Professor of Pediatrics at the Penn State College of Medicine.

Elias Abebe, MD, FAAP, joined the practice in 2016. He



earned his medical degree from Jimma University in Ethiopia and went on to serve his Pediatric Residency at New York Methodist Hospital. He completed his Post Doctoral Fellowship in Neonatal-Perinatal Medicine at the University of Maryland Medical Center. Dr. Abebe was employed at the University of Maryland Medical

Center prior to joining WellSpan Neonatology. Dr. Abebe is a Fellow in the American Academy of Pediatrics and is board certified in both Pediatrics and Neonatal-Perinatal Medicine. Dr. Abebe holds the position of Clinical Assistant Professor of Pediatrics at the Penn State College of Medicine.

Puneet Jairath, MD, FAAP, joined the practice in 2017.



Prior to joining WellSpan Neonatology, Dr. Jairath was employed at Pinnacle Health, Harrisburg. He received his medical degree from the Government Medical College, Patiala, and went on to serve his residency in Pediatrics at Columbia University Medical Center/Harlem Hospital Center. Dr. Jairath then completed his Neonatal-Perinatal

Medicine Fellowship at Penn State University/Hershey Medical Center. Dr. Jairath is board certified in both Pediatrics and Neonatal-Perinatal Medicine. He also holds the position of Clinical Assistant Professor of Pediatrics at the Penn State College of Medicine.

Sheela Moorthy, MD, FAAP, joined the practice in 2014.



Prior to joining WellSpan Neonatology, Dr. Moorthy was employed at Chester County Hospital. She earned her medical degree at the Islamic University of N. Sumatera, in Medan, Indonesia in 1999. She served her residency at Richmond University Medical Center in Richmond, Virginia. Dr. Moorthy then completed her

Neonatology Fellowship at the University of Maryland Medical System. She is board certified in both Pediatrics and Neonatal-Perinatal Medicine and is a Fellow in the American Academy of Pediatrics. Dr. Moorthy holds the position of Clinical Assistant Professor of Pediatrics at the Penn State College of Medicine.

Traci Evans, CRNP joined the practice in 2018 as a



Nurse Practitioner. Her path to Nurse Practitioner came after 30 years of experience as a registered nurse in York Hospital's NICU. Ms. Evans received her Bachelor of Science degree in 2015 from Eastern Mennonite University. Upon successful completion of all academic requirements, Ms. Evans received a

Master of Science Degree from the University of South Alabama in December 2017 along with her certificate as a Neonatal Nurse Practitioner.

Alaina Miller, MSN, CRNP, NNP-NC, joined the practice in



2023. She earned her undergraduate nursing degree from York College of Pennsylvania in 2014. Alaina was employed as a registered nurse in WellSpan York Hospital's NICU for 9 years until she graduated with her MSN from the University of South Alabama and became a board-certified neonatal nurse practitioner.

Emily Rosier, MS, NNP-BC, joined WellSpan NICU in 2023.



She began her nursing career as an RN in the NICU at Greater Baltimore Medical Center after graduating in 2007 from the University of Maryland, School of Nursing with a Master's Degree as a Clinical Nurse Leader. While working in the NICU, she earned her Neonatal Nurse Practitioner degree in 2014 from Stony Brook University.

She began her NNP career at Holy Cross Hospital in Silver Spring, MD and remained there until 2018 when she moved her family to Pennsylvania. She returned to work at Greater Baltimore NICU working this time as an NNP until 2023.

Melissa Schaefer, CRNP joined the practice in 2022 as a Nurse Practitioner. Ms. Schaefer received her Bachelor of Science Degree in Nursing from Immaculata University in 2004. She went on to obtain a Master of Science Degree in Nursing from the University of Pennsylvania in 2006. In 2007, Ms. Schaefer joined Lehigh Valley Health Network where she worked as a dedicated Neonatal Nurse Practitioner in a Level IV NICU for 14 years.



Kristina Sheaffer, CRNP joined the practice in 2019 as a Nurse Practitioner. Ms. Sheaffer received her Bachelor of Science Degree in 2011 from York College of Pennsylvania. In 2012, she began working as a registered nurse in York Hospital's NICU. Ms. Sheaffer continued her education through University of South Alabama and



received her Master of Science degree in December 2018 along with her certificate as a Neonatal Nurse Practitioner.

Lori Wagner, CRNP joined the practice in 2021 as a Nurse Practitioner. Lori received her Bachelor of Science Degree in 1985 from the University of Maryland School of Nursing. Continuing her passion for neonatal care, Mrs. Wagner obtained a Master of Science degree from the University of Maryland School of Nursing in 2000. Following graduation, Lori worked as a Neonatal Nurse Practitioner at Johns Hopkins Hospital until 2003. For the past 20 years, Mrs. Wagner has practiced as a Neonatal Nurse Practitioner at Anne Arundel Medical Center in Annapolis, Maryland (Level III NICU).



Erin Watkins, CRNP joined the practice in 2019 as a Nurse Practitioner. Prior to continuing her education, Ms. Watkins had been working in York Hospital's NICU as a registered nurse since 2000. In 2015, Ms. Watkins received her Bachelor of Science Degree from The University of Pennsylvania. She enrolled at University of South Alabama for her Master of Science Degree and received her certificate as a Neonatal Nurse Practitioner in December 2018.



Our NICU Nursing Team

- **Nurse Manager:** Oversees nursing operations and unit processes. Spends time in the unit speaking with staff, doctors, and parents.
- **Charge nurse:** Oversees the daily care and operations of the unit during each shift. Answers questions and helps with any concerns when you visit your baby.
- **Registered Nurse (RN):** Works closely with you and the neonatologist to plan your baby's care. Monitors your baby closely, directs feedings, and gives medications. They will work 1:1 with you to

teach and educate you about your baby. They are members of the care team that you will see the most.

- **Clinical Educator:** Works with staff to make sure that all patients receive the best quality care. Also handles patient care standards, new staff orientation, and continuing staff education.
- **Care Coordinator:** Meets with parents at the beginning of the NICU stay to provide emotional support and resources to assist you as you navigate the NICU journey. Also arranges for team meetings

about your baby; where parents can meet with the entire team to discuss baby's progress and next steps during their NICU stay.

- **Discharge Coordinator:** Works with families, nursing and medical staff to help create a smooth transition from hospital to home. Provides discharge education and CPR training. Facilitates discharge planning meetings for our more complex babies. Collaborates with the healthcare team and

family to organize follow-up appointments and provide medication and equipment instruction as needed.

- **Unit Care Assistant/Nursing Assistant:** Handles administrative duties to keep the unit running smoothly. Welcomes and helps you, answers questions about hand washing, cell phone cleaning, visitation, and Angel Eye. You may see them stock your baby's bedside, feed your baby, or change your baby's clothes.

Our NICU Support Team

- **Occupational Therapists (OTs):** The occupational therapy team supports your baby by creating a therapeutic environment, which includes reducing noise, facilitating flexion with positioning, and providing positive touch to help your baby grow. As your baby gets older, we facilitate developmental tasks to assist in their muscle growth and participation within their environment.
- **Speech/Feeding Therapists (SLPs):** Assess your baby's readiness to feed by mouth and help your baby feed safely, especially if your baby is having difficulty nursing or taking a bottle.
- **Infant Feeding Technicians/Milk Prep Technicians:** Serve as a support team for the nurses, working closely with the lactation and nursing staff to mix breast milk and/or formula according to each baby's specific nutritional needs.

Importance of parental involvement:

- o Communication with the team about your milk supply is important so that they can best plan how to have feeds prepared in a timely manner for your baby.
- o Please bring fresh breastmilk when visiting your baby.
- **Lactation Specialists:** Include International Board Certified Lactation Consultants (IBCLC) and Certified Lactation Counselors who provide specialized, professional knowledge, clinical experience and skills to support breastfeeding



and/or use of a breast pump so that babies can receive the benefits of mother's milk.

- **Respiratory Therapist (RT):** Is a licensed health care practitioner trained to care for babies with breathing difficulties, working closely with the neonatologist to monitor equipment, and manage a baby's respiratory needs.
- **Pharmacist:** Experienced in neonatal medicine, the pharmacist reviews, monitors, and dispenses medications ordered by your baby's providers. They provide education to the parents regarding baby's medications.
- **Social Worker:** Provides information about available community programs, guidance, and support. The social worker can also help with financial, emotional, and/or family concerns.
- **Case Manager** helps with discharge planning, dealing with insurance companies, and addressing any financial concerns or individual needs.

York Hospital Volunteer NICU Cuddlers

Responsibilities and duties:

- Cuddlers are not responsible for anything other than cuddling infants.
- Cuddlers are not expected to do tasks like feed or change diapers.

Our volunteer Cuddlers must be at least 18 years old AND an adult WellSpan York Hospital volunteer.

- All WellSpan Health volunteers are required to have criminal record checks, child abuse clearance checks, and health screening.
- Orientation and training sessions are provided for all volunteers.
- NICU volunteers are expected to comply with WellSpan Health policies and procedures, including the protection of patient information.

Here are some things you can expect while your baby is in the NICU.

- It is important that **you feel welcome** in the NICU. Feel free to ask your baby's nurse for an update. You may be present for bedside rounds with the doctor and the nurse. This is when your baby's care for the day will be discussed. Times vary, so please be sure to ask when your baby's rounds take place.
- Change of shift generally happens at 6:45 a.m., 2:45 p.m., 6:45 p.m., and 2:45 a.m. During these times, your nurses will be exchanging information regarding your baby's care and progress. We call this exchange of information "handoff." **We welcome you to be present with the nurses caring for your baby anytime they give handoff to each other.** *This is a busy time and your nurse may not be readily available to you for assistance with baby care. We ask for your patience at these times.*
- Please communicate any plans that you have for bathing or feeding your baby at a certain time. Plan to arrive 30 minutes before the scheduled feeding to allow time for your baby to have a diaper change and temperature taken. We do not want you to feel rushed when caring for your baby. If you are running late, please notify the NICU so that we know you are on your way.
- We are happy to offer you the **Angel Eye™ webcam** system to view your baby. This lets you to see your baby, and have your baby's care team communicate with you on any internet enabled



device, such as a smart phone, tablet, or computer. A current email address and connection to the internet are needed.

- o A member of the NICU care team will help you sign up and log in. You will have your own password. Once you have logged in, you can invite other family members or friends to see your baby.
- o Angel Eye™ also provides important education that you can continue to access for 90 days after discharge.
- Your healthcare team would like to communicate with you daily; either by phone or in person. You may also receive text messages through or in Angel Eye
- Our nurse managers, medical director, social worker, care coordinator, and discharge coordinator are also here for you.

It is important to follow these guidelines to promote the safety of your baby.

- **Please keep your baby's ID band for the entire length of your baby's stay.** For security reasons, only the parents can call into the NICU for updates on their baby. For verification as the parent, your nurse will ask you for the security code before sharing any information with you over the phone. Do not share the security code with family or friends.
- **We have 3 different NICU locations within York Hospital.** All of our units are locked. Our NICU staff rotates through each unit. Babies move to different bed spaces and different NICU locations due to many factors; we strive to give you prior notice before moving your baby. If advance notification is not possible, a member of our NICU team will communicate with you after your baby has moved.

Main NICU

- o Take the South elevators to the fourth floor. To enter, please pick up the phone on the wall to the left of the door and state your name and your baby's name. The door will be unlocked remotely for you.

Tower NICU

- o Take the Tower elevators to the fourth floor. Ring the doorbell located at the double doors and the door will be unlocked remotely for you. Approach the main desk for admittance to the Tower NICU.

Continuing Care Nursery (CCN)

- o CCN is located across the hall from the entrance to the Main NICU. It is our step down unit and may be the last location for your baby before being discharged to home. To enter, please pick up the phone on the wall to the left of the door and state your name and your baby's name.
- **Call (717) 851-2303** for updates on your baby.
- **When entering the NICU, use Avagard lotion on your hands and arms.** Pay attention to cleaning your thumbs and in between your fingers. This lotion does not get rinsed off. If hands or arms are visibly dirty, please use soap and water to wash your hands and arms up to your elbows for a full 2 minutes at the scrub sink. Waterless hand sanitizer

is located at each bedside for your use before and after touching your baby.

- **We are obligated by law to respect privacy and to keep information about all patients confidential.** In the intimate environment of our NICU, this can present a challenge. To help avoid unintentional sharing of information about another family's baby, we may ask you to briefly move to the NICU lounge or leave the unit while we are rounding at a nearby bedside.
- We know that no one goes anywhere without their cell phone, but we have some very important rules to keep your baby safe. Phones are very dirty. Please use the UV slate cleaner and/or cell phone wipes to sanitize your phone. Our staff will help you with this. Wash your hands or use hand sanitizer after touching your cell phone. Place your phone on vibrate or mute. You may talk on the phone or facetime in the NICU. Please keep conversations short and quiet. You may videotape your baby with nurse approval. Video can only be of your baby; parent cannot video procedures, cares done by staff or other infants/visitors in the NICU. You may not record conversations with providers or staff.
- Your privacy is important to us. We will pull curtains during breastfeeding, pumping, and when placing your baby on your chest for kangaroo care. **Curtains will remain partially open during kangaroo care to facilitate our caring for both you and your baby.**
- **Never fall asleep while holding your baby.** Should you become sleepy, unsteady, or weak, please call for help. Realize that if a nurse finds you sleeping while holding your baby, the nurse will place baby safely in bed. If you need to transfer your baby into or out of the bed, a nurse must be present to ensure a safe transfer.
- In an effort to keep infection rates as low as possible and provide a safe environment for your baby, **we do not allow stuffed animals, soft toys, balloons, or flowers in the NICU.**

The NICU Parent Partnership

We commit to provide the following as a way to improve our valued partnership between NICU staff and you, the parents. Please read this agreement with the knowledge that we ask for your cooperation and support.

NICU staff will:

- Provide a family-friendly, respectful, and medically safe environment.
- Provide support and education so that you can take an active role in giving care to your baby.
- Talk with you about your baby's medical status to give you the facts and support your needs.
- Be attentive and sensitive to your role as a parent so that you can be included in decisions about your baby's care.
- Address any concerns that you may have in a timely manner. Nurses are available 24/7. Please know that our medical team may not be able to commit to a conversation with you after 5 p.m. as there is only one on duty at this time and they are caring for all babies in the unit.

We consider NICU parents an essential and important part of the health care team. We encourage your being involved and ask that you keep the following expectation in mind when you are with your child.



NICU parents will:

- Once parent identification is confirmed when you arrive, please follow hand-washing rules for the safety of your child and all NICU babies. While we want to encourage and support family time and bonding, we must insist that family members, siblings, and visitors not visit when they are ill. Sick visitors pose serious risks to the babies.
- We encourage you to partner with our health care team to plan your child's care.
- Tell us when you have questions or concerns about your baby's care. We welcome your thoughts.
- Communication between you and your NICU team is a key component in our Partnership. Our goal is to connect with you each day, either through your visit, phone or Angel Eye. **Please make sure your voicemail is set up for messages and you are always available for phone calls.**
- Communication is important and we urge you to visit or call each day. The best time for you to discuss your baby's care with the doctor or nurse practitioner is between 9 a.m. and 5 p.m. each day. You are always encouraged to attend daily rounds, generally held between 8 a.m. and noon. Ask your baby's nurse about details regarding the timing of rounds.
- Show respect for the people taking care of your baby and for the other babies and their families present in the unit.
- For the care and concern of all NICU babies, keep your behavior peaceful and calm at the bedside, with low voices and silent cell phones.
- As NICU parents, you may have a great range of emotions, so NICU staff are here to help you, as a family, cope with these challenging times.

Professional Newborn Photos

York Hospital and Mom365 Photography would like to offer the opportunity for you to have your baby's first portraits taken before you leave the hospital.

Family and friends around the world can have a chance to admire 8 unique, professional quality pictures of your choice.

- This is a free, no obligation service.
- All families receive a free digital keepsake of the baby or free 8x10 keepsake plus shipping.
- Multiple sessions can be scheduled to track your baby's progress.

Scheduling Your Appointment

NICU, CCN, and Tower appointments are generally scheduled for the day before or the day your baby goes home. Ask your nurse when would be the best time to have your baby photographed.

- If you wish to have multiple sessions, talk with your baby's nurse to determine when each session could be scheduled.
- While our photographers will try to accommodate your schedule as much as possible, NICU and CCN appointments are usually scheduled between 10:00 a.m. and 1:00 p.m. each day.
- To schedule your appointment, call **(717) 851-5725** and leave a message with your name, phone number and date of baby's discharge.
- The photographer will contact you to set up a time.
- Please call at least one day in advance.



Preparing for Your Photo Session

To help keep photo sessions running smoothly, please note the following.

- We specialize in capturing the memories of your baby during those first precious newborn days by photographing baby in a natural setting in plain shirt and blankets.
- If you wish your baby to be dressed in a particular outfit, have it ready before your photographer arrives.
- Have credit card or debit card available if you plan to place an order. Cash and check are also options for payment. Orders will not be placed until payment is received.
 - o You will receive your package by mail in approximately 7-10 days or your digital package within 3 days.

WellSpan NICU *Parent Group*

Dear NICU Graduate Family,

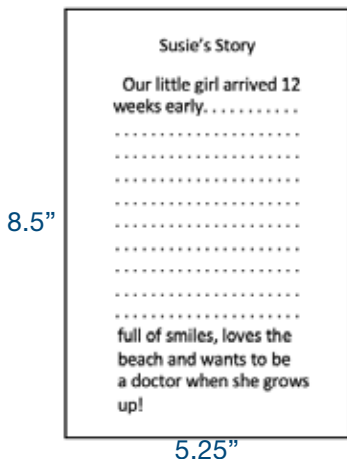
We invite you to share your baby's story in our Hall of Hope. Located in the hallway directly outside the NICU and CCN, our Hall of Hope provides inspiration and comfort for our NICU families and visitors. This is a free service provided by our parent group.

What We Need from You

- A **"Then Picture"** of your child during their time in the NICU.
- A **"Now Picture"** of your child during toddler through late teen years.
 - o Photos must be 6" x 4" in horizontal orientation.



- **"Your Baby's NICU Story"** in 250 words or less.
 - o Text must fit in a 5 1/4" x 8 1/2" vertical space.
 - o We are happy to type your story for you.
 - o Story may be subject to editing if necessary to fit into the allotted space.
- Photos cannot be returned.



How to Submit Your Child's Story

You may mail your story and photos or drop them off in the NICU. Our mailing address is

Division of Newborn Medicine
York Hospital
1001 South George Street
PO Box 15198
York, PA 17405-7198

Thank you for considering our request to share your story. For questions, please contact our support group by calling the Newborn Medicine office at (717) 851-2613.



The NICU Environment



Being with Your Baby

You are always welcome to spend time at your baby's bedside. Your little one already knows your voice and will need the love and support only you can provide.

At York Hospital, an overnight room is available for our out-of-town NICU parents. Availability varies and we ask for your understanding regarding assignment policy and procedure.



All visitors must follow handwashing instructions upon entering the NICU.

To protect the safety, health, and privacy of you and your baby, you and your baby's visitors will need to follow certain guidelines.

- Everyone entering the NICU must scrub for 2 minutes or use Avagard hand lotion as instructed before entering the baby care area.
- All visitors must be healthy. Please know that if we see anyone at the bedside who appears to be sick, we will ask that they go home and get some rest, and only return to visit when symptom free.
- Use the waterless hand sanitizer located at each bedside before and after touching baby.
- Keep your voices quiet and noises to a minimum. NICU infants are very sensitive to sounds.
- Respect the privacy of others by staying at baby's bedside.

Have you had any of these symptoms in the last 24 hours? If so, please do not enter the NICU.

- Fever greater than 100.3 (before taking any medication)
- Pink eye
- Nausea or vomiting
- Diarrhea
- Cold sore/fever blister
- Cough with mucus



Per Department of Health (DOH) guidelines: no food or drink, other than water, at the bedside.

- Only water is allowed at baby's bedside. **No food or other drinks, please.**

Family and adult friends have 24-hour access to the NICU and must stay at baby's bedside.

- Adult friends and family members must be accompanied by a parent or designated alternate caretaker (legal guardian).
 - o If permission is given by the parent, clergy may visit without the parent being present at bedside.
- No more than 3 people are to be at the baby's bedside. This does not include the baby's siblings.

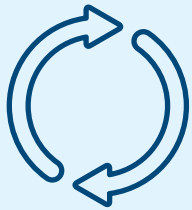
Siblings must be 6 years of age or older to enter the NICU. All other visitors must be 16 years of age or older to visit.

- We suggest that young children visit prior to 11 p.m. and spend 15 minutes or less at baby's bedside.
 - o Longer periods of time can be overwhelming for them.
 - o Keep children quiet and supervised by an adult at all times.
 - o All siblings can be at bedside with no more than 2 adults.

Please **speak with a nurse** if you have any of these symptoms:

- Exposure to chicken pox
- Long-term cough
- Runny nose
- Rash

Between the dates of October 31st and March 31st, there is a known increase in numbers of infectious diseases found in the United States. Handwashing is the BEST line of defense in keeping your baby safe from germs. You will be asked to wear a mask if you have a runny nose or long-term cough.



These guidelines can change according to circumstances such as high census, potential community borne illness, and baby's condition.

We are happy to have the Angel Eye™ camera system available at Chambersburg and York Hospitals for families to 'see' the NICU patient every day and all day. This live video stream of the NICU patient may help those who are unable to visit feel included.



Parent Appointed Visitors

Special visitation privileges may be granted to two adults who are not parents of the infant, allowing them to visit the baby without being accompanied by a parent. Please talk with your nurse for further details.

Parenting in the NICU

You are welcome in the NICU at any time and are encouraged to call us when you are unable to visit.

You are an extremely important part of your baby's team. You are encouraged to provide much of your baby's care and your nurse will help you feel comfortable as you:

- do skin-to-skin (kangaroo care) with your baby
- hold and cuddle them
- take baby's temperature
- change their diaper
- provide oral care
- feed your baby
- bathe your baby
- massage your baby
- reading a book to your baby
- record your voice, reading or singing to your baby on one of our voice recorders

Communication is extremely important and you should always feel free to talk to your baby's nurse or doctor if you have any questions or concerns. We will provide a tablet at the bedside for you to write down questions that you may have for the care team.



Oral Care

You can begin oral care right away. Using your breast milk for oral care helps prevent infection. Your baby can absorb immune cells and nutrients from your colostrum. It only takes a few drops, so save a small amount of your milk for oral care when you pump or hand express.

Parent Tips:

- You are welcome to bring in pictures of your baby's family.
- Feel free to bring a blanket to use during skin-to-skin (k-care).
- When your baby is able to wear clothes, you can begin dressing them. Before you bring any clothing into the NICU, be sure to wash them in unscented detergent. Write your baby's name on all clothing.
- Please bring fresh breastmilk when visiting your baby.

The CARE (Caregiver, Advise, Record, Enable) Act helps family caregivers when their loved ones go into the hospital and as they transition home.

The CARE Act requires hospitals to:

- Provide your loved one the opportunity to designate a family caregiver.
- Inform you when your loved one is to be discharged to another facility or back home.
- Give you an explanation and demonstration of the medical tasks you will need to perform at home.

visit aarp.org/caregiving



Monitors and Equipment

WellSpan has 3 hospitals with neonatal intensive care units. You may see some or all of the following equipment, depending on your location.

Based on the level of care your baby needs, there may be several different types of specialized medical equipment connected to the baby by wires or patches. The care team will be happy to explain how each piece of equipment works.

Beds

- **Incubator:** A clear box-like bed with an internal heat source. Provides a womb-like environment. Common incubator brands are Giraffe® and Isolette®.
- **Radiant Warmer:** An overhead heater to keep your baby warm. Allows easy access to the baby and to other equipment.
- **Bassinet / Open Crib:** When babies can regulate their own body temperature, they will be moved to an open crib.

Monitors

- **Cardiopulmonary Monitor:** Connects to your baby with sticky pads (leads) on their chest. Measures your baby's heart and breathing rates.
- **Blood Pressure Monitor:** A cuff wrapped around your baby's arm or leg to measure blood pressure.
- **Pulse Oximeter:** A small bandage-like sensor that shines a red light through a baby's hand, wrist, or foot. Measures how much oxygen is in their blood, and if they need more or less oxygen. Sensor does not cause pain and is not hot.

Respiratory Care

- **Oxygen Hood:** Provides babies with extra oxygen if they can breathe on their own. Looks like a clear plastic box over the baby's head.
- **CPAP (Continuous Positive Airway Pressure):** Uses a special mask or prongs to cover the nose and send a continuous flow of oxygen and air into the lungs. Gently keeps the air sacs open and helps your baby breathe better.
- **Endotracheal Tube:** Goes from a baby's mouth or nose to the windpipe. Used with a ventilator to get air and oxygen into your baby's lungs.
- **Mechanical Ventilator:** Helps babies breathe or breathes for them when they can't breathe on their own. Works by pushing warm air and oxygen through the breathing tube into the baby's lungs.
- **High-Frequency Ventilator:** Oscillating or jet ventilators give a baby small breaths at a faster rate than regular ventilators.



Lines

- **Central Line:** A thin tube placed into a blood vessel. Can be used to give your baby medicine and fluids, and to draw blood. Also called a PICC line (Peripherally Inserted Central Catheter).
- **Umbilical Catheter:** A thin tube placed in a baby's umbilical cord to give them fluids, medicine, and blood. Also used to draw blood to measure the baby's blood gases (acid, oxygen, and carbon dioxide in the blood).
- **Intravenous (IV):** A small plastic tube inserted into your baby's blood vein. Connected to an IV pump to give your baby measured fluids and medications.

Feeding Tubes

- **Nasogastric Tube (NG Tube):** The Nasogastric Tube goes through a baby's nose to deliver feedings or medications into their stomach. Also called gavage feeding.
- **Orogastric Tube (OG Tube):** Goes through a baby's mouth (instead of nose) to deliver feedings or medication into their stomach. Another type of gavage feeding.
- **Gastrostomy Tube (G-tube or Gastric Feeding Tube):** Inserted through a baby's abdomen to directly delivery liquid nutrition to their stomach. Used when babies need long-term feeding help.

Other

- **Syringe Pump:** Computerized pump that delivers feedings, medicine, and blood products.
- **Phototherapy:** Phototherapy is a special blue light used to treat **jaundice**. Your baby's eyes are safely covered during the treatment.
- **Cooling Blanket:** Used to lower a baby's brain and body temperatures. After 3 days, babies can be gradually warmed to a normal body temperature.

Alarms

- **Why is that alarm going off? Is my baby OK?** Alarms on monitors alert the care team to many different things. They can be triggered by loose equipment, a hiccup, or a baby's movement. It



is normal to worry when you hear one, but your baby's nurse will check each alarm. Monitors do not pick up on your baby's feelings or behavior. If you think your baby's condition is changing for the worse, notify the nurse. Please feel free to share your concerns or ask questions any time.



Screenings and Procedures

Newborn screenings test infants shortly after birth for medical conditions that are treatable, but not seen, during the newborn period. Every U.S. state requires specific newborn screening tests on all babies.

Metabolic Screening

An essential preventative health measure, metabolic screening tests newborns for developmental, genetic, and metabolic disorders that may not be immediately apparent after birth. If identified early, many of these rare conditions can be treated before they cause serious health problems.

- **How the test is performed:** A few drops of blood will be taken from your baby and sent to the lab for testing. You will be notified of the results by the hospital or your baby's healthcare provider.

Hearing Screening

Testing the hearing of babies before they leave the hospital is becoming a common practice. It is recommended that all newborns be screened. If hearing loss is not caught early on, there will be a lack of stimulation of the brain's hearing center that can delay speech and other types of development.

- **How the test is performed:** This painless test is performed in the hospital using a tiny earphone, microphone, or both. It is done while your baby is sleeping.

Congenital Heart Disease Screening

Congenital Heart Disease Screening is a simple, painless test used to measure how much oxygen is in your baby's blood. It can help identify certain heart diseases that can be present at birth.

- **How the test is performed:** Sensors are placed on your baby's hand and foot with a sticky strip and a small red light or probe. The sensors measure the baby's oxygen level and pulse rate. The test takes a few minutes to perform when the baby is still, quiet and warm.
- **For more information** regarding congenital heart disease, visit www.cdc.gov/ncbddd/heartdefects/facts.html



Eye Exams

Some babies will need to have eye exams during their NICU stay. An ophthalmologist will come to the unit to complete and evaluate these exams. This exam is done to look for retinopathy of prematurity (ROP). ROP is an abnormal growth of blood vessels in the retina. It is a rare condition that can occur in premature infants or those that have a low birth weight. ROP will usually go away on its own, but can sometimes cause vision loss or blindness.

Blood Sugar

A baby's blood sugar level may be either too low or too high. Low blood sugar is more common in both full-term and preterm babies. High blood sugar is more common in babies who are getting most or all of their nutrition through an IV.

- **How the test is performed:** Blood sugar can be checked by placing a drop of blood onto a

chemical strip. The strip goes into a machine that reads the sugar level. A blood sample may also be sent to the laboratory for a blood sugar determination.

- **Treatment for low blood sugar:** If your baby can take feedings by mouth, you can breastfeed or express colostrum to feed them. If your baby is stable, hold them skin-to-skin after the feeding until their blood sugar is checked again. If the level is still too low, your baby's feedings may be supplemented with donor human milk or infant formula. If your baby's blood sugar level remains low, the healthcare team will start an IV. If your baby is already on IV feeding, the amount of sugar in the intravenous fluids will be increased.
- **Treatment for high blood sugar:** If your baby is being fed through an IV, the care team can lower the amount of sugar in the IV fluids or give the baby insulin to help their body use up more of the sugar.





Jaundice

Jaundice is common in newborn babies, giving their skin and the whites of their eyes a yellow color. Most babies have physiologic jaundice, caused by a buildup of **bilirubin** in the blood and skin. Bilirubin is released when red blood cells break down. Because a newborn produces extra red blood cells for the birth process, their liver has a lot of bilirubin to break down. A full-term newborn has a fully-developed liver, even though it is not 100% efficient. If your baby is premature, their liver may not be developed enough to break down the extra bilirubin, so it will stay stored in the baby's skin.

- **How the test is performed:** **Transcutaneous** bilirubin testing is painless and done by simply placing a light meter on the baby's skin. If the bilirubin level is high, a blood test can measure serum bilirubin levels. If needed, treatment will be ordered based on your baby's age in hours and other risk factors.
- **Treatment:** Phototherapy is a painless treatment for jaundice. Your baby will be placed under a special light wearing only a diaper and eye protection. Another treatment option is to place a fiberoptic blanket under your baby. The light and blanket are sometimes used together. A blood test can confirm that the treatment is working.

The NICU Baby



Communicating with Your Baby

Although your baby can't speak to you yet, they can definitely communicate. Your baby's cues, or signs, can tell you what they can tolerate and what mood they are in. These signs will be more subtle in a baby who is premature than a baby who is full-term. Your baby will also have skills to soothe and comfort themselves. As your baby grows and matures, their skills will change.

Your baby's cues are telling you:

Ready to interact

- Alert, eyes are open
- Can focus on your face
- Regular breathing pattern
- Relaxed face, arms, or legs
- Cooing

Soothing self

- Clasping their hands
- Sucking on their hands or fingers
- Tucking their arms and legs close to the body
- Resting their feet on something for support
- Going into a light sleep state

Feeling stressed

- Changes in breathing pattern or a higher need for oxygen
- Changes in vital signs, like an increase or decrease in heart rate, oxygen saturation, or blood pressure
- Hiccups, fussing, or crying
- Yawning, looking exhausted
- Frowning or grimacing, won't look at you
- Arms or legs stretched out stiff, hand up as if to say "stop"
- Arched back and neck

When you see one of these signs of stress, it means that your baby needs either a change in activity or rest. Limit the stimulation your baby is receiving and use some comfort measures. Babies who are premature are very sensitive and can only handle one kind of stimulation at a time. For example, either talk to your baby or hold them. Doing both at the same time may cause your baby to feel stress. As a baby grows, they will develop more socialization skills. Following the cues will help you learn the best ways to communicate with your baby now.



Signs of Stress

Your baby will show you multiple signs of stress if they cannot tolerate certain touch, sound, light, or other stimulation from the environment. It's always important to pay attention to the signs of stress your baby may be showing you. Some signs of stress that your baby may show include:

Startle



Finger Splaying



Straightening of Arms or Legs



Facial Grimacing



Crying



Arching



Vital sign change – your baby's oxygen numbers, respiratory rate number, or heart rate number may change if overwhelmed by touch, sound, light, or other stimulation. You may hear an alarm sound from baby's monitor at the bedside which a staff member in the NICU will address.

It is important to identify signs of stress in your baby and help to minimize these stress signals. While your baby is in the NICU, your baby's nurse or therapist may offer different suggestions to help which may include:

- Offering a pacifier
- Swaddling
- Sound machine to mimic in-utero noise
- Holding or rocking
- Preemie hugs
- Infant massage



Sleep Development

23 to 27 Weeks Gestation

In these early weeks, your baby sleeps most of the time. They may only have brief moments when they are in a drowsy or partially awake state. An immature nervous system causes their movements to be jerky and trembling, even during sleep. Your baby should be sleeping 23 to 24 hours per day.

28 to 29 Weeks Gestation

At this age, babies who are premature will begin to have periods of REM sleep and only brief moments of wakefulness. They are still not ready to focus on your face. During this light sleep, you will see irregular breathing, sucking movements, and occasional brief eye openings. Your baby may respond to voices and other noises and should be sleeping 22 to 23 hours per day.

30 to 33 Weeks Gestation

Your baby's sleep is now cycling regularly between active and quieter stages. They are still unable to reach a deep sleep, but they do enter a quieter stage which helps them grow and develop. Your baby still needs approximately 21 to 22 hours of sleep per day.

34 to 36 Weeks Gestation

Babies at this age still sleep 18 to 20 hours per day – only a few more hours than full-term infants who need 16 to 17 hours of sleep per day. At about 35 to 36 weeks, your baby will begin to experience very deep, quiet sleep which is essential for growth and development of the body and brain.

Developing Senses in a Premature Baby

If your baby is in the NICU because they were premature, you need to understand when and how their bodies will grow and develop. Babies who are premature need time and special care to mature, which is different from babies who are full-term whose senses are well-developed at birth.

Outside of the womb, your baby will be challenged to develop these senses: hearing, seeing, taste, smell, and touch. The goal during your baby's stay in the NICU is to mimic the womb environment as much as possible to promote the "natural" development of these senses. Because your baby's neurological system is immature, you'll need to understand the difference between what will help their development and what will overwhelm their fragile state.

Vision

- Their eyes are very sensitive to light
- Sight takes longer to mature than hearing and touch
- Too many images at one time can be overwhelming

Smell

- Can recognize your scent from the womb
- Helps them adjust to the environment
- Soothing smells help with comfort from pain
- Don't use scented soaps or wear perfume

Taste

- Begins in utero with amniotic fluid
- Taste buds well-developed by 21 weeks gestation
- Prefers sweet tastes like breastmilk

Touch

- The first sense to mature
- Baby's skin is fragile and sensitive
- Prefers supportive touch with boundaries like in the womb
- Light touch may be too stimulating or even painful

Hearing

- Important for language development
- Can hear a variety of sounds
- Can pick out their parent's voice
- Soft voice is best
- Shows more interest in voices than other sounds



Preemie Development

23 to 26 Weeks

- Size
 - o 11 to 14 inches long
 - o 1 to 2 pounds
- Characteristics
 - o No fat
 - o Tiny fingernails
 - o Finger and footprints still developing
 - o Lanugo – coating of fine hair to keep them warm
 - o Thin skin and visible veins
 - o Eyelids may be fused shut
 - o Hearing is very sensitive
 - o Twitchy, jerky movements
 - o Startles easily

27 to 28 Weeks

- Size
 - o Around 16 inches long
 - o About 2 ½ pounds
- Characteristics
 - o Skin is fragile
 - o Eyes may open briefly, but do not focus
 - o Hearing is very sensitive
 - o Twitchy, jerky movements
 - o Startles easily
 - o May be ready for kangaroo care (skin-to-skin)

29 to 30 Weeks

- Size
 - o Around 17 inches long
 - o About 3 pounds
- Characteristics
 - o Skin appears more normal
 - o More body fat
 - o Eyes open for short periods of time
 - o Sensitive to bright lights
 - o Loud noises are uncomfortable
 - o Jerky movements, but with more intention
 - o Stretches arms and legs
 - o Benefits from kangaroo care
 - o Begins to suck on pacifier



31 to 32 Weeks

- Size
 - o 18 to 19 inches long
 - o 3 ½ to 4 pounds
- Characteristics
 - o Opens eyes
 - o Briefly looks at faces
 - o Hearing is sensitive, prefers soft voices
 - o All 5 senses are developed, but are easily overstimulated
 - o Can be held for feedings
 - o Sucks on pacifier

33 to 34 Weeks

- Size
 - o Almost 20 inches long
 - o 4 to 5 pounds
- Characteristics
 - o Lungs still developing
 - o Immune health still immature
 - o Sucking, swallowing and breathing not coordinated
 - o Movement is smoother
 - o Begins to show cues for feeding
 - o Needs to sleep between nipple feedings

35 to 37 Weeks

- Size
 - o 20 inches long
 - o 5 ½ to 6 pounds
- Characteristics
 - o Looks full-term
 - o Has fat, but not enough to stay warm
 - o Gets tired during feedings
 - o May have low blood sugar
 - o Slow weight gain
 - o Burning calories to stay warm

Corrected Age

In order to evaluate a premature baby's growth and development over the first couple of years, you need to know the baby's "corrected age." A corrected age is the difference between the day the baby was born and the baby's actual due date.

Figuring a baby's corrected age takes 2 steps:

1. Determine how many weeks early your baby was by subtracting the number of your baby's gestational weeks from 40 weeks (full-term).

Example: If your baby was born at 33 weeks, they were born 7 weeks early. 40 weeks minus 33 weeks = 7 weeks.

2. To arrive at your baby's corrected age, subtract those 7 weeks from baby's current age.

Example: If your baby is now 15 weeks old, their corrected age is 8 weeks old. 15 weeks actual age minus 7 weeks preterm = 8 weeks.

Using your baby's corrected age will help you realistically evaluate how well the baby is developing. While a full-term baby at 4 months (16-18 weeks) old may be starting to roll over, if your baby's corrected age is only 2 months (8-9 weeks) old, they may just be starting to hold their head up and look around.



Touching Your Baby and Providing Kangaroo Care

Your presence is important to your infant's recovery so you will be encouraged to touch and comfort your baby. Occasionally your baby will need quiet time and you may be asked to give your baby a rest.

As soon as your doctors and nurses feel it is safe, you may hold your infant in kangaroo care (k-care).

- Kangaroo care is holding your diaper-clad infant against your bare chest with their arms and legs in the flexed position (skin-to-skin).
- To obtain maximum benefits, be prepared to hold your baby in k-care for at least an hour.
- Your baby's head is turned to one side so the nose is not blocked or covered.
- Your infant is kept warm through contact with your skin and is comforted by the sound of your voice and the feel and sound of your heartbeat. Other benefits for your baby may include:
 - o more of an increased interest in breastfeeding
 - o stabilized heart rate, blood sugar, and breathing
 - o less breathing pauses (apnea)
 - o fewer episodes of slow heart rates (bradycardia)
 - o less of a need for extra oxygen
 - o decreased energy wasted
 - o lower crying
 - o deeper sleep
- Benefits for parents include:
 - o wonderful opportunity for bonding
 - o more milk supply
 - o higher confidence in caring for baby
 - o better ability to cope with the stress and emotions of having a high-risk infant
 - o more sense of control and readiness for discharge
- It is fine for your baby to sleep but if **you** start to feel sleepy, **please** ask your nurse to return baby to their bed.



As your baby matures and becomes more stable, they will be dressed and weaned out of the isolette. When you visit your 'dressed' infant in the NICU, ongoing use of skin-to-skin contact will continue to provide the following benefits.

- Your infant will
 - o feel safe by the sounds of your heartbeat and voice
 - o feel comforted by your warmth and your smell
 - o engage in deeper sleep which helps their brain to mature
 - o be encouraged to breastfeed and help with mother's milk supply
 - o have decreased wasted energy (crying)

Comforting Your Baby

Having you close can be very comforting to your baby. But every baby is unique and special. Some babies like to be held, talked to, massaged, or given a pacifier. Some babies like to be wrapped snugly or nested between your hands. Some babies prefer to be left alone.

Your baby's nurse will help you decide what works best for your newborn. Keeping the area quiet and lowering the lights can also be helpful.

Ways to help calm and comfort your baby include:

- Hold your baby quietly skin-to-skin (kangaroo care).
 - Your nurse can let you know when your baby is able to be placed into kangaroo care and will help you transfer your baby and settle them properly.



- Hug your baby with your hands.
- Swaddle your baby in a blanket or sleep sack.
- Place your baby in a position that cradles them.
- Provide boundaries with blankets and position aids.
- Offer your baby a pacifier.
- Let your baby hold your finger.
- Shield their eyes from bright lights.
- Decrease the noise around your baby's bed. Your baby is very sensitive to loud noises.

Parent Tips:

- Placing your warm hands gently on your baby is soothing and calming. But please note that babies who are premature prefer not to be stroked, tickled, or rubbed. This is because their neurological system isn't ready yet for this type of touch.
- To give a hand hug: place one hand around baby's head and your other hand supporting their feet. Hand hugs help your baby curl up and relax.
- Your baby knows your voice.
 - Speak, sing, or read in a soft, soothing voice to your baby.
 - Make a recording of yourself to be played for baby when you are not there.
 - It is important for your baby to hear you!
- When your baby is asleep, allow them to sleep.
 - This is when your baby is healing and growing.
 - Deep sleep is important for your baby's continued brain growth and development.
- As your baby becomes stronger and more stable, ask about infant massage. This is another wonderful opportunity for you and your baby to share important, quiet bonding time.

You play a very important part in your baby's care. Be sure to ask your baby's nurse when care times are so you can be involved in the care of your baby.



Giving Happy Touches to Baby's Face

- Start with gentle fingertip touches on upper jaw, just under ear lobes.
- Lightly move fingers slowly along the jaw line until reaching the tip of the chin.
- Repeat this movement 3 times.
 - o **If baby makes facial grimaces, turns head away, puts hands up, or responds in a negative way, back hands up and do not push baby through touches!**
- Give gentle touches back and forth on the tip of the chin with slow movement towards the chin groove (between chin and lower lip).
- Slowly move upward to the outer ridge of the lower lip. Gently touch outer lip with touches from corner to corner of lower lip.
 - o If lower lip is tolerated, slowly move to outer ridge of the upper lip.
- Slowly work fingertips onto lips and gently massage corner to corner.
- When baby opens mouth, slowly move finger in and gently, slowly massage gumline.
- Slowly move to inner cheeks and massage before moving to tongue and allow baby to suck.

If baby has any negative reaction, back track movements until baby tolerates touches. Do not push baby through touches!

Positioning Your Baby

While your baby is in the NICU, they may require special types of positioners to help mimic the in utero environment, especially if they came into the world earlier than planned. Our goal is to provide a secure environment to support their development. If your baby is very small, they may be positioned in any of the following ways with different positioners.

On baby's side



On baby's stomach



On baby's back



As your baby grows and gains weight, they will transition to “safe sleep” in the NICU. This means that your baby will be swaddled and will sleep on their back with all positioners removed from their bed.

Whether your baby is small or large, you can help them achieve **the ideal position** to mimic the in utero environment. Often, preterm infants rest with their arms and legs straight out. To best support their development, **you can help by gently bending their arms and legs.** You may hear staff refer to this position as “midline.”



Pain Management

Pain is an uncomfortable feeling that tells you that something may be wrong with your body. Your baby may feel some pain or discomfort as a result of their medical condition. Also, some of the treatments and procedures that we do to help your baby may cause pain or discomfort. Know that it is very important to the care team that they minimize any pain and do everything they possibly can to keep your baby comfortable.

Since babies cannot talk to us and tell us they have pain, we will be watching your baby closely for signs that may tell us that your baby is feeling discomfort. There are 2 types of signs we look for.

- **Physical Signs:** changes in heart rate, blood pressure, oxygen saturation, or breathing patterns.
- **Behavioral Signs:** crying, fussy, can't sleep, facial expressions (frown, grimace), tense muscles, clenched fingers and toes, tremors.



Some babies may not show all of these signs of pain, especially if they are very premature or ill. Some of these signs may not be symptoms of pain.

- Crying is a normal way for a newborn to respond to their world. It is not always because of pain.

Your baby will be reassessed often during their hospital stay for signs of pain, using a pain scale made especially for newborn babies.



USING A PACIFIER

Non-nutritive sucking (sucking without taking milk), has many benefits for preterm or ill infants, especially during gavage feedings through a feeding tube. A pacifier or an emptied breast (called nuzzling) can give your baby these benefits. Talk to your baby's care team about when you can begin nuzzling during gavage feedings.

Pacifiers help babies learn to suck. Using a pacifier can also provide comfort during painful procedures. You can expect to see your baby using pacifiers while in the NICU. If you have any questions about this, please ask your baby's care team.



Treatment of Pain

The goal of the NICU staff is to keep your baby as comfortable as possible.

When your baby shows us that they are in pain, the doctors and nurses will decide on how best to treat the pain. Sometimes comfort measures may be all your baby needs to make them more comfortable. At other times, medicines may be needed to prevent or control pain.

Comfort measures that are used will depend on your baby's maturity and condition.

Your baby's care team can help you find ways to make them more comfortable.

These may include:

- providing a calm, quiet, dim environment
- swaddling
- position changes
- pacifiers
- music
- kangaroo care
- massage
- rest periods
- sucrose
- shushing
- swaying or swinging

If your baby needs medicine, it will be discussed with you by the doctor or nurse. Medicines that we may use include:

- local anesthetics during procedures
- Tylenol
- narcotics
- sedatives

Babies who require medicines can also benefit from comfort measures.

Feeding Baby



Feeding Your Baby

Oral feedings will start when your infant is mature enough and stable enough to breast and or bottle feed.

Our Cue Based approach to oral feedings creates a positive and safe experience for your baby and aids in their development.

You will learn how to tell when your baby is ready and interested in eating and when the feeding is a positive and safe experience for your baby.

When your baby is eating in a safe and positive manner, we will have you bring in your baby bottle system for your baby to use. This will allow your baby to adjust to the bottle and nipple that they will be using at home.

“Cues” to Feeding

- Rooting (baby turns head to side and opens mouth with touch to face)
- Fussiness or crying around a feeding time
- Awake and alert at a feeding time
- Sucking on fingers, hands, etc.



“Cues” Feeding is Finished

- Baby goes from awake to deep sleep without sucking fingers or hands (no etc. as this is not recommend in patient education).
- Arms or hands started at mouth or at bottle and are now hanging down by side of the body
- Spitting mouthfuls of milk out of mouth towards the end of a feeding



Our Speech-Language Pathology (SLP) staff may work with you and your baby on the following:

- How to identify when your baby is ready to feed, when your baby is finished feeding, and when your baby may be stressed during feedings.
- Interventions to help your baby develop the ability to breast or bottle feed.
- Suggestions for how to help get your baby ready for oral feedings if not yet orally feeding.
- How to choose the appropriate bottle and nipple flow rate for your baby.
- How to find the best positions in which to feed your baby.
- How to identify signs of swallowing.

- Will not open mouth when nipple is touched to lower lip
- Turning head away from bottle

Signs of Distress with Feeding

- Consistent coughing with feeding
- Change in color (red or blue)
- Arching away from the bottle
- Change from calm state to a more restless state
- Mottling of skin
- Gagging with bottle



Which bottle is right for my baby?

Selecting a bottle system for your baby can be overwhelming and complicated. There are several bottles to choose from but not all bottles are created equal. The most important piece of the bottle is the nipple and the flow (Slow, Medium, Fast or 1, 2, 3).

- If your baby is using the hospital slow flow nipple, the comparable flow nipple or bottle systems are
 - o Dr. Brown Preemie flow

Bottles such as Tommee Tippee, Fisher Price, Gerber, Nuk, and Dollar Store bottles tend to have a faster “slow flow” rate that may not work well for your baby initially as they are learning to feed.

- If your baby is using the standard or regular flow nipple, the comparable flow nipple or bottle systems are
 - o Dr. Brown Level 1
 - o Playtex Ventaire Slow
 - o Medela Slow



Providing Breastmilk for Your NICU Baby

We congratulate and support you in your decision to provide breastmilk for your baby.

One way in which you can participate in the care of your baby and promote a healthy start is by providing mother's milk.

- Breastmilk is the preferred food for babies, including ill, babies who are preterm, and babies who are full-term.
- Breastmilk is more easily digested (very important for babies who are premature), contains a unique blend of nutrients, provides protection against some infections and illnesses, and provides a natural closeness and bonding for you and your baby.
- Our nursing staff will support and help you with this experience, whether you decide to breastfeed or pump to provide your expressed mother's milk for your baby.



When a baby is in the NICU, there can be a delay before they are physically able to nurse.

- As tired as you are and as difficult as it may be, frequent pumping begun shortly after the birth of your baby is needed to stimulate milk production and is essential in maintaining and increasing your milk supply for the months to come.
- The hormones responsible for milk production and milk ejection are **Prolactin** and **Oxytocin**. They rely on either the baby nursing at the breast, or consistent pumping, to produce and maintain a milk supply.
- Nipple stimulation, stretching, breast massage, and hand expression also help to increase milk supply.

Guidelines for Expressed Milk Volumes for Mothers of Babies who are in the Hospital

Milk volume is 30 milliliters (ml) by 10 to 14 days after delivery. There are 30 ml in 1 ounce (oz).

Ideal	less than 750 ml in 24 hours less than 20 to 25 oz
Borderline	350 to 500 ml in 24 hours 10 to 11 oz
Low	more than 350 ml in 24 hours more than 10 ounces

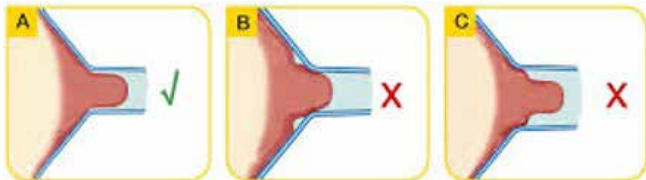
While you are an inpatient, you will be given a breast pump kit that is to be used with the hospital-grade breast pump (Symphony) available for your use in your patient room and in our NICU.

- **You must take all your pump kit parts to NICU when you are discharged. This includes the caps found under the pump handle and the attached tubing.**

Collection of Breastmilk



- Always start by washing your hands before touching the pump parts.
- Pump every 2 to 3 hours during the day and evening; 8 to 12 times each 24 hours.
- Pump at least every 3 hours during the night (you may pump sooner if your breasts are full).
- During pumping, proper fit of the breast flange means that the areola will be slightly drawn into the pump cylinder; the nipple should not feel pinched.
 - Breast flanges come in 5 sizes. Our lactation consultant will determine which size is right for you. Your size may change as your milk comes in.
- Pumping should not hurt.
 - If you are having discomfort, talk to your lactation consultant.
 - Pump into a new breastmilk collection bottle each time you express your milk. NICU will provide bottles as long as your infant is in NICU.



Scan this QR code to access informational videos



Symphony Breast Pumps Provide Two Programs for Breast Pumping

INITIATION PHASE – **PREEMIE + 1.0** or **INITIATE PROGRAM**

- Press the **on/off** button. Display will read **For Preemi** or **Initiate**.
- Then press the **Drops** button.
- This session lasts for 15 minutes. Then the pump will turn off.
- The center knob controls the strength of the suction; adjust to your comfort.



Do not leave the pump on the same setting.

- Continue to use the Preemie + 1.0 / Initiate Program until you achieve 3 consecutive pumping sessions, each totaling 20 milliliters or at 5 days after delivery.
- At first, you may not get enough colostrum to go into the bottle.
 - Over the next few days, with consistent pumping, your milk supply should increase.
- Even small amounts of breastmilk should be saved and can be used for mouth care.

2-PHASE EXPRESSION – **STANDARD 2.0** or **MAINTAIN PROGRAM**

- This program should be started once you have obtained 3 consecutive 20-milliliter-total pumping sessions or it is greater than 5 days post delivery.
- Press only the on/off button to start pumping. Wait (5-10 seconds) for display to read “START STANDARD” or “MAINTAIN.”

- The first 2 minutes are the STIMULATION PHASE.
- After 2 minutes of pumping, the pump will automatically switch to the EXPRESSION PHASE.
- The time required to empty milk from the breast varies among mothers; average time is 10 to 20 minutes.
 - Pump until your milk flow stops, and 2 minutes longer to stimulate more milk production.

Do not combine breastmilk containers.

- Anytime you are pumping in the hospital, do not combine breastmilk containers.

However, at home you can pump into the bottles that came with the pump kit. You can pour both bottles together into the bottles provided by the NICU. Make sure every bottle has a breastmilk label with the date and time (noting am or pm) of starting the pumping session.

A double electric pump and pumping both breasts at the same time will help you produce the most milk.

Scan the QR codes for more information.



Medela Max Flow



Spectra S2



Zomee

Freshly Expressed Breastmilk Storage Guidelines

	Room temperature	Cooler with frozen ice packs	Refrigerator	Freezer	Fortified breastmilk with additives in refrigerator	Thawed breastmilk placed in refrigerator
Storage Temperature	60°- 85° F	59° F	39° F or lower	0° F	39° F or lower	39° F or lower
Maximum length of storage	4 hours	24 hours	Up to 4 days (96 hours)	9 months in refrigerator/freezer combo 12 months in deep freezer	24 hours	48 hours (once milk is completely thawed)

- Do not touch the inside of the bottle or the lid.
- Place the lid on the bottle.
- Write date and time pumping is started on your breastfeeding label.
- Place your baby's breastfeeding label around each bottle of expressed breastmilk.
- Place COLOSTRUM NUMBERS on the lid of each container until all 20 numbers are used.

- Place containers in your refrigerator.
 - Bring the containers to NICU when you visit.



- Make sure to ask for bottles and labels so you have them at home.

Cleaning Pumping Equipment

- Use friction, a wet paper towel, and dish soap to wash the pump parts with hot water; then rinse and dry after each pumping (do not wash the tubing).
- While you are a patient in the hospital, you will be given a Medela Steam Bag to sterilize your pump parts once each day. The bags are good for 20 cleanings.
 - Instructions are on the bag.
 - There are microwaves in Maternity and each NICU location. Ask your nurse where they are.
- If you do not have a steam bag, the pump parts can be placed in boiling water for 10 minutes once each day (do not steam/boil tubing).



When Mom is Discharged

- Remember to open the lid on the yellow Symphony breast pump and take all of the parts to your pump kit when you are discharged. Make sure to bring the Symphony pump parts to your baby's bedside in the NICU so that you can pump when you visit your baby.
- Place your breastmilk in your refrigerator at home.
- If you cannot visit your baby within 3 days of pumping, place your expressed breastmilk in your freezer.
- When you visit your baby, bring your expressed colostrum or breastmilk along to the NICU.
 - **Fresh Expressed is Best.**
- Transport your containers of expressed breastmilk in an insulated cooler with ice packs.
- If you do not have an extra set of pump parts at baby's bedside, be sure to bring all of your pump parts when you visit your baby.



- Help maintain and increase your milk supply by pumping at your baby's bedside and doing kangaroo care.
- Massage, nipple stretching, and stimulation when you think about your baby will help to increase milk supply.



Your Baby's Feeding

- Your baby's feeding will consist of your numbered colostrum bottles first, before using your more mature milk.
- Keep in close communication with your baby's nurse and lactation consultant to work out a plan for the amount of stored breastmilk to be kept in our NICU refrigerator and freezer.
- When your baby is ready to breastfeed, you will receive one-on-one support for proper positioning and technique.
- After breastfeeding your baby in the NICU, you need to pump your breasts before doing k-care.

NICU Lactation Consultants

York
(717) 851-4490

Chambersburg
(717) 267-7781

Ephrata
(717) 738-6308

Outpatient Pediatric Feeding Clinic at WellSpan York Hospital



Feeding is truly a bonding experience between parent and child. When feeding is going smoothly and is a positive experience for both parent and child, it is a wonderful thing. However, when feeding begins to become stressful, there is help for you and your child. If you are experiencing any of the following, please contact us.

- Poor latch to breast or nipple on bottle
- Refusal to eat by (turning head, refusing to suck, fussiness)
- Difficulty with consuming food consistently
- Difficulty with coordinating breathing and swallowing
- Choking, spitting up, or changing color during feeding
- Difficulty transitioning to baby cereal, baby food, or table foods
- Difficulty gaining weight
- Weak suction during feeding
- Mealtimes are frustrating for child and parent

**Pediatric Rehab Medicine
& Rehab Services**

York
(717) 851-2601

Development and Comfort Measures



PRODUCT ALERT:

Boppy Pillow



Boppy Breastfeeding Pillows and other breastfeeding pillows should only be used to support your baby while you breastfeed.

The Boppy Breastfeeding Pillow has been linked to over 150 infant deaths when used for purposes other than breastfeeding.

- Do **not** leave your baby alone with these pillows.
- Do **not** use these pillows for developmental activities like tummy time or propped sitting.
- Do **not** let your baby sleep with these pillows.



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Use Boppy Breastfeeding Pillows and other breastfeeding pillows for breastfeeding support only.



Basic Baby Massage

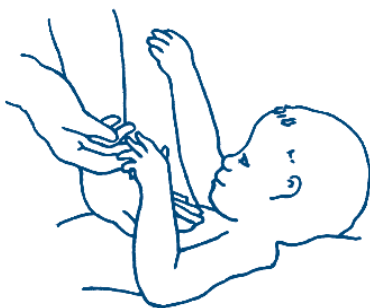
Text by Evelyn A. Guyer

Benefits of Infant Massage

Baby massage is another way to show love to our children. Connecting and bonding with them from the first days and years of life strengthens family bonds.

Among the many benefits included in baby massage are:

- relaxation and release of tension for baby and parent
- relief of baby's gas and constipation
- regulation of body systems
- improved sleeping patterns
- body awareness
- increase in parenting confidence



Research studies have shown the importance of nurturing touch in the healthy growth, development and maturation of children. Appropriate, loving touch at any age fosters the development of trust and meets the security needs of children.

Getting Started

It is important for you as a parent to find a time during your day when you are available to your child; when your baby is not hungry, sleepy or fussy; and when he is bright-eyed, aware and ready to absorb whatever is happening around her.

The environment should be cheerful, relaxing, nurturing and pleasantly warm. You and your baby should be comfortably positioned with good back support for yourself and with support of the trunk and joints for your baby.

Use of Oil

To eliminate the friction between your baby's skin and your hands, use a small amount of oil (except on the face), rubbing it on your hands first. Use a natural fruit or vegetable oil such as unscented almond oil, safflower oil, or rice bran oil. Petroleum-based oils such as those found in baby oils should not be used.

When Not to Massage Your Baby or Child

If the following situations occur, do not stroke your child.

- Elevated body temperature as defined by your healthcare provider
- During feeding or within 45 minutes of solid food
- Chronic medical conditions *
- Serious illness or hospitalization *

*Always consult your baby's physician first

Quick Cues Check

Parents and caregivers can readily assess the willingness or unwillingness of a child to be stroked by checking the tenseness or relaxation of the *eyebrows, shoulders and hands*.

Tense



Calm



Head and Face

Open Book

Using the flat part of your fingers, start at the middle of the forehead and stroke out to the sides, as if flattening the pages of a book, moving your hands down along the sides of the face.



Relax Your Eyes

With your thumbs, stroke lightly over the eyebrows from center outward.



Happy Sinuses and Cheek Muscles

With your thumbs, push up on the bridge of the baby's nose, then stroke down diagonally across the cheeks.



Upper Lip Smile

With your thumbs, make a smile on the upper lip.



Lower Lip Smile

With your thumbs, make a smile on the lower lip.



Relax the Jaw

Make small circles around the jaw with your fingertips.



Sides of Face

Stroke along the sides of the face with your palms.



Arms

Swedish Milking

Hold the baby's wrist with your hand and with your other hand, gently milk (stroke) away from the wrist to the shoulder.

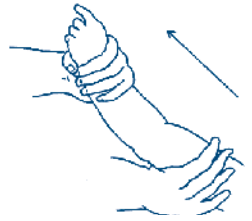
Repeat these same strokes on the other arm.



Indian Milking

Hold the baby's wrist with your hand and with your other hand, gently milk the arm starting at the shoulder and moving to the wrist.

Repeat these same strokes on the other arm.



Hands and Fingers

Hands

Stroke the baby's palm with your thumbs, opening the hand.



Top of Hand

Stroke the top of the hand.



Fingers

Gently squeeze each finger.



Tummy

Clockwise Circles

With one hand placed on top of the other, make clockwise circles over the belly.



“I” Stroke

Stroke down the baby’s side.
Repeat on other side.



“Love” (Backwards L)

Stroke across belly and down.
Reverse direction and repeat.



“You” (Upside Down U)

Starting on the left side, stroke
up, over and down around the
belly button.

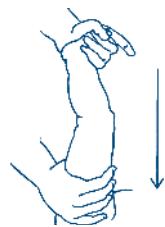


Legs and Feet

Swedish Milking

Hold the baby’s ankle with your
hand and with your other hand,
gently milk (stroke) away
from the ankle to the thigh.

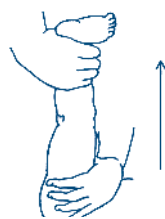
Repeat these same strokes on
the other leg.



Indian Milking

Hold the baby’s ankle with your
hand and with your other hand,
gently milk the leg starting at
the thigh and moving to the
ankle.

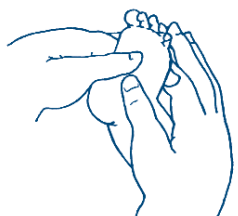
Repeat these same strokes on
the other leg.



Bottom of Foot

Press gently all over the bottom
of the foot.

Repeat with the other foot.



Top of Foot

Hold foot with both hands and
gently stroke thumbs along top
from toes to ankle.

Repeat with the other foot.



Toes

Gently squeeze each toe.

Repeat with the other foot.



Back

Downward Stroke

Stroke the back with the flats of
your palms from the neck to the
buttocks.



Combing

Comb the baby’s back from the
neck to the buttocks.



Back Circles

Make small circles all around
the back with your fingertips.



“V” Swoop

Just below baby’s neck, place
pointer finger and middle finger
on either side of baby’s spine.
Stroke down the back towards
buttocks.



Tummy Time

How does tummy time help my baby?

- Supervised tummy time helps promote growth and development.
- Tummy time can help prevent flat spots that can develop on your baby's head.
- Tummy time helps to strengthen your baby's neck and shoulder muscles.



How often and for how long should I complete tummy time?

- Tummy time should be completed every day.
- Never leave your baby alone during tummy time.
- Place your baby on a safe and firm surface, such as a play mat.
- Wait about an hour after feedings to avoid spit ups.
- Include tummy time into your daily routine. For example, after a diaper change roll your baby onto their stomach for play time.
- Not all babies enjoy tummy time when it is first introduced, however it is still important to complete for your baby's development. Begin with short intervals (2 to 3 minutes each day) and gradually progress to 60 minutes per day as your baby tolerates it. Tummy time can be completed all in one session, or can be completed multiple times a day for shorter amounts of time.

What should I do during tummy time?

- Provide entertainment by shaking toys, play peek-a-boo.
- Never leave your baby alone during tummy time.

Parent Tip:

- If your baby falls asleep during Tummy Time place them in a safe sleep position.
- Place a mirror in front of your baby's face so that your baby becomes interested in looking at themselves.
- Place toys in front of your baby to promote reaching and playing with toys. As your baby gets older, move toys farther away, lift them up, and move them from side to side so your baby has to look around and reach for them.

Tummy Time Activity Tips

Newborn to 3 Months

(adjusted age)

- Place your baby on your chest while you are reclined.
- Lay your baby across your lap while securing them by placing your hand on their bottom.
- Place baby on a playmat on the floor and have your face within 8 to 10 inches of them so they can see you.
- Use colorful and or noise-making toys to encourage your baby to lift their head.
- **Do NOT Fall Asleep!**



3 to 6 Months

- Your baby is getting stronger now! While lying on their stomach, your baby will prop themselves up on their forearms.
- Your baby will become more interested in colorful and noise-making toys.

4 to 6 Months (adjusted age)

- As your baby gets stronger, they will push up onto their hands to reach and play. This will prepare them for sitting and crawling in the near future.
- Your baby will be able to tolerate longer periods of tummy time and you may see your baby start moving their legs to push forward towards wanted toys or objects.



Developmental Tasks

Tummy Time

- Can practice while in NICU and continue at home.
- Usually 2 times a day. At first tummy time should last a few minutes each day; gradually increase to 1 hour a day at home.
- Baby must be supervised for the entire tummy time to prevent the risk of SIDS.
- Tummy time is an important stepping stone to rolling and crawling.
- It helps improve strength in baby's neck and stomach muscles.
- Can lower the chances of flat spots developing on the back of baby's head.
- Make sure that the hips and shoulders are aligned and relaxed.
- An activity mat can be used. Baby will not reach for toys right away.

Stimulation

- Stimulation is important, but care should be taken not to overwhelm baby.
- Be aware of stress signals and signs of over stimulation.
 - o crying

- o arching
- o extension
- o finger splaying
- o unstable vital signs

Propped Sitting/Midline

- Can use when burping baby.
- Can lower the chances of flat spots developing on the back of baby's head.
- Helps strengthen neck and tummy muscles.
- It is important to support with hands at midline (center of body).

Visual Play

- When baby is alert, it is important to engage with rattles and faces.
- Can expect baby to shift gaze towards sound and have brief moments of eye contact with caregiver.

By 3 Months (adjusted age) My Baby Can:

- follow movement by turning head
- look at me and watch my face
- smile
- make sounds



- startle at loud noises
- lift head off my shoulder
- lift head during tummy time
- wiggle and kick with arms and legs

By 6 Months (adjusted age) My Baby Can:



- roll over from front to back
- hold head up without support
- reach and grasp for objects
- try to put everything into mouth
- play with toes with hands and mouth
- laugh out loud
- babble or squeal
- pull up to sit with hands held

By 12 Months (adjusted age) My Baby Can:



- sit without support
- crawl on hands and knees
- pull up to stand at furniture
- knock 2 blocks together

WellSpan Neurodevelopmental Clinic

WellSpan Neurodevelopmental Clinic is recommended by our NICU providers for any baby born at less than 34 weeks gestation, or any infant our providers feel requires a more comprehensive follow-up. Early Intervention, physical, and developmental therapists, a feeding specialist, and a dietician or nutritionist, will be meeting with you as a team in one appointment. This team works closely with your baby's healthcare provider.

- Refer to the Helpful Resources section (page 103) in this book for more information.

Early Intervention

Early Intervention (EI) is a program that supports the development of children from birth to the age of 3. This program provides a developmental evaluation at no cost to families and can provide ongoing support to a family and child if eligible for ongoing services.

EI is recommended by our NICU providers for any infant born at less than 35 weeks gestation, or any infant our providers feel requires a more comprehensive follow-up.

- Refer to the Helpful Resources section (page 106) in this book for more information.

Notes

Baby Safety



Prevent Shaken Baby Syndrome (Abusive Head Trauma)

Taking care of a baby can be a most rewarding and exciting experience. However, it also can be frustrating when the baby gets fussy, especially when an end to the crying seems to be nowhere in sight. Too often, parents or other caregivers lose control and shake, jerk, or jolt a baby in an effort to stop the crying.

Most people know the dangers of hitting an infant or child. But did you know that shaking your baby also is very dangerous? Your pediatrician and the American Academy of Pediatrics want you to be aware of the dangers of shaking a baby. Read on to find out why shaking a baby can be deadly.

What happens when a baby is shaken?

When a baby is shaken, the brain bounces back and forth against the edges of the head.



- The blood vessels in a baby's head cannot tolerate the impact of shaking and can break, causing inflammation, bruising, and bleeding in the brain or blood loss in the retinas.
- Additional damage happens when the shaken child is thrown down onto a surface, leading to shaken impact syndrome.

What is shaken baby syndrome?



Shaken baby syndrome is a serious type of head injury that happens when an infant or toddler is severely or violently shaken.

- Babies are not able to fully support their heavy heads. Because of this, violent and forceful shaking causes a baby's brain to be injured.

- Too often, this leads to the death of a baby. It can also lead to
 - o bleeding around the brain
 - o blindness
 - o hearing loss
 - o speech or learning disabilities
 - o chronic seizure disorder
 - o brain damage
 - o intellectual disability
 - o cerebral palsy
- Shaken baby syndrome usually occurs when a parent or other caregiver shakes a baby out of anger or frustration, often because the baby will not stop crying.
- Shaken baby syndrome is a serious form of child abuse.
- Remember, **it is never okay to shake a baby!**

What are the signs and symptoms of shaken baby syndrome?

When a baby is violently shaken, brain cells are destroyed and the brain cannot get enough oxygen.

- As a result, a victim of shaken baby syndrome may show one or all of the following signs and symptoms.
 - o irritability
 - o lethargy (difficulty staying awake)
 - o difficulty breathing
 - o tremors (shakiness)
 - o pale or blue skin
 - o vomiting
 - o seizures
 - o coma
 - o death

What do I do if my baby is shaken?

If you think your baby might have been injured from violent shaking, the most important step is to get medical care right away.

- Call 911 or take your baby to the nearest emergency department.
 - If your baby's brain is damaged or bleeding inside from severe shaking, it will only get worse without treatment.
 - Getting medical care right away may save your baby's life and prevent serious health problems from developing.
- Be sure to tell the doctor in the emergency department if your baby was shaken.
 - Do not let embarrassment, guilt or fear get in the way of your baby's health or life.
 - Without the correct information, the doctor may assume your baby has an illness.
 - Mild symptoms of shaken baby syndrome are very similar to colic, feeding problems, and fussiness.
 - Your baby may not get the right treatment if the doctor does not have all the facts.

When babies cry.

It is not always easy to figure out why babies cry. They may be hungry or overtired. They may be cold or need their diapers changed. Sometimes it seems like they cry for no reason.

- The following are a few ideas to try when your baby does not stop crying.
 - Check to see if your baby's diaper needs changing.
 - Wrap your baby in a warm, soft blanket (swaddle).
 - Feed your baby slowly, stopping to burp often.
 - Offer your baby a pacifier.
 - Hold your baby against your bare skin (kangaroo care), or cheek-to-cheek.
 - Rock your baby using slow, rhythmic movements.
 - Sing to your baby or play soft, soothing music.
 - Take your baby for a walk in a stroller.
 - Go for a ride with your baby in the car (remember to always use a car seat).

- If you have tried all of these and your baby continues to cry, go back and try them again.
- Most babies get tired after crying for a long time and eventually will fall asleep.

When your baby cries, take a break – don't shake!

If you have tried to calm your crying baby but nothing seems to work, it is important to stay in control of your temper.

- Remember, it is never okay to shake, throw, or hit your baby – and it never solves the problem!
- If you feel like you are getting angry and might lose control, try the following.
 - Take a deep breath and count to 10.
 - Place your baby in a safe place, leave the room, and let your baby cry alone.
 - Call someone close to you for emotional support.
 - Call your baby's doctor. There may be a medical reason why your baby is crying.
- Be patient. Colicky and fussy babies eventually grow out of their crying phase.
 - For most babies, crying peaks at 6 weeks and then gradually eases off.
- Reach out for support.
 - If you can, enlist help during the fussiest times of the day.
 - Say yes when people offer to help with housework, meals or babysitting.
 - Find a group of moms to talk to and get out of the house when you can.
 - Knowing you have some help on the way can make a big difference.

Take A Break, Don't Shake

**Shaken Baby Syndrome
Can Be Prevented**

- Keeping your baby safe is the most important thing you can do.
- Even if you feel frustrated, stay in control and never shake your baby.

Spread the word!

- Keeping your baby safe is the most important thing you can do.
- Even if you feel frustrated, stay in control and never shake your baby.

Parents, if other people help take care of your baby, make sure they know about the dangers of shaken baby syndrome.

- This includes child care providers, older sibling, grandparents, and neighbors – anyone who cares for your baby.
- Make sure they know **it is never okay to shake a baby.**

Source: *American Academy of Pediatrics*

The 5 S's



Question:

“I know I shouldn’t sleep with my baby, but he is fussy. What can I do about this?”

Answer:

Make use of the 5 S's

1. Swaddling

- provides warmth and security
- mimics the way the baby felt in the womb



2. Side or Stomach Position

- while holding baby
- hold baby on his left side to help with digestion
- once asleep, place baby on his back in crib



3. Shushing

- mimics the noise in the womb, making baby feel calm and safe
- may need to be done loudly



4. Swinging

- either in someone’s arms or in an infant swing
- is similar to the baby’s side-to-side movement in the womb while mother walks



5. Sucking

- is natural, and babies enjoy non-feeding sucking
- babies cannot suck and cry at the same time



Safe Sleep for Your Baby

What is an infant sleep-related death?

This is defined as a sudden and unexpected infant death; the baby is found not breathing after being put down for sleep.

- The baby had been healthy and there is no clear cause of death before investigation.

If no cause of death is found, it is called SIDS or Sudden Infant Death Syndrome.

- SIDS is the leading cause of death in infants between 1 month and 1 year of age.
- Many of these deaths are now thought to be due to suffocation.
 - o These accidents are **PREVENTABLE**.

What do we know?

Babies sleep most safely on their backs.

- Babies who sleep on their stomachs are much more likely to die than babies who sleep on their backs.
- Babies who usually sleep on their backs, but are placed on their stomach to sleep, are at a very high risk of sleep-related death.

Sleep surface matters.

- Babies who sleep on soft bedding are more likely to die of SIDS or suffocation.

Every sleep time counts – for naps and for night!

How can I protect my baby from sleep-related death?

1. **ALWAYS** place your baby on the back to sleep.
 - o The stomach position doubles the risk of death.

- o If your baby can roll over well, you do not have to reposition them if he turns while sleeping.

2. Place your baby on a firm sleep surface like a safety-approved mattress covered with a tight-fitting sheet.

- o Soft bedding increases the risk of death by 5 times.

- o Babies who sleep on the stomach, **and** soft bedding increase their risk of death 21 times!

3. Keep loose bedding, blankets, pillows, bumper pads, soft animals, and toys out of your baby's sleep area.

- o Decorate your baby's room, **NOT** your baby's crib!

4. Do not allow smoking or vaping around your baby.

- o If you must smoke or vape, do it away from your baby and change your clothing before handling your baby again.

- o **Smoking in the house doubles a baby's risk of SIDS. Keep your home smoke-free.**

5. Keep your baby's sleep area close to, but separate from, where you and others sleep.

- o Your baby should never sleep in a bed or on a couch, chair, or any other surface with any adult, other child or pet.

- o Sleeping with your baby (bed sharing) greatly increases a baby's risk of sleep-related death **even if you do not drink, smoke, or use drugs.**

- o **REMEMBER: you cannot control being tired.** Room sharing is safest. It is recommended that your baby sleep in your room for the first 6 to

FACT:

Over 3,600 babies in the U.S. die each year from sleep-related deaths!

12 months. But your baby should sleep in their own sleep space and not in the bed with you.

6. Consider giving your baby a clean, dry pacifier at sleep time.
 - o Offer a pacifier, but do not force them to take it.
 - o If you are breastfeeding a term infant, wait 3 to 4 weeks (or until breastfeeding has been established) before offering a pacifier.
 - Babies who are premature can be offered a pacifier early to comfort and increase the strength of the muscles around the mouth.
 - o Pacifiers are soothing and may help calm a very fussy baby.
7. Do not let your baby overheat during sleep.
 - o Dress your baby in lightweight sleep clothing such as a sleep sack or other wearable blanket.
 - o If you use a blanket, make sure it is lightweight.
 - Tuck blanket around the mattress and away from baby's head and face.
 - The blanket should not be higher than the baby's armpits.
 - o **Do not place a hat on your baby when sleeping.**
 - The hat could overheat your baby or cover the face and nose.
 - o Keep the room at a temperature that is comfortable for an adult.
 - o **REMEMBER: never allow a loose blanket in the sleep area!**
8. Avoid products that claim to reduce the risk of SIDS or other sleep-related infant deaths.
 - o Most of these products have not been tested for effectiveness or safety.
 - o Home monitors can be useful in alerting you of your baby's needs (such as crying), but do not reduce the risk of SIDS.



9. Provide **SUPERVISED** tummy time.
 - o **REMEMBER:** tummy to play, **BACK TO SLEEP!**
10. Kangaroo Care is still encouraged at home.
 - o Kangaroo your baby when you are awake and able to hold your baby safely.
 - o If you start to feel sleepy, it's time to place your baby in their bassinet.
 - o **REMEMBER: falling asleep with your baby in a chair, or sofa , or bed could cause suffocation.**
11. Talk about safe sleep to child care providers, grandparents, babysitters, and friends . . . **ANYONE** who cares for your baby!

Every baby should have safe dreams . . .

WHAT DOES A SAFE SLEEP ENVIRONMENT LOOK LIKE?



The following image shows a safe sleep environment for baby.



Room share: Give babies their own sleep space in your room, separate from your bed.



Use a firm, flat, and level sleep surface, covered only by a fitted sheet*.



Remove everything from baby's sleep area, except a fitted sheet to cover the mattress. No objects, toys, or other items.



Use a wearable blanket to keep baby warm without blankets in the sleep area.



Place babies on their backs to sleep, for naps and at night.

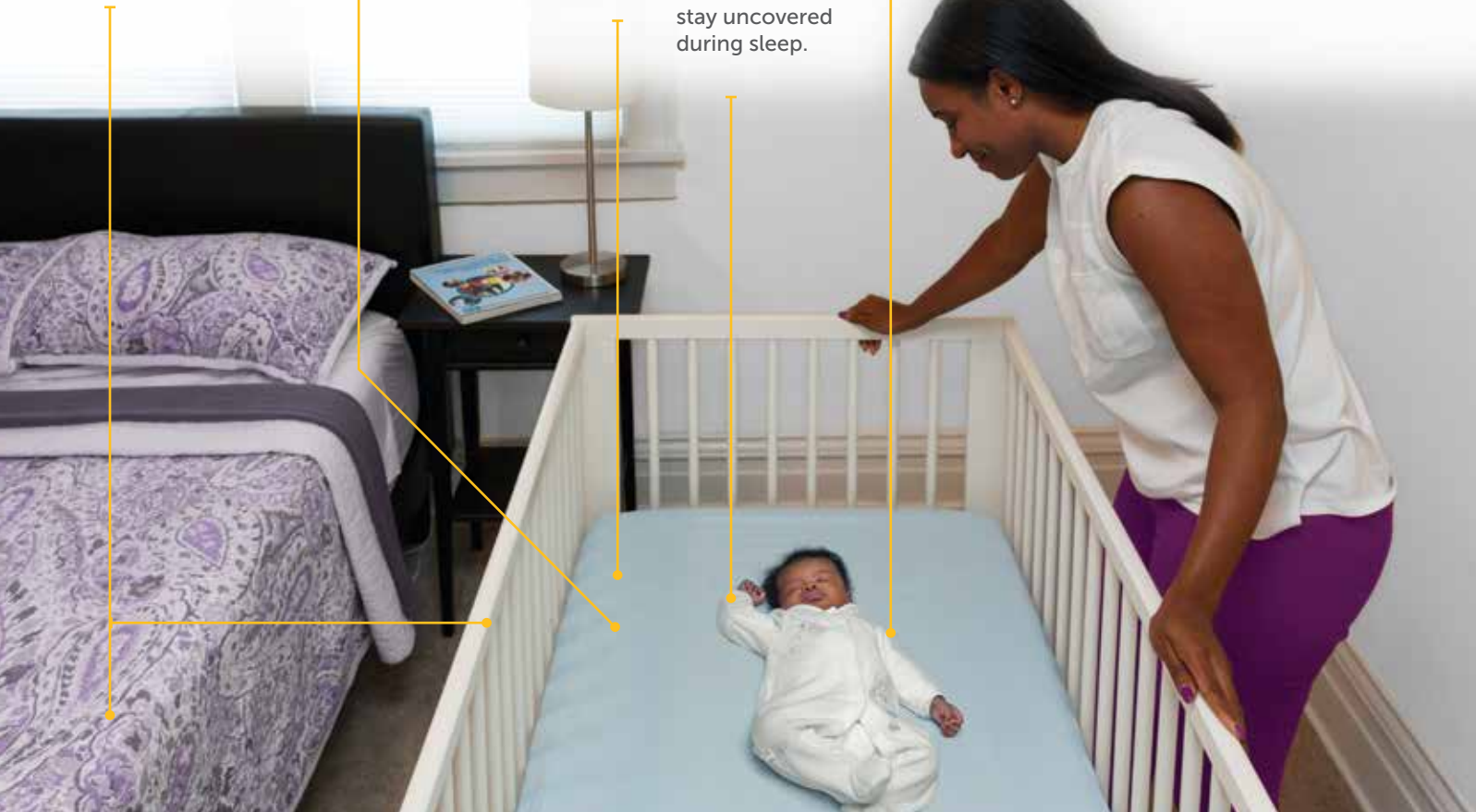


Couches and armchairs are not safe for baby to sleep on alone, with people, or with pets.



Keep baby's surroundings smoke/vape free.

Make sure baby's head and face stay uncovered during sleep.



*The Consumer Product Safety Commission sets safety standards for infant sleep surfaces (such as a mattress) and sleep spaces (like a crib). Visit <https://www.cpsc.gov/SafeSleep> to learn more.



Eunice Kennedy Shriver National Institute of Child Health and Human Development



SAFE SLEEP FOR YOUR BABY

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Infant Deaths



Place babies on their backs to sleep for naps and at night.



Stay smoke- and vape-free during pregnancy, and keep baby's surroundings smoke- and vape-free.



Feeding babies human milk by direct breastfeeding, if possible, or by pumping from the breast, reduces the risk of SIDS. Feeding only human milk, with no formula or other things added, for the first 6 months provides the greatest protection from SIDS.

Use a sleep surface for baby that is *firm* (returns to original shape quickly if pressed on), *flat* (like a table, not a hammock), *level* (not at an angle or incline), and covered only with a fitted sheet.



Stay drug- and alcohol-free during pregnancy, and make sure anyone caring for baby is drug- and alcohol-free.



Avoid products and devices that go against safe sleep guidance, especially those that claim to "prevent" SIDS and sleep-related deaths.



Feed your baby human milk, like by breastfeeding.



Avoid letting baby get too hot, and keep baby's head and face uncovered during sleep.



Avoid heart, breathing, motion, and other monitors to reduce the risk of SIDS.



Share a room with baby for at least the first 6 months. Give babies their own sleep space (crib, bassinet, or portable play yard) in your room, separate from your bed.



Get regular medical care throughout pregnancy.



Avoid swaddling once baby starts to roll over (usually around 3 months of age), and keep in mind that swaddling does not reduce SIDS risk.



Keep things out of baby's sleep area—no objects, toys, or other items.



Follow health care provider advice on vaccines, checkups, and other health issues for baby.



Give babies plenty of "tummy time" when they are awake, and when someone is watching them.



Offer baby a pacifier for naps and at night once they are breastfeeding well.



For more information about the Safe to Sleep® campaign, contact us:

Phone: 1-800-505-CRIB (2742) | Fax: 1-866-760-5947

Email: SafetoSleep@mail.nih.gov

Website: <https://safetosleep.nichd.nih.gov>

Telecommunications Relay Service: 7-1-1

Swaddling and Sleep Sacks

1. Use sleep sack appropriate for baby's weight. **Do not use Newborn size until baby is at least 6 pounds (lbs.).**
2. Swaddle for warmth, comfort, or to soothe fussy infants.
 - Wrap criss-cross, no higher than baby's shoulders
 - Secure so baby's face does not get covered and cannot slip down under the wrap



**For warmth and fussy babies
(arms at side)**



**For warmth and less-fussy babies
(elbows flexed, hands by face)**

3. Always place infant on back.
 - Discontinue swaddling when baby shows signs of rolling over or breaking out of a swaddle.
 - Babies placed on their stomachs have a high risk of suffocation.
4. Do not overheat.
 - If infant feels warm, or looks flushed, he may be overdressed.
5. When baby is not swaddled, use a sleep sack without wings.
 - No loose blankets in crib. They can cover a baby's face or interfere with breathing.
 - No hats when placing baby back to sleep (baby could pull the hat down over the face).



**Baby can break out of a blanket swaddle,
but not out of a sleep sack.**

Car Seat Safety

Before your baby's discharge, you will need to bring your baby's car seat to the NICU. Your nurse will make sure the seat has not been recalled or expired, and that your baby fits properly in the seat. If your baby is less than 5 pounds and born at less than 37 weeks, or had any kind of respiratory distress, they will need to complete a "car seat test." Your baby will sit in the car seat for 90 minutes to make sure they can breathe properly in that angle. Some babies have difficulty and need a special car seat called a car bed. We will provide you with one if needed.

It is also a good idea to have the car seat base installed before the day of discharge. Read the instruction manual that comes with the car seat for detailed instructions on installation. You will also need to refer to your vehicle manual for proper placement within the vehicle. The car seat should not move more than 1 inch side-to-side.

Call 1-888-232-SAFE (7233) to schedule a **FREE** appointment at a Child Safety Seat Inspection Station coordinated by Safe Kids York County. A child passenger safety technician will help you install your baby's car seat and show you the correct

way to use it. For additional sites in other counties, visit the PA Traffic Injury Prevention Project at www.pakidstravelsafe.org. For more information about car seats, visit www.safercar.gov/parents.

Pennsylvania law requires children to stay rear facing until they are 2 years old. It is recommended to be rear facing as long as is safely possible. Be mindful of the weight restrictions and installation methods using LATCH and the seatbelt.

See your car seat instruction manual for placement of the carrying handle during travel.

Have you bought your car seat yet?

If you have not, here are some things to consider!

- Do not use second-hand or used car seats. The history may be unknown with the prior owner. If using a second-hand seat, make sure all parts are intact, instruction booklet included, not recalled or expired, and has not been in a crash.
- All car seats have an expiration date of at least 6 years after the manufacture date.
- After purchasing the car seat, keep all receipts and tags in case the seat does not work well with your baby.



Once the straps are tightened, you should not be able to "PINCH" any extra material!

Do not use products sold separately from the car seat.

Facing the infant rear protects the spinal cord and neck from violent crash forces. It is very important to keep them rear facing until at least their 2nd birthday!

HARNESSTRAPS should be at or below shoulder level, keeping straps snug and flat.



CHEST CLIP should be at armpit level.

NEVER put a child rear-facing in a front seat with a passenger side airbag!

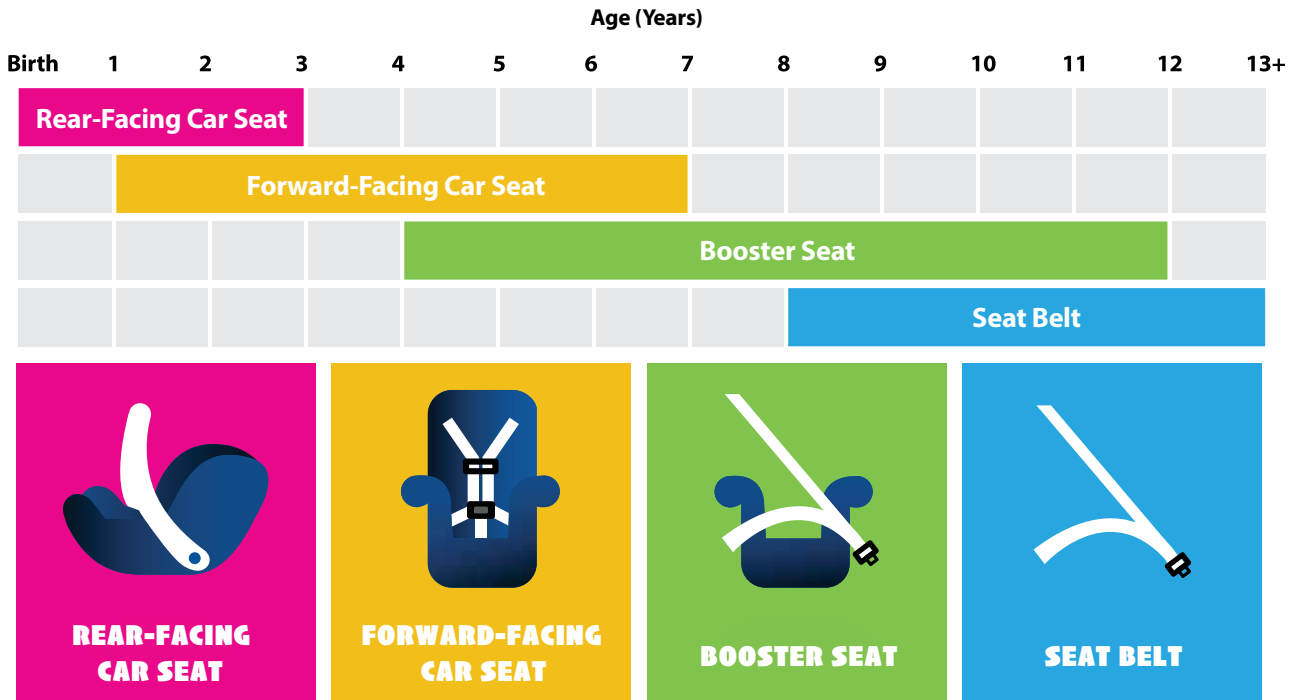
Putting Your Baby in the Car Seat

- Do not dress your baby in very thick clothes like a snow suit or wrapping your baby in a blanket. This will not allow for a tight fit.
- If your baby requires a monitor or extra equipment, make sure to secure it down in the car. In an accident, these objects could become free and a hazard to the baby.
- We suggest that another adult sit in the back seat with the baby for the first couple weeks.

Car Seat Recommendations for Children

There are many car seat choices on the market. Use the information below to help you choose the type of car seat that best meets your child's needs.

For information about a discounted car seat program for York County residents, contact Safe Kids York County at (888) 232.SAFE (7233). For additional sites, go to the PA Traffic Injury Prevention Project website at www.pakidstravelsafe.org



- Select a car seat based on your child's age and size, choose a seat that fits in your vehicle, and use it every time.
- Always refer to your specific car seat manufacturer's instructions (check height and weight limits) and read the vehicle owner's manual on how to install the car seat using the seat belt or lower anchors and a tether, if available.
- To maximize safety, keep your child in the car seat for as long as possible, as long as the child fits within the manufacturer's height and weight requirements.
- Keep your child in the back seat at least through age 12.

Rear-Facing Car Seat



Birth-12 Months

Your child under age 1 should always ride in a rear-facing car seat. There are different types of rear-facing car seats:

- Infant-only seats can only be used rear-facing.
- Convertible and all-in-one car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

Pennsylvania law requires children sit rear-facing until their second birthday!

1 – 3 Years



Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.

Scan this QR code for more information.





PARK. LOOK. LOCK.



Never leave a child alone in a car.
Remember to A-C-T.



A Avoid Heatstroke

Avoid heatstroke-related injury and death by never leaving a child alone in a car, not even for a minute. And make sure to keep your car locked when you're not inside so kids don't get in on their own.



C Create Reminders

Keep a stuffed animal or other memento in your child's car seat when it's empty, and move it to the front seat as a visual reminder when your child is in the back seat. Or place and secure your phone, briefcase or purse in the backseat when traveling with your child.



T Take Action

If you see a child alone in a car, call 911. Emergency personnel want you to call. They are trained to respond to these situations.

**SAFE
K:DS
WORLDWIDE.**

Infant CPR (Under 1 Year of Age)

The thought of having to do Cardio-Pulmonary Resuscitation (CPR) on your baby is very frightening. However, you need to know what to do in an emergency. It is strongly recommended that parents and other caregivers take an Infant CPR class. WellSpan offers “Safe Baby and Infant CPR Basics class.” Check the Classes and Events page on the WellSpan.org website or call (717) 851-2241 to register. You can also call your local American Heart Association or American Red Cross, search online for classes in your area, or ask the care team to refer you while your baby is in the NICU.

Scan QR code for WellSpan classes and events



HOW TO DO CPR ON A BABY

Infant CPR is a little different from adult CPR, but the concept is the same. Memorizing the letters C-A-B will help you remember what to do in an emergency.

C Check for Consciousness

- Tap or flick the bottom of your baby’s foot
- If there is no response and your baby is not breathing, start chest compressions and have someone **call 911**

Chest Compressions

- Place your baby on their back on a hard, flat surface
- Place two fingers of one hand in the center of the chest just below the nipple line
- Gently compress the chest about 1 ½ inches downward
- Do compressions at the rate of about 100-120 per minute

B Breathing

- Cover the baby’s mouth and nose with your mouth
- Gently puff until you see their chest rise
- As the air escapes, the chest will go back down
- Then give one more breath
- Give 2 breaths after every 30 chest compressions
- Continue CPR for 5 cycles
- If you are alone, call 911 after 2 minutes
- Continue with 30 compressions and 2 breaths until help arrives or the baby begins to breathe

A Airway

- After 30 compressions, gently tilt the baby’s head back to open the airway
- To tilt, lift the baby’s chin with one hand and push down on the forehead with the other hand



The information on this page is for quick reference only and not a substitute for training. Parents and caregivers should take an infant CPR and first aid class before or soon after the baby comes home.

Infant Choking (Under 1 Year of Age)

Choking can be scary. Little ones will put almost anything small enough into their mouths. If a small object gets lodged in the windpipe and your baby cannot cough, breathe or cry, you need to know how to dislodge it as quickly as possible.



If your baby is awake (responsive) and choking

- See if the baby can cry
- If the baby can't cry, shout for someone to **call 911**

HOW TO CLEAR A BABY'S AIRWAY

Step 1: Give 5 back blows

- Lay the baby face down along your forearm
- Use your thigh or lap for support
- Hold the baby's chest in your hand
- Support their head by holding their jaw
- Their head should be lower than their body
- With the heel of your hand, give 5 quick firm back blows between the shoulder blades

Step 2: Give 5 chest thrusts

- If back blows didn't dislodge the object, turn the baby face up
- Use your thigh or lap for support
- Support the head which should be lower than the body
- Place 2 fingers on the middle of the chest just below the nipple line



- Give 5 quick thrusts down, compressing the chest about 1 ½ inches
- Repeat back blows and chest thrust until the airway is cleared (baby cries/makes noise)
- If baby becomes unconscious while giving choking aid, start infant CPR (see previous page)
- Carefully check the airway for blockage each time before giving breaths
- Only put your finger in their mouth if you can see the object



The information on this page is for quick reference only and not a substitute for training. Parents and caregivers should take an infant CPR and first aid class before or soon after the baby comes home.



Family, Friends, Siblings, and Pets

Just like every child is different, so is every home and family. That's what makes them so special. You may have a spouse or a partner. Or maybe it's just you and your baby moving forward together. You might bring your baby into a large family, a small family, or create a completely new family. No matter what your family looks like, keeping your baby safe, healthy, and happy is your top priority.

Visitors

Friends and family mean well and are excited to visit you and your new baby. But these visits can be exhausting. Don't feel like you have to entertain if you don't feel up to it. If you do have visitors, don't let anyone who is sick get too close to or hold your baby. And don't be shy about asking anyone who holds the baby to thoroughly wash their hands first. Your friends and family want to help. Some suggestions in ways they can support you:

- Make meals
- Provide rides to NICU
- Offer to clean house
- Pick up groceries

Siblings: Preparing Older Children For A New Baby

A new baby brings joys and challenges to a family. Parents are excited, but can also be nervous about how their older children will react to the newborn.

- Remember that every child has a different personality and will react differently to the new brother or sister.

- Your older child's age and development will affect how they react to a new sibling. While older children are typically eager to meet a new sibling, younger children might be confused or upset. Consider the following tips to help your child adjust.

Children younger than age 2

Young children likely won't understand yet what it means to have a new sibling. Talk to your child about the addition to your family. Look at picture books about babies and families.

Children ages 2 to 4

Children at this age are still quite attached to their parents and might feel jealous sharing your attention with a newborn. Explain that the baby will need lots of attention and encourage your older child's involvement by taking him or her shopping for baby supplies. Read to your older child about babies, brothers and sisters. Give your older child a doll so that they can be a caregiver too. Look at your older child's baby pictures together and tell the story of their birth.

School-age children

Older children might feel jealous of how much attention a new baby gets. Talk to your older child about your newborn's needs. Point out the advantages of being older, such as going to bed later. You might display your older child's artwork in the baby's room or ask your older child to help take care of the baby.

- Regardless of your older child's age, make sure that they get individual attention when the new baby arrives. If you're taking pictures or videos, include your older child. Take picture or videos of them alone too. Consider having a few small gifts on hand to give to your older child in case friends visit with gifts for the new baby.
- Consider giving your older child a gift that's from the baby, such as a T-shirt that says "big brother or big sister."
- Explain to your older child that the baby will eat, sleep and cry most of the time. The baby won't be a playmate right away.
- Keep in mind that sometimes older children can regress or act younger. They may start using a pacifier or using diapers again.
- **Highlight** the positives by telling them "we will have someone new to love."
- Explain that this baby will be their little brother or sister, so they'll see having a sibling as a privilege or gift.

- Have the older child pick things out for the baby's room and draw pictures for the baby.
- Be sure to spend individual time with your older child and encourage other family members to do the same.
- It is important for the older child to feel included and helpful but, regardless of the age, boundaries need to be set.
 - o Tell your child to let mommy or daddy know if the baby is crying. **DO NOT** allow the child to pick up the baby from crib or bassinet.
 - o Tell the child **NOT** to offer a toy or pillow while the infant is in their crib.
- **Boost their ego** - Make your child feel proud and connected to the new baby by saying things like "he only smiles like that when you're around" or "she has your dimple."

Family Pets

Because safety is a top priority, **never leave your baby and pets alone together** without an adult present. Your cat or dog may have been your "first baby" and is used to being the center of your attention. It is normal for your pet to experience something similar to sibling rivalry when you bring your new baby home.



Cats



Cats are creatures of habit who like a set routine. But many household routines will change when a new baby joins the family. Be aware that you need

to keep your cat away from the baby's sleeping area to prevent accidental suffocation. Cats like to curl up next to warm bodies, but that closeness could make it hard for your baby to breathe. When you bring your baby home, go to a quiet room and sit with the baby on your lap. Let your cat come close when it's ready.



Dogs



If your dog is well-trained, it will be easier to control their introduction to and behavior around the new baby. If your dog will be allowed in the baby's

room, put a dog bed in the corner and give your dog a treat or toy for staying in the bed. If the baby's room is off limits, install a tall baby gate and place a dog bed outside the room.

When you bring your baby home, it's important to warmly greet your dog either without the baby in the room or having someone else hold the baby while you greet your pet.

- Once your pet has calmed, you should start introducing your baby to them.
- If you are uncertain of your pet's behavior, have someone available who can step in if needed.
- Let them get a good look at your baby and allow them to sniff your baby's hands and feet.
- Allow them to investigate this new addition at their own pace. Never force a pet towards a baby
- Reward your pet's good behavior with a treat.

Never Leave Your Baby Alone With A Pet

Do not allow your pet to sleep on the baby's furniture or play with the baby's toys. If your pet has difficulty staying away from off-limits items, install a removable gate that allows them to see, but not enter. Don't use pet toys that resemble your baby's toys. Try to maintain regular routines and spend one-on-one quality time with your pet each day.

As babies begin to crawl and walk, please be watchful, especially during feeding times. Try to feed your pet while your child is in their high chair and away from the food bowl. You may need to remove the pet's dishes while your baby is exploring. Pet food is tiny and easy for baby to pick up and put in their mouth, potentially leading to choking.

Parent Tip:

- Before you bring your baby home from the hospital, have your partner or friend take home something with the baby's scent (such as a blanket) for your pet to become familiar with your baby's scent.

Emotional Support



WellSpan NICU Parent Group



(717) 851-5961

 **friend us on Facebook (NICU Parent Support Group of York, Pa) click on the 'Join' icon**

The WellSpan Neonatal Intensive Care Unit Parent Group is a large group of parents who have, or had, a child or children in a WellSpan hospital NICU. Their mission statement is “Our mission is to support each other as we experience the ups and downs of the NICU and the challenges and joys of raising a NICU graduate. We are here for you.”

As previous NICU parents, their primary objective is to “be there” when you want to talk to someone who has gone, or is still going, through the NICU experience. Their Facebook page is a great resource to connect with former or current NICU families, ask questions, get information, and share pictures of your baby’s NICU journey as well as when they go home. They also will have guest speakers on

their page who will periodically live stream topics of interest such as stress reduction exercises, baby sign language.

- Connect with other NICU families on our closed Facebook page.
 - o All posts are reviewed by the administrator before upload to the page.
- Join us for our monthly meetings where you will find support, nourishment (for the body and the soul), and special guest speakers.
 - o Location and time information is posted on York Hospital’s bulletin boards near the NICU scrub sinks, on Angel Eye™, and on our Facebook page.
 - o There is also a “break out” group for Dads. They have their own site called NICU Dads York, Pa.

Every Baby Deserves Healthy Parents and Every Parent Deserves to Enjoy Parenthood

The period from conception to the first year postpartum is called the perinatal period. During this time frame, it has been established that all new moms and dads are at risk of developing a perinatal mood anxiety disorder.

In addition to forms of depression, it is recognized that PMADS (perinatal mood anxiety disorders) can include scary thoughts, general anxiety disorder, panic attacks, OCD, PTSD, perinatal bipolar disorder, etc. Studies show that 1 out of 6 women, and 1 out of 10 men can be affected, and that number is higher in NICU families due to the unique stressors of

having a baby in the NICU. A recent study showed up to 63% of NICU moms and 30% of NICU dads can experience significant depression symptoms.

It is common to experience some of these disorders after your baby comes home –many times you don’t have the ability to process everything while your baby is in the NICU.

Along with our entire staff, our social workers, care coordinator and perinatal case manager are here for you! Check your hospital’s section in this book for their phone numbers. Do not hesitate to reach out and ask for help.

Baby Blues

New mothers commonly experience what is called the “baby blues.” These are mood swings that are caused by changing hormones during and immediately after childbirth. Usually, the baby blues last for only a few weeks and disappear on their own.

Postpartum Adjustment Disorders

If the symptoms don't lessen after a few weeks or are so severe that they keep mom from doing everyday tasks, she may have a more severe form of depression that needs medical treatment.

- Postpartum adjustment disorders may take the form of sadness and depression or anxiety and excessive worry.
- One of the most common postpartum adjustment disorders is postpartum depression (PPD).

Postpartum Depression (PPD)

- PPD is a major form of depression and is less common than the baby blues. It can begin anytime within the first year after baby's birth.
- About 10 to 20% of new mothers experience PPD.
- The causes of PPD are not quite clear, but research has shown that these factors may contribute to its onset:
 - o Intense hormonal changes
 - o Major life changes that occur around the time of baby's birth, such as:
 - new job
 - new home
 - recent divorce
 - loss of a loved one
 - o Life stresses, such as:
 - no partner
 - unsupportive partner
 - unplanned pregnancy
 - little or no social support
 - financial difficulties
 - o Other risk factors:
 - traumatic labor and delivery
 - personal or family history of depression or anxiety
 - previous experience with PPD
 - history of infertility or multiple miscarriages
 - having a mother who had PPD
 - having a pre-term infant or infant with high needs
 - history of abuse

Symptoms of PPD are both physical and emotional. They include:

Physical

- fatigue or exhaustion
- heart palpitations
- panic attacks
- nausea or upset stomach
- shakiness
- sleeping too much or not being able to sleep at all
- change in appetite
- headache

Emotional

- trouble making decisions or concentrating
- irritability or short temper
- feeling uncomfortable around baby
- crying all the time
- anger
- shame
- guilt
- agitation
- feeling overwhelmed
- scary fantasies
- thoughts of harming yourself or baby *
- hopelessness
- sadness
- memory loss
- extreme concern for baby
- lack of interest in baby
- fear of losing control
- lack of interest in previously enjoyed activities

*** See your healthcare provider immediately or call Suicide and Crisis Hotline at 988**



Please contact our NICU Care Coordinator (717) 851-5961 if you are experiencing any of these symptoms.

For more information about PPD, please contact Wendy McDowell, RN, IBCLC, WellSpan Perinatal Case Manager at (717) 851-4305 / toll free 1-800-540-7684, or wmcowell@wellspan.org

Perinatal Depression and Anxiety Disorders

Significant life changes can sometimes cause depression and anxiety for the spouse or partner.

Depression in men after the birth of a baby is called **paternal perinatal depression** or **PPND**. **Female partners and adoptive parents can also experience depression and anxiety** once baby comes home. All of these feelings are valid.

Postpartum mood and anxiety disorders affect the whole family. A new baby will affect sleep, time, sexual intimacy, finances and much more. Be patient with yourself and your partner as you both learn to adapt to the changes that come with life as a new parent. Partners are an important member of the family and need to take good care of themselves too. Remember, you're in this together. It's important that you and your partner speak freely about the best ways to manage all the new responsibilities.

Remember that you will get through this with help and support. There is no magic cure, and sometimes recovery seems slow, but things will keep improving if you stick to a plan of healthcare, support, and communication.

PPND and anxiety disorders can begin in the first trimester of pregnancy and up until 6 months after the baby is born. It's more common when the birthing parent is experiencing postpartum depression. On average, 8% of men worldwide – and 14% of men in the U.S. – will have some form of this condition. It's more widespread during months 3-6 post-birth than in the first 3 months.



Symptoms of PPND and anxiety disorders can include:

- Loss of interest in work, problems with motivation and concentration.
- Increased complaints of physical issues, like headaches or weight loss.
- Feeling overwhelmed, exhausted, and insecure.
- Feelings of sadness, hopelessness, repetitive fears, and worries.
- Becoming easily stressed and discouraged.
- Increased anger, irritability, frustration, and violent behavior.
- Increased use of alcohol and drugs.

Tips for dealing with PPND and anxiety disorders:

- Ask for help, information and support for yourself.
- Develop a support team for your family. Say YES when help is offered.
- Talk it out. Communicating your feelings with your spouse, partner or friends may help.
- Talk to other families who have come through this.
- Build healthy habits. Eating healthy, exercising and getting enough rest can help.

- Take time for yourself.
- Spend time with your baby.
 - o **Skin-to-skin contact** is good for both of you.
 - o **Practice eye contact** with your baby. Babies love it and can see about 12 inches away at first.
 - o Share special time giving your baby **infant massage** (refer to page 54 in this book).
 - o **Be patient and confident** and remember that it takes time to learn diapering, burping and bathing.

- o **Celebrate the new baby** but guard the door so visitors don't stay too long.
- o **Your schedule will change** so be flexible and expect the unexpected.
- o **Give yourself grace.** You may not enjoy every minute and that's ok.

Don't be afraid to be open and honest about how you are feeling. Your healthcare provider can connect you with therapy, support groups, and other local resources that can help you get better. Know that you are not alone and there is help.

Understanding PTSD – When the Stress of the NICU Persists

By Blaine H. Carr, Ph.D., father of preemie Ella (www.drblainecarr.com)

After returning home from a busy weekend and tour of the hospital maternity wing, my wife called me from another room and we discovered her water had broken. “But our daughter is not due for another month,” I was thinking. What did this mean? My wife was terrified. I was terrified. Hours later, my daughter was born and whisked to the NICU because of breathing difficulties. We learned in the early morning that her lung had collapsed, and thus began our NICU stay.



Different Reactions to Trauma

Going through a traumatic experience of a difficult pregnancy, a loss, and/or having one or more babies in the NICU can affect parents' emotions in very different ways. No matter how short or long your baby's stay is or what the complications are, your reaction may be mild or severe. It is completely normal to feel intense sadness, grief, guilt, shame, anger, disbelief and numbness going through this time, especially when your baby reaches milestones or suffers setbacks. In fact, your baby's hospitalization may be one of the most stressful times you ever experience. It would probably then not surprise you to learn that childbirth experiences place parents at risk of developing Post-Traumatic Stress Disorder (PTSD). PTSD is classified as an



anxiety disorder and is characterized by a collection of persistent, debilitating physical and emotional reactions to traumatic, scary or life-threatening experiences.

When Is It PTSD?

It is normal to have many of the symptoms of PTSD for some time after any traumatic event. Be watchful if you find you or your partner is becoming immobilized by these feelings or if they aren't going away, particularly if they last longer than a month. Also, notice if it is interfering with your life, relationships, your ability to bond with and care for your child or your performance at work or school. Signs you should ask for help also include problems sleeping, considering the use of drugs or alcohol to cope, feeling hopeless about your life or having suicidal thoughts. Different experiences, even years afterwards, can trigger distress at unexpected times. A child's birthday or anniversary of NICU release, a television documentary,

subsequent illnesses or diagnoses – all may bring up unexpected, intense feelings. In general there are three broad types of symptoms for PTSD: intrusive memories, avoidance/numbing, and increased anxiety/emotional arousal.

Self-Care

Because PTSD can develop from intense, life-threatening fear, having a child in the NICU or a loss is just as much a cause of PTSD as military combat, being a crime victim or surviving a car accident. These emotions are a normal reaction to completely abnormal situations. Though your concern is focused on your child in the hospital, what you need to hear is that one of the most important ways of caring for your baby is to care for yourself. Even if you're just experiencing a few symptoms, treatment can go a long way to helping you heal and give you emotional relief. Evaluation by a healthcare professional can be very important.

Helpful Tips for Partners, Families, and Friends

You may be worried that you or someone you care about is suffering from a perinatal mood or anxiety disorder such as postpartum depression. It can be very confusing, challenging and even painful to watch your spouse, family member or friend react to becoming a parent in ways that you didn't expect. Please know that the person with depression or anxiety is not to blame for this illness and they are just as surprised by what is happening as you are. Thankfully, perinatal mood and anxiety disorders can be temporary and treatable with support and professional help. There are tools that can help you support the person who is struggling, and also help you get through this difficult time.



See the tips below and check out the Postpartum Support International (PSI) website to better understand the emotional changes your partner, family member, or friend may be experiencing. They may not recognize their own symptoms. If you feel more care is needed, contact their healthcare provider or take them to the nearest emergency room.

How to help a new parent:

- Reassure them: this is not their fault; they are not alone; they will get better.
- Encourage them to talk about their feelings. Listen without judgment.
- Help with housework before they ask you.
- Encourage them to take time for self-care. Breaks are a necessity; fatigue is a major contributing factor to worsening symptoms.
- Don't expect them to complete all household tasks just because they are home all day.
- Be realistic about what time you'll be available to them, and be there on time.
- Help them reach out to others for support and treatment.
- Schedule some dates with them and work together to find a babysitter.
- Offer simple affection and physical comfort, but be patient if your partner is not up for sex. It's normal for them to have a low sex drive with

depression, and rest and recovery will help to bring it back.

Dealing with their anger and irritability:

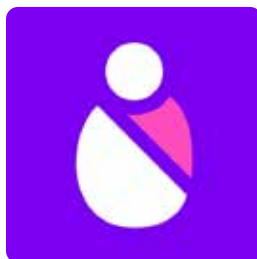
- Do what you can to make sure they eat regularly throughout the day, because low blood sugar results in a low mood and frustration. Have healthy and easy snacks on hand.
- Do your best to listen for the real request at the heart of their frustration. Reduce conflict by telling them, "I know we can work this out. I am listening."
- Keep the lines of communication open. Verbalize your feelings instead of distancing from them. It is helpful to take a break if your tempers are hot, but do get back to communicating.
- If they are expressing anger in such a way that you can't stay supportive, you might say something like, "I want to listen to you. I know this is important, but I'm having a hard time because you're so mad at me. Can we take a break and talk about it later?"
- Ask them how you can help right now. If they don't know, make some suggestions

Resources

My NICU Baby® App

You don't have to go it alone if you have a baby who is admitted to the newborn intensive care unit (NICU), a nursery in a hospital that provides around-the-clock specialized care to newborns.

We've created the March of Dimes My NICU Baby® App to provide answers, tools and support, so you can focus on your baby during what is often a difficult time. Learn about NICU staff, policies, equipment and terminology on your own schedule. The app has been developed and designed by experts to help you advocate for the best care for your baby.



www.postpartum.net



- Our Mission is to promote awareness, prevention and treatment of mental health issues related to childbearing in every country worldwide.
- Our Vision is that every woman and family worldwide will have access to information, social support, and informed professional care to deal with mental health issues related to childbearing. PSI promotes this vision through advocacy and collaboration, and by educating and training the professional community and the public.

Postpartum Support International (PSI) offers a wide variety of support and educational opportunities for those dealing with perinatal/postpartum depression and anxiety disorders.

HelpLine

The PSI HelpLine is a toll-free telephone number anyone can call or text to get basic information, support, and resources. The HelpLine is not a crisis hotline and does not handle emergencies.

When you contact the HelpLine, you will be asked to leave a confidential message and a trained and caring volunteer will return your call or text. They will listen, answer questions, offer encouragement and connect you with local resources as needed.

- Call 1-800-944-4773 (#1 en Español or #2 English)
- Text in English: 800-944-4773; Text en Español: 971-203-7773

*The PSI HelpLine does not handle emergencies. People in crisis should call their local emergency number or the National Suicide Prevention Hotline at 988 or text the word HOME to 741741 to reach the National Crisis Text Line.

Online Support Groups

PSI online support group meetings are led by trained PSI facilitators. Our online groups will connect you with other parents and provide helpful tools and resources. Whether you are going through stress, adjustment to parenting, Baby Blues, or pregnancy or postpartum depression/anxiety, our groups are here for you.

Some of our groups:

- NICU Parents Support Group
- Birth Moms Support Group
- Monthly Dad Support Group
- Perinatal (Pregnancy and Postpartum) Mood Support Group
- Queer Parents Support Group
- Black Mamas Matter Support Group
- Desi Chaat: A support group for South-Asian moms
- Military Moms Support Group

Chat with an Expert



PSI hosts free, live phone sessions for moms, dads, partners, extended family members and other support people.

- Every Wednesday, you can connect with other moms and talk with a PSI expert about resources, symptoms, options and general information about perinatal mood and anxiety disorders from the privacy of your own phone. There is no need to pre-register or give your name. These sessions, facilitated by licensed mental health professionals, are informational only and open to anyone with questions and concerns.
 - o Limited to the first 15 callers, the bridge line will stop accepting callers when the maximum of 15 has been reached.
 - o Sessions last approximately one hour.
 - o These chats are not meant to take the place of needed visits to healthcare providers and do not provide therapy.
 - o Check the website for schedules, facilitator information and instructions for calling.
 - o Chat Number: 1-800-944-8766 / Participant Code: 73162
- The first Monday of each month, dads, partners and others can find answers and support from an expert – and from other support persons. Join Dad Chat to find honest and compassionate talk about the adjustment to parenthood and how you can support one another.

- o Check the website for schedules, facilitator information and instructions for calling.
- o Chat Number: 1-800-944-8766 / Participant Code: 73162

Join Our Peer Mentor Program



This program pairs moms, as well as dads, in need of support with a trained volunteer who has also experienced and fully recovered from a Perinatal Mood Disorder (PMD). Establishing a one-to-one connection with someone who has journeyed through a PMD offers invaluable insight, encouragement, and hope.

Through weekly communication over the course of six months, Peers and Mentors build a strong relationship that removes isolation, provides education, and breaks down stigma. Peers and Mentors are thoughtfully matched. Location, PMD experiences, and other individual nuances are all considered to create a safe peer-to-peer environment that fosters trust.

This program is not for people who have suicidal ideation. If you need immediate help, please contact the National Suicide Prevention Hotline at 1-800-273-8255 or text the word HOME to 741741 to reach the National Crisis Text Line.

- If you are struggling with PMD and want to be paired with a Mentor, please go to our website and fill out the application.
- If you have questions about the program, contact Amanda Koenigsberg at peermentor@postpartum.net

Find a Trained Provider

Smart Patients

Looking for a knowledgeable provider or support group in your area? Visit the PSI online directory of qualified perinatal mental health professionals and groups. Moms, families, and providers can quickly and easily identify trained perinatal mental health providers in their area.

We have more than 300 local Support Coordinators who provide support, information, encouragement, and connection with local providers and support groups. The care providers on this registry have demonstrated a special interest in treating and serving families and women experiencing perinatal mental health issues. Postpartum Support International does not recommend any specific provider. Information is posted as a courtesy to assist persons seeking help. While we do our best to keep this information updated, there may have been changes since this information was posted. Always contact the providers to verify all information before making appointments or using services to avoid unexpected fees and ensure that you receive interventions appropriate for your needs.

Find Us on Facebook



<https://www.facebook.com/PostpartumSupportInternational>

The PSI Facebook page offers news on postpartum mental health, information on upcoming PSI services and inspirational quotes and support.

PSI also moderates a closed Facebook group, where you can connect with other moms, share your questions and concerns, get peer support, and offer your support to others. A closed group simply means that our administrator approves your request to join and posts are not visible to the public, only to members of the group.

PSI Dad's Coordinator David Klinker facilitates a private Facebook group for dads that can be joined by sending a request to info@postpartumdads.org

Join our PPD Forum (Smart Patients)



PSI has partnered with Smart Patients Postpartum Community, an online forum for women suffering from perinatal mood and anxiety disorders. You can join the community for free to share, interact, and learn from peers in a safe, supportive environment.

Additional Resources for Dads

Visit our web page and check out our growing list of support and educational opportunities for new dads, a few of which include:

- Video testimonials from dads
- David Levin's blog post about how he beat postpartum depression
- The Postpartum Dads website created by David Klinker is a forum to help dads and families by providing firsthand information and guidance
- Boot Camp for New Dads is a unique father-to-father, community-based workshop that inspires and equips men of different economic levels, ages, and cultures to become confidently engaged with their infants, support their mates and personally navigate their transformation into dads.

- The Good Men Project is a blog and Facebook page addressing subjects related to dating, marriage, and fatherhood.
- Center for Men's Excellence – videos for new dads offering support, education, and advice

Hand to Hold®



Hand to Hold helps families before, during, and after a NICU stay by providing powerful resources and support for the whole family at any stage of your journey. We understand that a high-risk pregnancy, a complicated birth, a NICU stay or the loss of a baby are very traumatic and isolating experiences.



Peer to Peer Support



Peer support can offer comfort that family and friends may not be able to provide; provide a safe environment to share feelings; empower parents to problem-solve and become advocates for their families and themselves; help parents feel less alone; increase acceptance of difficult situations and offer important resources for coping.

With the peer mentor program, we are able to provide support within 24 hours, create a peer-to-peer match within 48 hours, and match families based on their specific need.

Online Community



Stay up to date with news and information. Community and understanding is just a click away. Go to our web page and connect to the following:

- Facebook groups
- Pinterest
- Instagram
- Twitter
- YouTube

Blog

Our blog is inspired by the many diverse experiences that are common to parents of preemies. If you have a preemie or a baby who spent time in the NICU, a child with special needs, or a loss – we want you to know that you are not alone. Join our supportive community and connect to parents who share similar experiences to your own, arm yourself with information to properly care for your child(ren) and your family, and find inspiration and hope when you need it most.

Podcasts

Go to our web page to find out how to listen to our podcasts, a few of which are:

- NICU Now
- Beyond the NICU
- NICU Dad Discussions

Postpartum Stress Center

- Provides a better understanding, support, and treatment for women and their families dealing with prenatal and postpartum mood and anxiety disorders.
- Order information for author Karen Kleiman, founder of The Postpartum Stress Center. Among the many helpful books available are
 - o “The Postpartum Husband: Practical Solutions for Living with Postpartum Depression”
 - o “Good Moms Have Scary Thoughts: A Healing Guide to the Secret Fears of New Mothers”



PLEASE REFER TO THE HELPFUL RESOURCES SECTION OF THIS BOOK FOR LOCAL SUPPORT GROUPS AND OTHER RESOURCES.

Postpartum Progress

Blog by Katherine Stone about postpartum depression and anxiety.



PostpartumMen

For men with concerns about depression, anxiety or other problems with mood after the birth of a child.



Notes

Caring for Baby at Home



Going Home

The answer to the questions “when can I take my baby home?” will be different for every baby. There are several things that need to happen before your baby can be discharged from the hospital. You and your baby may have things to do to prepare for that big day.

Your Baby’s Checklist

- No incidents of **apnea** and **bradycardia** or change in color
- Maintaining a normal body temperature in an open crib
- Feeding well from the breast or bottle
- Gaining weight steadily
- Passed the car seat challenge test (if your baby was born before 37 weeks gestation)
- Screened for hearing
- Circumcision (optional)

Your Checklist

- Spend time caring for your baby so you feel prepared at home
 - Temperature
 - Diaper
 - Bath
 - Feeding
 - Mixing milk (optional)
- Watch Safe Sleep video
- Watch Shaken Baby video
- Watch Car Seat video
- Read Caring for Baby at Home section
- Schedule discharge education and CPR class
 - Receive discharge education
 - Attend CPR/Choking class (optional)
- Bring baby’s car seat for the challenge test
- Bring in bottle you plan to use at home
- If your baby is going home with medications, have the prescriptions filled, and bring into NICU
 - Pharmacy name
 - Meds to Beds
- If your baby needs medical equipment, our NICU Case Manager will assist with those arrangements for home
- Schedule an appointment for 1 to 2 days after discharge for follow-up with your baby’s healthcare provider



***Day of Discharge: bring clothing appropriate for the weather (t-shirt, outfit, hat) and 1 to 2 blankets. Optional: car seat cover and cooler for milk or formula. Plan for discharge to take about 1 to 2 hours.**



Caring for Your Newborn

Germ Control

Once you bring your baby home, give yourself a few weeks for adjustment before having company. Then, as long as your baby's visitors are healthy, there is no reason to keep them away from your baby.

- Insist that every person washes their hands before touching the baby.
 - o Having waterless sanitizing gel readily available would be helpful.
- Be aware that kissing the baby can spread infections such as RSV (Respiratory Syncytial Virus).
 - o RSV is a very common virus which causes mild cold-like symptoms in most infants and children.

- o For the premature infant and infants with chronic lung disease, this is a very serious risk.
- o The RSV season typically begins in the fall and runs through the spring.

- Turn away visitors if they are coughing and sneezing.

When you do begin to take your baby out, stay away from large groups of people, places, or situations where you can't control her exposure to germs.

- Remember, never let anyone smoke around your baby!
 - o Babies and children exposed to smoke have a higher than normal incidence of respiratory illness.

Temperature

Babies who are premature have little insulating fat and have trouble coping with temperature changes. Avoid cold drafts.

Keep your baby's room at a comfortable temperature. Keep your house in the mid to 70° F range (72° F to 75° F).

Dress your baby comfortably. They should be dressed in layers which allows you to add or subtract clothing in response to the temperature.

- If baby's hands and feet are cold, pale or blue, they need to be warmed up.
- If they feel warm and look flushed, they may be overdressed.

Ways to warm your baby:

- Add a layer or clothing
- Swaddle with blanket or sleep sack
- Tuck arms in sleep sack
- Skin-to-skin

Because their skin is sensitive, keep your baby out of direct sunlight.

- Use a wide-brim hat, shade or umbrella the first few months.
 - Sunscreen should not be used until 6 months of age.

Taking Your Baby's Temperature

It is recommended to take your baby's temperature once or twice a day for the first week to make sure their temperature is stable.

Rectal Temperature

A rectal temperature is most accurate for babies less than 6 months of age.

- Apply a thermometer cover and lubricate the tip with petroleum jelly.
- Position infant on their back and hold their legs with one hand OR place baby on their abdomen with buttocks apart so rectum can be seen.
- Gently insert tip to approximately ½ inch into rectum.

Temperature Conversion Chart

°C – Celsius		°F – Fahrenheit			
°C	°F	°C	°F	°C	°F
31.0	87.8	36.7	98.0	38.5	101.3
35.0	95.0	36.8	98.2	38.6	101.4
35.1	95.2	36.9	98.4	38.7	101.6
35.2	95.4	37.0	98.6	38.8	101.8
35.3	95.6	37.1	98.8	38.9	102.0
35.4	95.8	37.2	99.0	39.0	102.2
35.5	95.9	37.3	99.2	39.1	102.4
35.6	96.0	37.4	99.4	39.2	102.6
35.7	96.2	37.5	99.5	39.3	102.8
35.8	96.4	37.6	99.6	39.4	103.0
35.9	96.6	37.7	99.8	39.5	103.1
36.0	96.8	37.8	100.0	39.6	103.2
36.1	97.0	37.9	100.2	39.7	103.4
36.2	97.2	38.0	100.4	39.8	103.6
36.3	97.4	38.1	100.6	39.9	103.8
36.4	97.6	38.2	100.8	40.0	104.0
36.5	97.7	38.3	101.0	40.5	104.9
36.6	97.8	38.4	101.2	41.0	105.8

This chart is for infants less than 3 months of age. Black zone: normal. Yellow zone: normal but with caution. Red zone: too warm/fever. Call healthcare provider. Blue zone: too cold. Call healthcare provider.

- Hold thermometer firmly in place until reading is taken. Use one hand to keep baby from moving. Leave in place until digital thermometer beeps.
- Remove and read display.
- Cleanse thermometer with alcohol or cool soap and water. Wash your hands.
- Rectal thermometers should be labeled as such and kept for this purpose only.

Axillary Temperature (under the arm)

- Any thermometer can be used (except mercury).
- Hold the thermometer snugly in the baby's armpit, making sure the tip is covered.

Temporal or Forehead Temperature

- Follow manufacturer's user guide instructions.

Bath Time

Once you're home, it may be easier to give your baby sponge baths at first. Simply use a warm damp washcloth to wash and dry their face, body, and diaper area – in that order.

After the umbilical cord has fallen off, many healthcare providers are fine with your giving your baby a tub bath. You can do this in a baby bathtub filled with about 3 to 4 inches of warm water. Some parents like to loosely wrap the baby in a lightweight blanket before placing in the tub; or you can place a towel in the bottom of the tub.

- Keep the room warm (about 74° F) and shield your baby from drafts.
- Gather supplies ahead of time: mild soap, wash cloth, plastic cup, towel, diaper, and clothes.
- **DO NOT LEAVE YOUR BABY ALONE DURING BATH TIME.** Keep one hand on your baby at all times.
- Avoid bathing baby immediately after feeding. Give your baby's tummy time to settle.
- Bathing every other day or every 2 to 3 days is okay. You do not need to bathe your baby every day.
- Always check the temperature of the water (should be about 100° F) before placing them in the tub.
- Support your baby's neck with one hand and wrap your fingers around one thigh as you place them in and take them out of the tub.
- Use plain water on baby's face.
- Use a cotton ball or clean washcloth for eyelids and surrounding skin – use one per eye. Wipe from inner corner of the eyelid outward.



- Wash baby from top to bottom, leaving the diaper area for last: face first, then the body and diaper area using a tiny amount of mild, unscented soap made specifically for babies.
- Clean all the folds and creases, including under the baby's neck.
- Boys – wipe gently under the scrotum and around the circumcision area.
- Girls – wipe diaper area front to back.
- No lotions or creams are recommended for the first month of life. If skin is a concern, talk to your baby's healthcare provider.
- Use smooth, soothing motions when washing and handling your baby.
- Swaddle them in a soft towel after the bath and dry them quickly.

Feeding

No two babies are alike. The rate in which your baby grows and how much they eat varies with each baby.

Keeping distractions to a minimum while feeding your baby will be helpful.

- Try feeding in a quiet room, without bright lights and with minimal talking.
- You may like using a comfortable rocker and positioning pillow.

Try to make feeding time a comfortable and relaxed time for both you and your baby.



Your baby should be fed **on demand**. This means that when your baby is hungry, they should let you know.

- This is usually between 2 to 4 hours for bottle-fed infants and between 1 to 3 hours for breastfed infants.
- If they sleep longer than 4 hours during the day, it is reasonable to wake them to feed.

You may be uncertain about how much to feed your baby. Babies have a remarkable way of eating just the right amount to meet their growth needs.

- It is alright to allow your baby to regulate the amount taken at each feed rather than feeding a predetermined amount.
- Volumes may vary from feed to feed.
- Your baby may take longer to feed until they grow stronger and are better able to coordinate suck-swallow-breathing.

When do I increase to next level nipple?

- If a feeding that typically takes 15 minutes begins to consistently take longer (for same volume) for multiple feedings, then baby may be ready to trial the next flow.

Should I go by the age ranges on the packaging of nipples to know when to advance?

- No. Use your baby's cues during feeding to know the right time to advance. The ages on packaging is simply a guideline, not a rule.
- If your baby is not falling into the recommended age for the flow, do not be worried. It does not indicate that your baby is delayed in any way.

How long do I need to feed in sidelying or upright position?



- Your baby may need to feed in these positions for a few weeks after going home. Your baby's nurse or feeding specialist will guide you in the most appropriate position for your baby.

- Sidelying helps your baby protect their airway when they are drinking from a bottle. After a few weeks, you can try upright-sidelying, then fully upright (lying on your lap).



- Upright "sidelying" position also helps your baby protect their airway when they are drinking from a bottle. After a few weeks, you can slowly begin to recline your baby into the cradle position.

When do I add cereal to the bottle?

- Cereal is not something you need to add to the bottle unless recommended by the health care provider.
- Sleeping through the night is a developmental milestone, not a milestone dependent on a full belly.
- Typically, cereal is offered as the first spoon feeding around baby's adjusted age of 5 to 6 months.

Breastfeeding

Our lactation consultants will continue to be available to assist and support you after your baby's discharge.

Please refer to the Breastfeeding section of this book for more information.

Formula Feeding

Healthcare providers recommend a commercial formula with iron supplementation. Speak with your baby's healthcare provider to find out which formula is recommended for your baby.

Ready-to-feed formula is just that: ready to be fed to the infant without any extra steps.

- It is not necessary to sterilize commercially made formula.
- Be sure to wash the tops of the cans with soapy water before puncturing.
- It is best to have a separate can opener for the formula cans.

If you are using concentrate or powdered formulas, you need to add water.

- Wash your hands before beginning to prepare formula.
- If you have well water, it is necessary to boil water for one minute and allow to cool before mixing it with the formula.
- If you do not have well water, you may simply add the required amount of water to the formula concentrate or powder.
- Once prepared, the formula can be kept in the refrigerator for up to 24 hours.
- If your baby does not finish a bottle within 1 hour of beginning the feed, throw away the remainder and use a fresh bottle for the next feeding.

No additional water should be given to your baby.

Do not use cow's milk until your baby is over one year old.

Speak with your baby's health care provider before adding anything to their diet.

Burping

Babies usually swallow some air when eating. The way to get rid of this is to "burp" or "bubble" your baby.

- Your baby will let you know when they need to be burped by taking a break in sucking.
- Sit them up and support their head while gently patting or rubbing their back between the shoulder blades.
- It is not recommended to place infant against your shoulder to burp them until they can support their head.

Babies' burping habits vary greatly. Get to know your baby's unique needs.

Spitting

Spitting up is very common in babies. Expect your baby to spit up small amounts from time to time.

- If they spit up a lot, or it comes up with force, this should be brought to the attention of your baby's healthcare provider.
- If your baby ever has spit-up that is greenish in color, or has blood in it, or is projectile, you should call their healthcare provider.

Bowel Movements

Your baby's stool will probably change color, softness and frequency from time to time.

Every baby has their own habits. Some babies stool with each diaper change, while others may have a bowel movement every 1 to 2 days.

As long as your baby seems happy and content, does not strain to pass stool, is eating normally, and has no signs of illness, there is no need to worry about changes in their stools.

Diapering

- Wash your baby with soap and water or baby wipes with each diaper change.
- Dry thoroughly.
- If you use store-bought baby wipes, choose wipes that are alcohol and fragrance free.

- Do not use any powders when changing your baby's diaper. Babies can inhale powders which can cause breathing problems.



- Fasten the diaper so that the cord area is exposed to air until it is completely healed.
- Wash your hands after each diaper change.

Diaper Rash

Diaper rash is usually not a serious problem and will often improve in 3 to 4 days with simple treatment. But if it is not treated, diaper rash can become painful, causing bumps, blisters or sores. Diaper rash can even cause a more serious bacterial skin infection or yeast infection.

Mild diaper rashes are best handled by keeping the baby's bottom clean and dry. If your baby develops reddened and/or irritated skin in the diaper area, try the following:

- Change soiled diapers as soon as possible, about 1 to 3 hours during the day.
- Avoid using baby wipes and clean baby's bottom with plain water. Pat dry.
- Expose bottom to air several times a day to increase air flow and help heal the rash.
- Ask your baby's healthcare provider about creams and lotions. Non-scented petroleum jelly or a zinc-based diaper cream is best.

Cord Care

Your baby's umbilical cord will look shiny and yellow immediately after birth. As it dries out, it may appear brown, gray, or even purplish-blue. Before it shrinks and falls off, the cord will darken like the color of a scab on your skin. If the area around the umbilical cord looks red, is draining any type of fluid, smells bad, or has not fallen off by the third week of life, talk to your baby's healthcare provider.

Genital Area

All babies may produce orange colored urine on their diaper for the first few days after birth. This is normal.



- **Always wash your hands before touching the umbilical cord**
- **Always fold the top of the diaper down below the level of the cord**
- **Don't put any type of ointment, creams, or a bandage on the cord**
- **If baby's bowel movement gets on the cord, wash with warm water and pat dry**

Girls

- It is normal to see a vaginal discharge (mini-period) within the first month. It may be thick and mucousy, milky white, or streaked with blood.
- Labial folds should be cleaned from front to back to help prevent urinary tract infections. Gently separate the outer lips and wipe them with a soft cloth or the tip of a wash cloth. Do not use a cotton swab.

Boys

- Could have a swollen scrotum for a few days. Call your baby's healthcare provider if it is discolored or increasing in size.

Care of the Uncircumcised Penis

- The newborn's foreskin is almost always attached to the head of the penis. This is normal.
- Do not pull back on the foreskin. This could cause bleeding or scar tissue.
- Your baby's penis should be cleaned with soap and water during his bath.
- It could take several years for the foreskin to naturally separate from the head of the penis. Most are separated by 3 years of age.

Care of the Circumcised Penis

Your baby's circumcision will require special care for a few days.

- The area will look red. This is normal.
- Place an over-the-counter petroleum based lubricant (such as Vaseline) around the top of the penis with each diaper change until no further redness is noted (about 5 to 7 days).
- A whitish or yellowish "scab" may appear on the head of the penis and should not be removed.
- The penis should heal in 5 to 7 days. It is important to keep the area clean (wash with soap and water) and dry.
- Inspect the penis daily for signs of infection (pus, foul odor, swelling, tenderness, and increased redness). Call your baby's healthcare provider if this is noted.

Nail Care

A baby's nails are very soft and flexible. But because they don't have a lot of control over their body movements, they can still scratch their own face. That's why it's best to trim or file your baby's fingernails once a week and toenails about every 2 weeks.



Newborn nails are soft and should not be cut or clipped until after the baby is 3 months old.

- **A soft grit nail file is recommended.**
- **To prevent infection, DO NOT bite baby's nails.**

Using the Bulb Syringe

Sneezing is a baby's way of clearing their nose. At times, they may need a little more help to make it easier for them to breathe and eat. A bulb syringe is used to clean your baby's nose and mouth of formula or mucus.

- You may use it when your baby spits up or is having difficulty breathing because of a stuffy nose.



Cleaning the Bulb Syringe

- **Flush the bulb with hot soapy water after each use. Hang with tip down to dry.**
- **Do not wash in the dishwasher unless manufacturer approved.**
- **Do not use the baby's bulb for other children.**
- **Replace bulb syringe if used during baby's illness.**

- We suggest that you keep a bulb syringe close to your baby during feeds.

Follow these steps to clear your baby's nostrils:

- Squeeze the air out of the bulb syringe – away from the baby's face.
- Gently insert the tip into the baby's nostril.
- Release the pressure to suck the mucus into the bulb.
- Remove the syringe and empty the mucus by squeezing the bulb away from the baby's face, into a tissue.
- Repeat in the other nostril.

Multivitamins with Iron

This dietary multivitamin for infants and children provides 9 important vitamins: Vitamins A, D, E, C, Thiamine, Riboflavin, Niacin, Vitamins B6 and Iron. If a dose is missed, give the dose at the next scheduled time.

- Possible side effects include vomiting
- Giving this medicine to your baby:
 - o Your baby's nurse will give you guidance as to what type of multivitamin with iron to purchase. Please bring the multivitamin into the NICU so your baby's nurse can review instructions with you.

- o Give the medicine in approximately ½ (half) ounce of formula or breastmilk to prevent choking and to help with stomach upset.
- o Medicine should be given as ordered, once a day.
- o DO NOT try to make up for a missed dose by doubling or increasing the next dose.
- Call your baby’s doctor if there is an accidental overdose of medicine.
- Give medication until your pediatrician tells you it is no longer needed.

KEEP ALL MEDICINES OUT OF REACH OF CHILDREN!

Additional Ways to Protect Your Baby

- Wash your hands thoroughly before touching your baby and make sure that others do the same.
- Keep your baby’s belongings clean, including toys, clothes, bedding, and crib rails.
- Avoid sharing your baby’s pacifiers, bottles, toys, utensils, with others.
- Don’t let anyone smoke in your home or near your baby. Tobacco smoke can increase the risk of severe RSV disease.
- Keep your baby away from young children and crowds at public places and family gatherings.
- Keep your baby away from anyone with a cold or fever.

Warning Signs of Sickness and When to Call Your Baby’s Healthcare Provider



Is my baby sick?

Parents know their baby’s normal behavior and can sense when the baby isn’t feeling well. If you think your baby is sick, do not hesitate to call their healthcare provider or take them to the emergency room if it seems serious. Take your baby’s temperature before you call because the nurse will ask you for this information.

Contact your baby’s health care provider if your baby has any of these signs or symptoms:

- Breathing difficulty and bluish around lips or mouth – **call 911 immediately!**
- Change in breathing pattern: breathing too fast or struggling for air

- Eating poorly or refusing to eat
- No stool for 48 hours and less than 6 wet diapers a day
- Temperature of **97.6° F or lower (in babies younger than 3 months adjusted age)**
- Temperature of **100.4° F or higher (in babies younger than 3 months adjusted age)**
- When a fever rises above **104° F repeatedly for a child of any age**
- Vomiting repeatedly and unable to keep fluids down
- Listless or hard to wake up
- Crying excessively with no known cause or an unusual or high-pitched cry
- An unusual or severe rash (other than prickly heat)
- Frequent or successive bowel movements with excess fluid, mucus, or unusually foul odor
- Bloody vomit or stool
- Signs of dehydration include:
 - o Crying without tears
 - o Sunken eyes
 - o Soft spot on baby's head is sunken
 - o Dry skin, dry or cracked lips
 - o No wet diapers in 6 to 8 hours
 - o Increased sleepiness or irritability



Immunizations

Immunizations, shots, or vaccinations, are an easy way to protect your child against a variety of diseases. The CDC publishes a yearly list of recommended immunizations for children in the U.S.

- Keep track of your child's vaccination schedule.
- Keep a record of your child's shots in a safe place. You'll need the official copies to enroll them in child care and school.
- Check to see if there's an electronic immunization registry available online.

Scan this QR code for more information.



RSV (Respiratory Syncytial Virus)

RSV is a common, easily spread virus that almost all children catch at least once by the time they turn 2. It usually causes mild to moderate cold-like symptoms. In some cases, complications from RSV disease can lead to serious lung infection, breathing problems and hospitalization. RSV is the #1 cause of hospitalizations in the United States for babies under 1 year of age.

RSV season usually starts in the fall and runs into the spring, but can be different in certain parts of the country.

Babies at high risk for developing severe RSV disease:

- Premature babies
 - o Having a low birth weight
 - o Having pre-school or school-aged siblings
 - o Attending daycare centers
 - o Having a family history of asthma or wheezing
 - o Being around tobacco smoke or other air pollutants
 - o Multiple births
 - o At 12 weeks or younger at the start of RSV season
 - o In households with crowded living conditions
- Babies 24 months or younger who have been treated for chronic lung disease
- Babies 24 months or younger who were born with certain types of heart disease

If you see any of these RSV disease warning signs, call your baby's healthcare provider right away:

- Fever above 100.4° in infants younger than 3 months of age
- Bluish lips or fingertips
- Coughing
- Wheezing
- Trouble breathing
- Rapid breathing
- Gasping for breath – call 911

Help prevent your baby from being exposed during RSV season.

Nirsevimab (Beyfortus™) is a medication that can help protect your baby from getting severely sick from RSV. It is given as a single shot around the time of discharge during the RSV season. Babies born (or leaving the NICU) after the RSV season should be treated just before the start of the next RSV season if they are under 8 months of age.

Whooping Cough (Pertussis)

- Whooping Cough is a very serious respiratory (in the lungs and breathing tubes) infection that is most harmful for young babies and can be deadly. The best way to protect against this infection is by getting the diphtheria-tetanus-pertussis shot (DTaP).
- Pertussis starts with a runny or stuffed-up nose, sneezing, a mild cough, and a pause in breathing in infants (apnea).
- After 1 to 2 weeks, coughing, which can be severe, starts. Children and babies may then develop these more serious problems:
 - o Coughing very hard, over and over.
 - o Gasping for breath after a coughing fit. They may make a “whooping” sound. Babies may not cough or make this sound – they may gag and gasp.
 - o Difficulty breathing, eating, drinking or sleeping because of coughing fits which happen more at night.
 - o Turning blue while coughing from lack of oxygen.
 - o Vomiting after coughing fits.
- Babies younger than 1 year old who have pertussis may need to be cared for in the hospital, develop pneumonia, have seizures, and/or suffer brain damage.
- Whooping cough spreads easily through the air and almost everyone who is not immune to whooping cough will get sick if exposed to it.



Immunizations for Family and Caregivers

Because newborns are still developing their immune systems, they are especially vulnerable to infections and disease. So before anyone comes into close contact with your baby, they must be up-to-date on all vaccines. This includes whooping cough vaccine (DTaP for children and Tdap for preteens, teens, and adults) and flu vaccine during flu season.

Immunizations have reduced the occurrence of most of the vaccine-preventable diseases in the United States, but some of these diseases are still common in other parts of the world. Travelers can bring (“import”) these diseases into this country. Without immunizations, these infections could spread quickly here.

Questions about immunizations?

Talk to your child’s healthcare provider or state health department. Call the CDC at 800-CDC-INFO (800) 232-4636) or visit www.cdc.gov/vaccines/schedules

Notes

Helpful Resources



Helpful Resources

WellSpan York Hospital Pediatric Rehabilitation

(717) 851-2601

2009 Springwood Road, Suite A

Dedicated in providing services to families to assist with helping their children achieve their fullest potential, WellSpan York Hospital Pediatric Rehabilitation offers a full spectrum of pediatric therapy services.

- Feeding treatment approaches
- Occupational therapy
- Physical therapy
- Speech language therapy

WellSpan Pediatric Neurology

(717) 851-5503

212 Rosedale Drive, Manchester

(717) 339-2790

40 V-Twin Drive, Gettysburg

(717) 721-8789

207 West Fulton Street, Ephrata

WellSpan Neurodevelopmental Clinic (NDC)

specializes in evaluating and managing the many unique needs of medically complex infants after leaving the hospital. Care is coordinated with specialists across WellSpan including nutrition, physical, occupational and speech therapy.

WellSpan Behavioral Health Services

WellSpan Philhaven – get help 24/7


(800) 632-0359

wellspanphilhaven.org

Assistance with behavioral and mental health problems; promoting hope, healing and wholeness.

WellSpan NICU Parent Group

(717) 851-5961

 friend us on Facebook (NICU Parent Support Group of York, Pa) click on the 'Join' icon

Parents who have, or had, a child in a WellSpan Hospital NICU (Chambersburg, Ephrata, and York) are encouraged to join. See more information in the Emotional Support section of this book.

WellSpan
NICU
Parent Group

WellSpan Adjusting to Motherhood Support Group

wmcdowell@wellspan.org

(717) 851-4305



The baby blues are common and up to 20% of new moms find themselves struggling with Postpartum Depression (PPD). If you are feeling overwhelmed, teary, anxious, irritable, or depressed, it's important for you to know that you are not alone.

This FREE group, held the second and fourth Mondays of each month, is designed to provide new moms with encouragement and helpful information. Kristi Schippers, Psy.D., and Wendy McDowell, BSN, RN, IBCLC, PMH-C, lead the discussion and offer guidance and support.

Please join us for a VIRTUAL meeting via Zoom! To register for a session, please contact Wendy McDowell by email or phone.

In-person support groups will resume when pandemic restrictions have been lifted.

WellSpan Breastfeeding Support Group

wmcdowell@wellspan.org

(717) 851-4305



WellSpan is excited to provide you with an opportunity to come together as a group with other moms to ask questions and talk with an international board certified lactation consultant as well as with other breastfeeding moms. Whether you are just beginning your breastfeeding journey, are an accomplished breastfeeding mom, or provide your baby with breastmilk by pumping, we'd love for you to be part of our community, no matter where you delivered your baby.

Please join us for a VIRTUAL Breastfeeding Support Group via Zoom! To register for a session, please contact Childbirth & Family Education at 717-851-2241 or email at childbirthedu@wellspan.org.

Other breastfeeding resources:

breastfeedingusa.org

La Leche League; llusa.org

kellymom.com

Parent to Parent of Pennsylvania

www.parenttoparent.org

1-888-727-2706

Created by families for families of children and adults with special needs so that they may share experiences, offer practical information, and provide support.

The NICU staff can gather your information and make a referral to Parent to Parent. They will then match you as closely as possible to someone who

has had a similar journey as yours; you can connect with someone who can really relate to what you are experiencing.

CONTACT Helpline – available 24/7

www.contacthelpline.org

- Call **800-932-4616** for emotional support when you need to talk
- Dial **2-1-1**, text your zip code to **898211**, or email contact@contacthelpline.org for Health and Human Services information, resources and referral
- Search online for top resources at www.pa211.org

Top 10 reasons why people reach out for help:

1. Loneliness and reassurance
2. Mental or emotional concern
3. Housing
4. Utilities
5. Health concern
6. Food
7. Financial assistance
8. Interpersonal issue or family concern
9. Government services
10. Legal assistance

Crisis Intervention

(717) 851-5320

toll free 1-800-673-2496

For mental or emotional stress – 24/7 availability

- Hospital response
- Support groups
- Individual and group counseling for adults and children
- Legal advocacy
- Medical advocacy
- Violence prevention education
- Community outreach

All services are free and confidential.

Human Life Services

(717) 854-7615

www.humanlifeservices.org



Infant supplies, free pregnancy testing, confidential crisis counseling, and parenting skills support classes.

Children's Aid Society

Crisis Nursery at The Lehman Center

York (717) 845-5771

24-Hour Hotline 1-800-635-6619

www.cassd.org



Center offers crisis and respite nursery services, family support and advocacy, creative child-centered therapy, referral services, 24-hour parenting hotline, code-blue emergency services, and 'The Incredible Years' parenting program.

Services provided:

- No fee associated with Crisis Nursery, Family Advocacy, Parent Support Groups, and Incredible Years Parenting program.
- Crisis Nursery services available 24 hours/7 days a week.
- Respite services available based on availability and scheduling. Contact the Crisis Nursery to learn more about scheduling an intake.
- Day and overnight respite can be provided for children infant to age 6.

- Food, clothing, formula, and diapers are all provided.

Parenting Education:

- A time for parents to connect with one another and get helpful information about parenting.
- Incredible Years Parenting Education available based on scheduled classes and availability.
- Parent Education groups available based on scheduled classes and availability.

Domestic/Sexual Abuse Victim Assistance

If you or your child are in danger of physical or emotional abuse, you can call the National Domestic Hotline at 800-799-7233 or reach out to them online at www.thehotline.org

Local resources available to you:

- **ACCESS York**
(717) 846-5400 / (717) 688-5719
800-262-8444
www.ywcayork.org
www.domesticshelters.org/help/pa/york/17403/access-york
- **Domestic Violence Services of Lancaster County**
(717) 299-1249
ywcalancaster.org/contact/get-help/
- **Hanover programs and events**
(717) 637-2125
www.ywcahanover.org
- **Good Samaritan Crisis Intervention**
(717) 274-3363
- **Women In Need, Inc. of Franklin and Fulton Counties**
(717) 264-4444 / 800-621-6660
<http://winservices.org/>

Services to victims include:

- 24-hour hotlines
- Crisis intervention
- Safety planning
- Emergency safe shelter
- Transitional housing
- Trauma-informed counseling and advocacy for adults and children and youth
- Transportation
- Information and referral

Pennsylvania Safe Havens

1-866-921-SAFE (7233)

www.secretsafe.org



All Pennsylvania hospitals will protect babies whose mothers cannot take care of them.

- Newborns up to 28 days old may be taken to any hospital and dropped off.
- No questions are asked; no judgments are made.
- Babies are checked by a doctor and given medical care. Children, youth and families then find a family to take in and care for the baby.



If you qualify or are interested in Early Intervention reach out to our NICU Social Worker or your Pediatrician.

Children's Advocacy Project of York – CAP4KIDS

www.cap4kids.org/york/

Educational material and information regarding social service agencies, advocacy programs, and resources that exist to improve the lives of families that need help the most.



WIC (Woman,Infants,Children)

www.pawic.com

Helps provide healthy supplemental foods and nutritional services for pregnant women, postpartum, and breastfeeding women, infants, and children under the age of 5.



If you qualify or are interested in WIC, reach out to our NICU social worker or your health care provider.

Early Intervention

Early Intervention (EI) is a program that supports the development of children from birth to the age of three. This program provides a developmental evaluation at NO COST to families and can provide ongoing support to a family and child if eligible for ongoing services.

The EI program works with families of children who are younger than three years who meet eligibility requirements. The program is FREE to all families and are available in all counties of Pennsylvania.

Anyone who has a concern about a child's development can contact EI. The program receives referrals from many sources including parents, grandparents, day care providers, and health care providers. A parent should call if they have any concerns about their child's development. Health care providers will also make a referral or advise parents to make a referral to EI if a child has a diagnosis that can affect development or is at risk for a delay in development.

Safe Kids Worldwide



Safe Kids Pennsylvania



Safe Kids York County

1-888-232-SAFE (7233)

www.safekidsyorkcounty.org

Safe Kids Gettysburg

(717) 337-4264

Community Health and Wellness

Safe Kids Lancaster County

(717) 544-3807

<https://www.safekids.org/coalition/safe-kids-lancaster-county>

Call to schedule a FREE appointment at a Child Safety Seat Inspection Station.

- A child passenger safety technician will assist you in the correct installation and use of your baby's car seat.

Car Seat Distribution Program

- Discounted car seats offered to families who have no other means of obtaining safe car seats for their children.
- To qualify, parents must be enrolled in a public assistance program and/or be referred by a Safe Kids coalition partner agency.

Additional programs dedicated to preventing accidental injury

Cribs for Kids Program

York	(717) 812-7427
Adams County CYS	(717) 337-0110
Lancaster County	(717) 544-5262
Franklin/Fulton Counties	(717) 267-7766
	or (717) 262-4663

Assists families who cannot afford a safe place for their baby to sleep. The program provides a Pack 'n Play Crib to them with documentation from the family, and also provides educational materials regarding 'safe sleeping' and tips to protect your baby.



Car seat check/fitting Stations locations

listed by county. All free car seat checks are by appointment. If you need help buying a car seat or booster seat for your child, at least one seat check location in each county also has a Car Seat Distribution Program, as noted in the listing below. Programs vary, contact the site for details.

Adams County

- Children and Youth – Gettysburg: (717) 353-2867 (Car Seat Distribution Program)
- Pennsylvania State Police – Gettysburg: (717) 334-8111

Franklin County

- Chambersburg Fire Department: (717) 263-5872 (Car Seat Distribution Program)
- Pennsylvania State Police – Chambersburg: (717) 264-5161

Lancaster County

- East Cocalico Township Police Department (717) 336-1725 (Car Seat Distribution Program)
- Safe Kids Lancaster: Visit LGHealth.org/SafeKids or call (717) 554-3807 for seat check locations and their Car Seat Distribution Programs

Lebanon County

- First Aid and Safety – Lebanon: (717) 272-6675
- Giant Foods – Lebanon: (717) 531-7233
- Pennsylvania State Police – Jonestown: (717) 865-2194
- Safe Kids Capital Region: Call (717) 531-7233 for information about sites with a Car Seat Distribution Program

York County

- Safe Kids York County: Call 1-888-232-SAFE for seat check locations and the Car Seat Distribution Program
- Pennsylvania State Police - Loganville: (717) 428-1011

Additional Resources

Poison Control

1-800-222-1222

Consumer Product Safety Commission

1-800-638-2772

www.cpsc.gov

Information on crib, car seat, and product safety and recalls

If you do not see a resource for your particular needs, please contact the NICU social worker at (717) 851-3474 for more information.

Notes