



*Expert Care
for Your Baby*

*A Parents Guide
to the NICU*

GBMC

Welcome

Congratulations on the new addition to your family and thank you for allowing us to provide special care for your baby.

Although nearly 10 percent of all infants delivered each year at GBMC are treated in the Neonatal Intensive Care Unit (NICU), we understand that giving birth to a sick or premature baby can be quite unexpected for you. You may be worried, upset or confused during this time, but rest assured that by working together, the NICU staff can better understand and help you and your baby in this very special environment.

We are one of the largest NICUs in the area with 30 beds, and a comprehensive program to cover all of your baby's and your family's needs. Our staff includes neonatologists, neonatal nurse practitioners, pediatricians, physician assistants and nurses, among other specialists such as occupational therapists, nutritionists, respiratory therapists and social workers.

Our outcomes are excellent as measured against the Vermont Oxford Neonatal Network, a national database of over 700 NICUs, of which we have been a member since the early 1990s. There have been many advances in the care of sick and premature babies, not just in technology and medicine, but also in meeting their special emotional and developmental needs. While we are constantly improving our approaches to care in the NICU, we stay grounded in good, evidence-based medicine.

The length of stay in the NICU varies for each infant from a matter of days in full term babies to weeks or months for very preterm infants. You are encouraged to visit frequently. Your healthcare team understands how important it is for you and your family to be involved in the plan of care and progress of your baby. Prior to the passage from hospital to home, we invite you to take advantage of our family sleep rooms in order to better practice the skills you will need to care for your baby on your own.

We hope that this guide will answer some of your questions and alleviate some of your fears. We are here to support you and your baby in any way we can.

The NICU Staff

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Some Babies Need Specialized Care

Every parent looks forward to the birth of a healthy newborn, but sometimes a baby has difficulty making the transition to the world. Being born prematurely, having a difficult delivery or birth defects can make this a more challenging time.

Typically born three or more weeks early, a premature baby may not be completely ready to live outside of the mother's womb yet. He may not be able to breast or bottle feed and may need help to stay warm. Your baby may have been born very small, with thin skin and no body fat. Important organs such as the heart, lungs, stomach, and skin may not be mature enough to function without special help. Twins, triplets, and other multiples often are admitted to the NICU as they tend to be born earlier and smaller than single birth babies.

Most babies admitted to the NICU are premature (born before 37 weeks of pregnancy), have low birth weight or have a medical condition such as breathing problems, heart problems, risk of infection or birth defects that requires special care. Some newborns have conditions that require surgical intervention. Others are considered high-risk as they have a greater chance of complications because of conditions that occurred during fetal development, pregnancy conditions of the mother such as diabetes, or problems that may have occurred during labor and birth.

Each baby is unique but special care combined with advances in medical technology offer your baby a greater chance of getting better today than ever before.

Developmental Milestones in Premature Babies

No two babies are alike and early in life your baby's development may progress in small steps.

However, there are developmental milestones that we will observe and measure, and that you will notice in your baby as he/she grows stronger. These include:

Heartbeat – The baby's heartbeat will become regular and stronger, and medicines, if used, will no longer be needed to help regulate it.

Breathing – As the lungs mature, your baby will no longer need assistance breathing.

Digestive System – Progress will be seen as your baby moves from IV feedings to tube feedings and eventually breast or bottle feeding as the digestive system matures.

Muscle Control – Your baby will gain better control of muscle movements and movements will become smoother as the baby's nervous system develops.

Sleeping / Waking Patterns – Premature babies require a great deal of sleep, but as your baby grows, waking and sleeping patterns will become more predictable.

Your baby may progress faster in one area of development but take longer in others. Don't worry. The NICU staff is here to give all the special help your baby needs.

The Capabilities That Make Us Different

The Neonatal Intensive Care Unit (NICU) at GBMC is designed to provide care to very prematurely born, near-term or term sick infants. We are designated as a Level III-B NICU by the State of Maryland based on our ability to provide increasingly complex care. The staff is also skilled in providing pre-operative, intra-operative and post-operative care as needed for many general pediatric surgical conditions.

As a Level III-B provider of newborn services, we have the capabilities to deliver:

- Comprehensive care for all extremely low birth weight infants regardless of gestational age or birth weight
- Advanced respiratory support such as high-frequency ventilation for as long as required
- Prompt access to a full range of pediatric medical subspecialists
- Advanced imaging, with interpretation on an urgent basis, including computed tomography (CT), magnetic resonance imaging (MRI) and echocardiography
- Pediatric surgical specialists and pediatric anesthesiologists to perform major surgery

The NICU at GBMC is a special place where highly-trained doctors and other healthcare professionals give your baby around-the-clock care. Our goal is the same as yours – to help your baby grow and become healthy enough to go home.

Our Specially-Trained Healthcare Professionals

We are committed to clinical excellence, family-centered care and teamwork to provide the best possible outcome for your baby with a supportive environment for your family. Among the specially-trained healthcare professionals in the NICU at GBMC are our board-certified neonatologists:

Howard J. Birenbaum, MD, MBA, FAAP

Director, Division of Neonatology

Board Certified: Pediatrics, Neonatal-Perinatal Medicine

Medical School: New York University School of Medicine

Residency: Pediatrics, The New York Hospital-Cornell Medical Center

Fellowship: Neonatal-Perinatal Medicine, The New York Hospital-Cornell Medical Center

Sabah Helou, MD

Director, Newborn Nurseries

Staff Neonatologist

Board Certified: Neonatal-Perinatal Medicine

Medical School: Aleppo University School of Medicine, Aleppo, Syria

Residency: Pediatrics, The Medical Center of Delaware

Fellowship: Neonatal-Perinatal Medicine, Johns Hopkins Hospital

Maria Pane, MD

Staff Neonatologist

Board Certified: Neonatal-Perinatal Medicine

Medical School: University of Medicine and Dentistry - New Jersey Medical School

Residency: Pediatrics, Children's National Medical Center
Washington DC (Chief Resident)

Fellowship: Neonatal-Perinatal Medicine, Johns Hopkins Hospital

Members of the NICU Team

We have the experience to respond to your baby's physiological, developmental and emotional needs, and will work together with you to develop a plan of care. Some or all of these highly-trained, skilled healthcare professionals may be involved in the care of your baby:

Neonatologist – A pediatrician with several years of additional training to manage the most complex and high-risk situations in the care of premature and sick babies.

Pediatrician – A fully-trained and experienced medical doctor who specializes in children's medicine.

Neonatal Nurse Practitioner – A nurse who has completed an advanced educational program in the care of newborn infants, especially the premature or sick newborn infant.

Physician Assistant – A medical practitioner trained in diagnostics, pathology, pharmaceuticals and preventive health measures who is able to assess a baby's symptoms and prescribe a treatment plan.

Respiratory Therapist – A professional specially-trained to care for babies with breathing difficulties who is also an expert on the medical equipment used to treat problems related to respiratory care.

Occupational and Physical Therapist – A specialist who will help your baby improve control of the small muscles so they can develop at a normal rate.

Speech-Language Pathologist – A specially-trained professional who provides a wide range of assessment and treatment services addressing feeding and swallowing, speech, language, cognitive-communication, and voice.

Social Worker – A licensed professional who can assist you and your family in coping with non-medical problems and issues related to your baby's stay in the NICU, and can act as a liaison between your family, the hospital and the community.

Care Manager – A registered nurse who works closely with your family and the NICU healthcare team to provide smooth and effective delivery of care throughout your baby’s stay, and following discharge.

Dietitian – A healthcare professional who will ensure that your baby receives the best nutritional care based on evidence-based principles.

Lactation Consultant – A nurse or other healthcare provider who is specially trained to instruct in the proper techniques for nursing your baby.

The NICU staff at GBMC provides compassion and caring attention to your baby in addition to a high level of medical care. Please, don’t be afraid to ask questions – we are here to help your family through this stressful time. To learn more about the NICU multidisciplinary team, visit www.gbmc.org.

Family-Centered Care in the NICU at GBMC

At GBMC, the NICU cares for babies of all gestational ages and birth weights. But we also know that your love and physical contact are as critical to your baby’s well-being as food, warmth and oxygen. That’s why we pride ourselves on providing a baby and family-friendly environment, as well as an atmosphere conducive to healing.

While it’s going to take time for your baby to grow and develop, he/she is already a special person with his/her own personality. We invite you to visit your baby as often as possible and the NICU staff can show you how to care for your baby in many ways.

It’s normal to feel a range of emotions when your baby is in the NICU. The highs and lows, the uncertainty and the decisions to make can all take its toll. Keep in mind that most parents with babies in the NICU feel many positive and negative feelings. Be patient with yourself and as you adjust, you’ll feel closer and more involved in parenting your baby.

Parents respond to the experience of having a baby in the NICU in many ways:

- Disappointment over not having a healthy baby
- Shock over the unexpected birth of a premature or sick newborn
- Physical weakness and exhaustion
- Feelings of helplessness

- Fear about procedures and tests
- Anxiety over separation from your baby
- Anger at yourself and others
- Feelings of guilt over things done or not done
- Crying, sadness, emotional distress
- Fears and worries about the long-term outcome

As you can see, the mixture of emotions that you may face is extensive but coping with all of these feelings and managing some of the pressures may be easier with support from others. GBMC has licensed clinical social workers available to provide support, crisis counseling and resources to help you and your family during your baby's stay in the NICU.

Visiting Your Baby

The staff of the NICU is committed to facilitating as much quality time between you and your baby as possible. You can be with your baby in the NICU at any time except during the hours of nursing change of shift (from 6:30 a.m. – 7:30 a.m. and again from 6:30 p.m. – 7:30 p.m.).

Occasionally, during a procedure, you may be asked to wait for a few minutes before coming into the area. You are always welcome to participate as we make “bedside rounds” which are daily reviews of care for your baby. You may also call the NICU at any time with questions or concerns and a verification process is in place to ensure confidentiality.

Additional details about GBMC's visitation policies will be shared with you following admission to the NICU. These policies are subject to change based on the needs of our babies.

Getting Close to Your Baby

Your nurturing presence is the beginning of the relationship that you are forming with your baby. When you are with your baby, watch for the sounds, sights, touches and movements that are soothing or enjoyable. Relax, focus on your baby and follow his/her lead.

If your baby is not ready to be swaddled, comfort him/her through touch. You can use a steady touch to help your baby stay in a comfortable position. You can

also help maintain a quiet, calm environment by using a quiet voice. By helping your baby stay calm when he/she is awake, you are helping him/her stay alert without being overwhelmed. While your baby may not be able to tolerate too much stimulation at one time, the NICU staff will be there to suggest how and when to touch or hold your baby and best help with your baby's care.

As your baby feels better and matures, he/she will become more responsive to you and more interested in his/her surroundings.

What Can I Do To Participate and Stay Involved While My Baby is in the NICU?

Moms and Dads can participate in "cares" such as checking your baby's temperature, changing your baby's diapers, giving your baby a bath and feeding your baby. Just let us know when you are ready to learn and participate and we will be there to teach you.

You can participate in checking your baby's temperature and changing your baby's diapers each time your baby has "cares" (usually every 3 to 4 hours). Depending on your baby's condition, he or she will receive a bath each day and you can participate with the bath as often as you like. Please let us know if you would like us to save bath time for when you are visiting to ensure that you have this time with your baby.

For moms who are planning to breast feed and need to pump, we have a pumping room here in the NICU. If you prefer to pump at the bedside next to your baby, we have breast pumps that we can roll to the bedside and screens to place around you to protect your privacy.

Kangaroo Care

You might be wondering what this is. Kangaroo care promotes mom or dad holding their baby with skin to skin contact. Your baby is placed on your bare chest in an upright prone position, tucked inside your shirt or gown. Kangaroo care has many physiologic and emotional benefits for both you and your baby. For your baby, this has been found to increase the amount of quiet sleep and decrease crying and decreases purposeless activity thereby conserving energy and improving weight gain. For you, the benefits include improved bonding, feeling

of being in control and building confidence when participating in your baby's care. As discharge draws closer you will experience greater self esteem and an eagerness to take your baby home.

The NICU Environment

Some of the methods, equipment and procedures used in the NICU to help your baby grow strong and healthy depend on your little one's condition. We want you to be as informed and comfortable as possible with the advanced technology and extensive team of healthcare professionals needed to provide specialized care for your baby.

The basic information provided here will help you to discuss the specifics of your baby's care with the NICU staff.

Warmth and Temperature Regulation

Premature and low birth weight babies usually have little body fat and may not be able to regulate their own body temperature yet, even in a warm environment. You may see a tiny device taped to your baby's stomach to constantly monitor your baby's temperature and regulate the temperature of the environment. By keeping your baby at optimal temperatures, neither too hot nor cold, he/she can conserve oxygen and calories and gain weight.

There are several ways that we keep babies warm in the NICU:

Infant Warmers – These beds are open to the room air and have a radiant warmer above. A temperature probe on the baby connects to the warmer to regulate the amount of warming, so when the baby is cool, the heat increases. When in an infant warmer, the baby is usually dressed only in a diaper.

Incubators/Isolettes – Small beds enclosed by clear, hard plastic with a controlled and closely monitored heating system to circulate warmth. Doors allow access so the NICU staff can examine the baby and parents can touch their babies.

Open Cribs or Bassinets – Open cribs or bassinets are used once a baby can maintain his own body temperature. Your baby will need to be able to demonstrate the ability to maintain his temperature in an open crib prior to going home.

Equipment

The NICU is equipped with complex machines and monitoring devices designed for the unique needs of premature and sick babies. This includes mechanical ventilators (breathing machines), oxygen, medications and supplies for medical care. There is also technology to monitor nearly every system of a baby's body including body temperature, heart rate, breathing, oxygen saturation levels and blood pressure.

Some of the equipment and devices most often used are:

Heart or Cardiorespiratory Monitor – The baby's heart and breathing rates and patterns are monitored from wires attached to adhesive patches on the skin of the baby's chest, abdomen and leg and displayed on a screen.

Blood Pressure Monitor – Blood pressure is measured using a small cuff placed around the baby's upper arm or leg and periodically, the monitor pumps up the cuff and measures the level of blood pressure. Some babies need continuous blood pressure monitoring and this can be done using a catheter (small tube) in one of the baby's arteries.

Temperature Probe – Placed on the baby's skin with an adhesive patch, the temperature probe then connects by a small wire to the overhead warmer or incubator to help regulate the heat needed to keep the baby warm.

Pulse Oximeter – This device measures the amount of oxygen in the baby's blood through the skin. A tiny light is taped to the baby's finger or toe, or in very small babies, a foot or hand. A wire connects the light to the monitor where it displays the amount of oxygen in the baby's red blood cells.

Ultrasound – Through sound waves and a computer, ultrasound creates images painlessly. They are used to view the baby's internal organs such as the heart, abdomen and brain.

X-ray – X-rays are used for many reasons including checking the placement of catheters and other tubes, looking for signs of lung problems and checking for signs of bowel problems.

Computed Tomography (CT or CAT Scan) – A diagnostic imaging procedure that uses a combination of x-rays and computer technology to show detailed images of any part of the body, including the bones, muscles, fat and organs.

Magnetic Resonance Imaging (MRI) – An MRI is often done to examine a baby’s brain stem, spinal cord and soft tissues. This diagnostic procedure produces detailed images of organs and structures within the body by using a combination of a large magnet, radio frequencies and a computer.

Endotracheal Tube (ET) – An ET is a tube placed through the baby’s mouth or nose into the windpipe in some babies with breathing problems. The tube is held in place with special tape and connects to a mechanical ventilator (breathing machine) with flexible tubing. When a baby has an ET tube, he is unable to make sounds or cry. The tube’s placement is checked with an x-ray.

Respirator or Mechanical Ventilator – A machine that helps babies who either cannot breathe on their own or who need help breathing.

Continuous Positive Airway Pressure (CPAP) – Another method of helping infants with respiratory problems, CPAP is applied through prongs that fit into the baby’s nostrils to help keep tiny air passages in the lungs open. CPAP may also be given via a mask.

Testing and Lab Procedures

All babies in the NICU need frequent examinations as part of their specialized care, including tests that require drawing blood. These common tests or lab work help to monitor your baby’s condition and identify potential problems.

Examples of common tests or lab work include:

- Blood typing - to check the blood type
- Testing for anemia (too few red blood cells) or polycythemia (too many red blood cells)
- Testing for jaundice
- Testing for infection in the blood, urine, or spinal fluid
- Drawing blood gases to measure oxygen levels and carbon dioxide
- Drawing blood sugar
- Monitoring electrolyte levels
- Obtaining x-rays to check tube and catheter placements or view the condition of the lungs, heart or abdomen

Each baby’s needs are different. Ask the NICU physician and staff for more information on which tests are needed for your baby.

Intravenous Lines and Tubes

While in the NICU, your baby may need some type of medication, nutrients, fluid and perhaps blood. There are two common ways that this is provided without continuous needle sticks – an intravenous line and the umbilical catheter. Your baby may need IV lines or catheters for just a short time or for many days.

Intravenous Line (IV) – Your baby may have an IV placed in a hand, foot or scalp where veins are easily accessed. Tubing connects the IV to fluids that are carefully delivered by an IV pump near your baby’s bed. While an IV pump can give fluids to your baby, blood cannot be withdrawn through this IV. Once a baby is well enough to take milk feedings and is gaining weight, IV lines can often be removed however an IV line may still be needed for giving antibiotics or other medication.

Umbilical Catheter – After the umbilical cord is cut at birth, newborn babies have the short stumps of the cord remaining. A catheter can be inserted into one of the two arteries or the vein of the umbilical cord if your baby’s condition requires it. These catheters can help us obtain blood specimens without ‘sticking’ your baby, allow for monitoring of blood pressure, and in many cases, to administer fluid and medication. There are no nerve endings in your baby’s belly button where the catheter (a tiny tube) is inserted so it is painless. Following placement of the umbilical catheter, x-rays are taken to check the location in the baby’s body.

Percutaneous Line (PICC) – A catheter (tiny, flexible tube) is placed in a deep vein in the baby’s arm and is used for meeting a baby’s longer-term IV needs.

Nutrition and Fluids

Your baby’s nutritional needs are complex so we will be monitoring them closely. Blood tests help to determine how much of each nutritional component your baby needs so the amount can be increased or decreased. Daily weighing and tracking of your baby’s urine output also helps us monitor fluid needs.

Feeding babies in the NICU can be quite different so don’t be alarmed if your baby is too weak or too sick to breast or bottle feed. There are other ways that we will provide and monitor your baby’s nutritional needs until he/she is ready.

Your baby may receive essential fluids and electrolytes (sodium, potassium, chloride, magnesium and calcium) through a tube into a vein intravenously (IV), or a special preparation called total parenteral nutrition (TPN) which contains all the nutrients needed until he/she is able to fully take breast or bottle feedings. TPN may be given through an IV, an umbilical catheter or a PICC line.

Feeding Your Baby

Babies who are sick may not be strong enough to suck effectively, while premature babies may simply be too weak or not physically mature enough to coordinate sucking, swallowing and breathing. Babies with rapid breathing rates will also not be able to feed at the breast or by bottle. In these situations, milk feedings are provided via a tube threaded into the stomach either through the nose or mouth. This is known as gavage or tube feeding. We will continually attempt nipple feedings as your baby's health improves, and as gestational age advances.

Because of their small stomach size, very tiny babies may be fed using a pump that slowly delivers the milk or formula in small amounts. Before each tube feeding, we will check to see if your baby has any milk or formula left over in the stomach from the last feeding. If the amount left is too high, it may mean that your baby is not digesting food well. We will monitor closely and gradually increase the amount of milk or formula accordingly.

We will want to introduce milk feedings in the first days following delivery. Breast milk is best for babies. We encourage you to try to provide breast milk for your baby. Breast milk contains antibodies from the mother to help protect babies from infection, a protection that is particularly important when babies are sick or premature. Even if your baby cannot breastfeed, you can pump your breast milk and it can be stored for nipple or gavage feedings. Otherwise, infant formula for both term and premature infants is available.

Potential Medical Complications

You probably have a lot of questions about your baby's health right now. Rest assured that your baby is receiving the best medical care available while in the NICU at GBMC. The following information is provided to help you understand some of the potential medical problems that premature or sick babies may experience.

Infections

Many babies are admitted to the NICU because of the risk of infection. Others are at risk for infection because of prematurity and the care that their condition requires. Infections may be caused by bacteria which are typically treated with antibiotics but can also be caused by yeast or viruses. Your baby will be carefully monitored for signs and symptoms of infection, and may undergo evaluation and treatment for possible infection during his NICU stay.

Blood Related

Jaundice – A common condition in most babies, jaundice refers to the yellowish color of the skin caused by an accumulation of a substance called bilirubin. Jaundice can be a concern at very high levels so we will frequently check your baby's blood for a rise in bilirubin. If the levels are above those considered safe, we commonly treat the condition by phototherapy, an exposure to special lights.

Anemia – Babies who are anemic have a low number of red blood cells in the blood. Full-term healthy newborns will develop physiologic anemia which usually requires no treatment other than adequate nutritional intake. Infants who are sick may develop anemia for a variety of reasons including infection, and the frequent blood samples that must be taken. Many babies with anemia, especially very premature infants, may require red blood cell transfusions in the first two weeks of life. We will discuss the need for transfusion with you in detail if this arises.

Respiratory/Lungs

Breathing problems are very common in premature babies as a premature baby's lungs are not as fully developed. Common respiratory problems that your baby may experience include:

Apnea and Bradycardia – Apnea is a pause in breathing that lasts more than 20 seconds, and is very common among premature babies in the early weeks of life. This condition is often accompanied by bradycardia which is a slow heart rate. Your baby will be closely monitored for signs of both.

Most of the time these events are brief and will resolve without intervention, while other times the NICU nurse will pat the baby or touch the soles of the feet to get your baby's breathing started again. Most preterm babies grow out of significant apnea and bradycardia by the time they are ready for discharge.

Respiratory Distress Syndrome (RDS) – In general, the more premature a baby is, the greater the risk of developing Respiratory Distress Syndrome because the baby's lungs are not fully developed at birth. RDS is caused by the baby's inability to produce "surfactant," the fatty substance that coats the tiny air sacs in the lungs called alveoli, and prevents their collapse. Infants with RDS are usually evaluated for possible infection and treated with antibiotics as well as a variety of medical treatments that aid breathing and circulation until enough surfactant is produced and the condition resolves.

Chronic Lung Disease (CLD) – Babies who are born prematurely are at risk for Chronic Lung Disease. The combination of a premature baby's immature lungs and the treatments (including machines and oxygen) to help the baby breathe are thought to cause damage to the lungs. Improvement is gradual and treatment is geared to support the baby's breathing and oxygen needs to enable him to grow and thrive.

Pneumothorax – Sometimes air from the baby's lungs will leak into the surrounding chest space and cause one of the baby's lungs to collapse. This condition is known as pneumothorax. Many infants require no treatment; some may require a small tube in the chest to allow the lung to re-inflate.

Transient Tachypnea of the Newborn (TTN) – While inside the womb, a fetus does not use the lungs to breathe. Before birth, the baby’s lungs are filled with fluid and as the due date nears, the lungs begin to clear of it. In infants with TTN, extra fluid remains or the fluid is cleared too slowly making it more difficult for the baby to inhale oxygen properly. The baby must breathe faster and harder to get enough oxygen into the lungs, and may require oxygen. TTN is usually a diagnosis of exclusion just hours after birth in both premature and full-term babies. One reason for respiratory problems is infection, so infants with probable TTN may be evaluated for the risk of infection and treated with antibiotics.

Gastrointestinal

Necrotizing Enterocolitis (NEC) – NEC is a serious disease of the gastrointestinal tract. It typically affects premature infants, and is more common in the smallest babies. We evaluate these babies for infection, stop their feedings and closely monitor for complications requiring possible surgical intervention. Infants who are fed breast milk are at lower risk for acquiring NEC.

Heart

Patent Ductus Arteriosus (PDA) – The ductus arteriosus is a blood vessel in the heart that connects the pulmonary artery (which sends blood to the lung) to the aorta (which provides blood to the rest of the body). It allows blood to bypass the lungs while a baby is still in the womb. In some babies, most often premature ones, the ductus arteriosus remains open after birth causing respiratory problems. The PDA may close spontaneously, or may close with certain medications. Occasionally, surgery may be required to permanently close the ductus arteriosus.

Brain

Intraventricular Hemorrhage (IVH) – Very premature infants are at risk for Intraventricular Hemorrhage, which is bleeding in the brain.

It usually occurs because the vessels in their developing brains are especially fragile and can bleed easily. We evaluate this with an ultrasound of the head within the first or second week following delivery, and once diagnosed, we closely monitor with additional ultrasounds. There is no specific treatment for IVH.

Eyes

Retinopathy of Prematurity (ROP) – Very low birth weight babies are at risk for the development of Retinopathy of Prematurity, a complication that can lead to serious eye and vision problems. The lower a baby's gestational age the greater the risk of developing ROP. Since ROP may not be apparent for several weeks following your baby's birth, your baby's eyes are examined by an ophthalmologist (eye doctor) beginning four-to-six weeks after birth. Follow-up examinations are determined by the pediatric ophthalmologist.

Taking Your Baby Home/Discharge Planning

Although parents are excited to take their baby home after days or weeks in the NICU, it may cause some anxiety. You probably feel overwhelmed right now and have a lot of questions about your baby's health and how you're going to manage this unexpected situation.

When a baby is ready for discharge depends on many factors. Each baby must be individually evaluated for readiness and the family must be prepared to provide any special care for the baby.

Our Discharge Coordinator, who is a NICU nurse, helps facilitate a baby's transition from hospital to home. Duties include helping to obtain insurance approval for home medications, equipment and skilled care when necessary. Our Care Manager and Social Worker can also suggest organizations and programs in your community.

Generally, babies may be ready for discharge when they:

- Are steadily gaining weight
- Are able to maintain a stable temperature in a regular crib
- Can nipple feed from a bottle or breast consistently, without difficulty
- Are free of significant apnea and bradycardia
- Pass a “car seat test” to ensure safe positioning

To help prepare parents and other home caregivers, the NICU staff will provide instruction in:

- Feeding
- Basic baby care such as baths, skin care, taking the temperature, etc.
- Infant CPR (cardiopulmonary resuscitation)
- Symptoms of illness
- Sleep positioning and car seat safety
- Use and care of special medical devices or equipment, if needed
- Giving medications, if needed

The follow-up care plan for each baby includes identifying a primary care pediatrician and specialists for any special needs, and readying the home for the arrival of the baby. This may include arranging for special home care services or equipment.

For parents’ convenience, family sleep rooms are located adjacent to the unit. These rooms are utilized by parents prior to the discharge of their baby in order to allow them to practice the skills they will need and to ease this very special passage from hospital to home. This often helps parents feel more secure prior to going home with their baby.

Contact Information

Greater Baltimore Medical Center
6701 N. Charles Street
Baltimore, Maryland 21204

Access Information

Level of Care: Tertiary (Level III-B) Neonatal Intensive Care Unit

NICU	<i>Phone:</i> 443-849-2591	<i>Fax:</i> 443-849-3025
Newborn Nursery	<i>Phone:</i> 443-849-2585	
Neonatology Office	<i>Phone:</i> 443-849-2792	<i>Fax:</i> 443-849-2977

Additional Resources

We are always available to answer your questions, however, you may find these resources helpful:

- American Academy of Pediatrics – www.aap.org
- March of Dimes – www.marchofdimes.com
- Neonatology on the Web – www.neonatology.org

MISSION

Health. Healing. Hope.

The mission of GBMC is to provide medical care and service of the highest quality to each patient leading to health, healing and hope.

VISION

Medical sophistication with personalized service.

The vision of GBMC is to be the preferred medical center in Maryland for the best physicians, nurses and staff by providing medical sophistication with personalized service, enhanced by clinical education and research with the guiding principle that “the patient always comes first.”

GREATER VALUES

The values of GBMC are our GREATER Values of Respect, Excellence, Accountability, Teamwork, Ethical Behavior and Results.

The logo for Greater Baltimore Medical Center (GBMC) features the letters 'GBMC' in a large, white, serif font. The letters are closely spaced and have a classic, elegant appearance.

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