

A guide to the discharge process

Few families plan to be in the Neonatal Intensive Care Unit. Having your baby admitted to the NICU (“nick-you”) can be shocking and upsetting. Once the initial shock has worn off, one of your first questions may be “When will we go home?” The truth is, that is a hard question to answer. Getting ready to go home is a process that begins when your baby is admitted but may last longer or shorter than expected. The real answer is “When your baby is ready.”

Is my baby stable?

In order to come home, your baby will need to be “physiologically stable.” This means that your baby is able to meet his/her need to breathe well, eat well, and maintain his/her body temperature. The medical care team in the NICU will watch your baby to make sure he/she is getting healthy and showing signs of good development. As difficult as the adjustment to the NICU might be, this is the best place for your baby to get the care he/she needs. The doctors, nurses, and the rest of the NICU team will do everything they can for your baby to have the best possible outcome. Depending on why your baby is in the NICU, he/she may need support in some or all of the following areas.



Learning to breathe

Many babies have problems breathing. If a baby is born preterm, he/she often has difficulty breathing because his/her lungs and brain are still maturing. Sometimes babies have breathing problems because of an infection, health condition, or traumatic birth. All of these can be treated in the NICU.

Respiratory Distress Syndrome or RDS results when a baby has problems breathing and getting enough oxygen.

- A baby may be given a substance called surfactant to help him/her breathe more easily. Typically, a baby produces surfactant in the last weeks of pregnancy. It coats the inside of the baby’s lungs and helps the baby move oxygen into his/her blood.
- If your baby is not getting enough oxygen, he/she may be given more using C-PAP (continuous positive airway pressure). With C-PAP, supplemental oxygen is delivered through a nasal canula (soft, flexible tubing) as the baby breathes through his/her nose.
- Sometimes a baby’s brain and respiratory system are not able to coordinate his/her breathing. When this happens, the baby may need a ventilator to help him/her breathe. The ventilator breathes for the baby until the baby is able to breathe on his/her own.
- If your baby needs to use the ventilator, the doctors and nurses will watch your baby for signs of bronchopulmonary dysplasia (BPD). BPD happens when the baby’s fragile lungs get irritated and form tiny scars. The symptoms of BPD – fluid and swelling – can be managed with medication.

Apnea is when a baby “forgets” to breathe. It is very common in babies who are born early and whose brains are still developing.

- Your baby will be monitored for apnea and bradycardia, called “A’s and B’s.” Bradycardia is when the baby’s heart rate slows down. It often accompanies apnea.
- During “A’s and B’s”, your baby’s skin color and heart rate may change, and the heart and respiratory monitors attached to your baby will go off. The NICU staff will stimulate your baby and help “remind” him/her to breathe.
- It’s hard to imagine you could ever get used to this. Take comfort that episodes of “A’s and B’s” should decrease as your baby matures.

Learning to eat

For some babies, eating doesn't come naturally; it's hard work. Most babies will not be ready to breast feed or take a bottle until they are around 34 weeks. This is because their brains need to mature enough to coordinate sucking, swallowing, and breathing. A baby who has special health care needs may get tired before a feeding session is through.

- **Nutrition** – Your baby will have unique nutritional needs based on his/her age and health. The neonatologist (your baby's doctor) and NICU dietician will find the right combination of calories and nutrients to help your baby heal and grow. Intravenous (through the bloodstream) nutrition, colostrum, breast milk (from the mom or from a donor), human milk fortifier, and formula can all be used to meet these goals.
- **Maturity** – You and your baby's NICU team won't just decide what your baby is fed, but how your baby is fed. Your baby might need intravenous nutrition while he/she is stabilized. Your baby's first feedings may be gavage feedings where he/she is given food through a tube that goes through his/her mouth or nose and down to his/her tiny stomach. When your baby is stable and ready (usually around 34 weeks if he/she was born preterm), he/she will be able to start breast feeding and taking from bottles.
- **Feeding Behaviors** – One of the ways you and the medical team will know your baby is ready to eat is when your baby starts to develop feeding behaviors or "cues." During Kangaroo Care (skin-to-skin care) your baby will start to smell and lick your skin. Soon your baby will start moving towards the nipple, turning his/her head to look for it (rooting), and suckling whether or not he/she is getting milk. These pre-feeding behaviors are reassuring signs that your baby is making progress.

Your baby's maturing brain

Babies mature at their own unique rates. While your baby is in the NICU, he/she will be watched to make sure his/her nervous system and reflexes are maturing and that he/she is developing good muscle tone and control of movements. One of the most important things you and the NICU staff can do is create an environment that is as much like the womb as possible and protects the baby's growing brain. Remember that your baby needs to sleep and be protected from harsh lights, sounds, and movement.

Homecoming

You will know your baby is getting close to coming home when your baby starts to put all these pieces – breathing, feeding, and controlling his/her temperature and reflexes – into place. Take comfort in the fact that the skills you have learned in the NICU can make you an even better parent than you ever imagined and that the time you and your family spend here will benefit your baby in the long run.

Your baby's age and due date

When your baby is born, the doctors and nurses will use the baby's size and your pregnancy history to figure out your baby's age in weeks. A typical pregnancy lasts 40 weeks. Any delivery that happens before 37 weeks is called a "preterm birth". If your baby was born preterm you will talk about your baby's age in terms of "adjusted age". Adjusted age is the number of weeks your baby was born early subtracted from the days since he/she was born. For example, if your baby is six weeks old but he/she was born four weeks early, your baby's adjusted age is two weeks. Using adjusted age helps you understand where your baby should be in his/her development. It is the age your baby would be if your pregnancy had gone full term.

For more information from Hand to Hold:

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Signature: _____ Date: _____ Time: _____