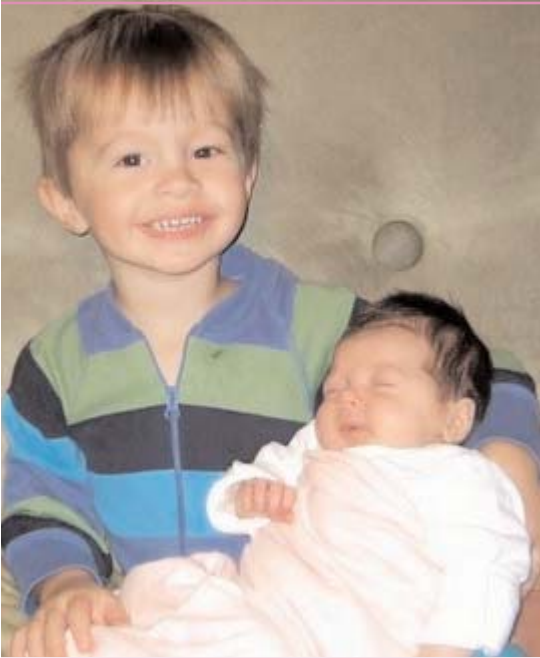


nicu Family News



The NICU Family News is produced by the Saint Barnabas Medical Center (SBMC) Neonatal Intensive Care Unit (NICU) Family Advisory Council (FAC). It is designed to provide you with information we hope you will find useful during and after your family's stay in the NICU.

DID YOU KNOW...

...Your baby **could** be ready to go home any time after reaching 34 weeks gestation (6 weeks before your original due date). To go home, your baby must also be able to maintain their temperature in an open crib, take all their feedings by mouth in a timely manner while continuing to gain weight, and pass the car seat challenge.

Keeping Baby Healthy at Home

With any newborn at home, you want to try to avoid having common colds in your home. But from about October to April/May, you also want to avoid Respiratory Syncytial Virus (RSV), an easily spread cold virus that attacks the respiratory tract. This can be especially serious for preemies because of their immature lungs. Some high-risk babies will get a monthly shot of Synagis (<http://synagis.com/insurance.aspx>) to help protect them from severe RSV.

Other things you can do to help keep baby well include:

- washing hands often and using antibacterial gel
- keeping your baby away from crowds for several months
- not allowing your baby to put other children's toys near their mouth
- asking visitors (and strangers) not to touch your baby's hands or mouth to help prevent the spread of germs
- washing baby's bedding and items she mouths often
- NOT smoking around your baby

Our tips for keeping your NICU baby healthy around school-age siblings:

- Have siblings wash hands when they first come home from school
- Have them take off their shoes in the house
- Maybe even change clothes from school outfit to play outfit
- If they are sick, try to have them stay at least six feet away from the baby and cover their mouth/nose when coughing/sneezing
- Encourage the use of antibacterial gel and keep it in several easy-to-reach places the child can get to
- Let the school know you have a preemie at home and ask them to alert you to any illnesses that may be floating around the school
- For younger school kids, maybe a show and tell about his/her siblings (either with pictures) and tell the class the importance of hand washing and hygiene
- Set up more play dates outside the home than in the home (and wash those hands!)

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Interview with Hayley Hirschmann, Ph.D.

Hayley had a 25-week preemie in the NICU almost nine years ago and has been the NICU Family Advisory Council (FAC) Coordinator for the last four and a half years.

Q: Why did you become the NICU FAC Coordinator?

A: While my daughter was in the NICU for three months, I thought she received excellent care from all the staff. I truly felt they saved her life, but it was a very difficult time for me and my family. I became the FAC Coordinator to try to help make the NICU experience easier for current and future families however I could, and to find ways to provide more information and emotional support to the NICU parents.

Q: What are you most proud of?

A: I would have to say the dedicated "graduate parents" who volunteer their time to serve on the Family Advisory Council and be Parent Buddies to other NICU families. It is because of them that we now have a Parent Handbook, NICU Lounge, NICU Library, Family Pizza Night and Parent Buddy Program.

Q: What do you think of the role our family advisors play in quality improvement in the NICU?

A: I think this hospital is very lucky to have an active and interested group of parents to keep "pushing" the NICU staff to stay at the forefront of quality improvement and family satisfaction. These parents take what they do very seriously because they too are grateful for the care they received and are personally motivated to try to make having a baby in the NICU easier for the next family, in any way they can.

Q: What do you like most about working in the NICU?

A: Seeing families taking advantage of the things the FAC has worked so hard to put in place to make things a little better for current NICU families. I also like being able to tell families that I was where they are now and try to provide hope that they too will survive the NICU experience. I know it doesn't always feel that way when you are here.

Q: What does family centered care mean to you?

A: That the family is involved in all aspects of their baby's care. That the staff are constantly checking in with the family to make sure they understand and are comfortable with the plan of care for their baby. That the parents feel they have many opportunities to bond with their baby and hold them and do Kangaroo Care.

Q: What are some of the SBMC NICU changes you have seen over the years?

A: When we were here nine years ago I told a nurse I had read about Kangaroo Care in one of my preemie books and that I wanted to try it. Her response was, "we don't do that here." Now we do and I think this is a wonderful bonding opportunity for the moms and dads.



Hayley Hirschmann, Ph.D., and her daughter Lauren.

There is also much more support for providing breast milk as well as for breastfeeding. The staff are much more aware of the extra positive benefits breast milk has for NICU babies and inform and aid parents in their efforts to pump and/or breastfeed. The NICU Lounge and Library are also great resources that were not available when we were here.

Q: Do you have any suggestions for current NICU parents?

A: Try to take the NICU journey one day at a time. It is a little less overwhelming that way. Ask lots of questions and take lots of pictures. I really appreciate the pictures I took and the journaling/writing I did while we were in the unit way more now than I ever thought I would.



...And Baby Makes Six!

Bridget Hope arrived on December 15, 2007, weighing in at 11lb, 14 oz. After three fairly normal pregnancies (one was high risk) and

three miscarriages, I was 25 weeks along and trying to take it easy. I was lying in bed, sleeping late that Saturday morning while my husband, Rich, was making breakfast for the kids. I rolled over and my water broke. We quickly found care for our kids and rushed to the hospital.

As luck would have it, my obstetrician was in the hospital, visiting his own premature grandchildren in the NICU. The staff responded to our situation quickly, yet smoothly and calmly. My uterus was in danger of rupturing, so the baby was delivered immediately by cesarean section (about 25 minutes after my husband parked the car). Despite the risks, we felt confident that all the doctors and nurses were doing their best, and giving us the absolute best possible care available anywhere. We are so thankful for their skill, care and kindness.

Already having three kids, I thought I was a seasoned Mom. I thought I'd know what to do, but immediately I felt like a first time Mom all over again, except it was scarier, a lot scarier. But we had given Bridget the middle name Hope as a conscious decision of how we would get through this experience and we really tried to focus our emotions on

being hopeful for Bridget. We tried letting go of being fearful, especially when we were with her. It helped calm and focus us especially when we were in the NICU.

I had noticed at the hospital that there was a sibling class for children of expectant moms. Having a sibling in the NICU was so hard on my three children, so I spoke to some of the NICU staff about it. I felt as though my kids needed some support on an emotional level, but also needed to have someone other than me talk to them about the importance of frequent hand washing around their new baby sister. I also felt this was going to be an important factor in trying to keep Bridget healthy once she came home. I was amazed at how responsive and positive everyone was to my idea. Despite having one of the best NICUs in the country, all of these important people were interested in what a mom had to say! A few days later, the nurse managers tried out a "NICU sibling lesson" with my two older children, Jack and Catie. They loved it! It helped them understand what was going on with Bridget, to emotionally connect to her AND it made them wash their hands a lot more.

Today, Bridget is almost 20 months old and is getting into absolutely everything, walking, running, climbing, laughing, talking etc. We are constantly grateful for the care and love she received at SBMC and are convinced that it made an enormous difference in helping her become such a wonderful, healthy and happy toddler. Thank you from all of us!

-June Raegner & Rich Stanton

Attend the Ninth Annual Miracle Walk To Benefit the SBMC NICU On Sunday, Oct. 4, 2009 in Verona Park

To learn more or to sign up for the walk:

- > Visit www.miraclewalk.com
- > Email miraclewalk@sbhcs.com
- > Call 973-322-4259

You can also Find MIRACLE WALK on FACEBOOK.



Important Phone Numbers:

NICU
973-322-5300

NICU Step-down (3100)
973-322-5310

NICU Social Workers
973-322-5503 or 8408

Birth Certificate Office
973-322-5327

NICU High Risk Infant
Follow-Up Program
973-322-2631

Want to Help the Family Advisory Council?

The FAC is made up of graduate parents dedicated to helping new NICU parents. We meet monthly to discuss ways to do this. We're always looking for recent graduate parents to share their experiences and ideas to make our NICU the best it can be.

We welcome your ideas and participation. Contacts:

Eileen Steffen
NICU Quality & Research Coordinator
esteffen@sbhcs.com
973-322-5453

Hayley Hirschmann
FAC Coordinator
hhirschmann@sbhcs.com
973-322-5453

Homeward Bound!

Many of us waited and waited for the day to come when the doctors would tell us we could take our babies home only to find we were "surprised" and didn't feel ready when we were told the time had finally come. Believe it or not, in most cases your baby's time to go home will sneak up on you quicker than you think. Remember, it can happen any time after your baby is 34 weeks gestation. Here are some thoughts we wanted to share with you in the hope it may help lessen your worry about going home:.



- Once your baby/babies are stable enough to do so, take advantage of all the opportunities you can to be involved in their care (e.g. changing diapers, baths, feedings).
- Try to attend as many NICU 101 and other training classes offered as you can.
- Don't be shy about asking the doctors, nurses, and social workers any questions you have before you leave.
- Also ask lots of questions if you are being trained on any special equipment or medication to take the baby home with. Don't leave any training classes until you are sure you understand what you need to do.
- Have at least the basics (a carseat, some clothes and blankets and somewhere for your baby to sleep) ready at home at least a week or so sooner than you think you'll need them. It can really help put your mind at ease.
- Know that it is sometimes helpful to have "experienced" support people to help you prepare emotionally to go home. This could be a NICU social worker, someone you know who has gone home from the NICU or you could request a NICU Buddy to talk to.
- Know that we all survived coming home and you will too! If you have done many of the above things, you are probably more prepared than you think.

DID YOU KNOW...

...Early Intervention is available to children in NJ under three years of age. Any parent who feels, or has been told, that their child has some developmental delays can call for an evaluation. Such evaluations check the child's gross, fine, and visual motor skills for their corrected age (age from due date). To qualify, the child must have a delay of at least 25% in two or more areas of development or 33% in one area. Pamphlets with more info about this are available in the NICU Library. To request an evaluation, you may call the Regional Early Intervention Office at 888-653-4463. If you have questions, or you are unsure of what to do, call Deborah Ann Cialfi, RN BSN, Nurse Coordinator of the NICU High Risk Infant Follow-Up Program at 973-322-2631.

