Patient Education

Neonatal Intensive Care Unit: A photographic tour

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A photographic tour

This booklet was created by mothers who gave birth to premature babies at University of Washington Medical Center (UWMC). Their hope is to help other mothers whose babies will be cared for in the Neonatal Intensive Care Unit (NICU).
Welcome

Dear Parents,

We hope this booklet will provide a good introduction to the Neonatal Intensive Care Unit (NICU). This photographic tour was created by a group of mothers who each delivered prematurely at University of Washington Medical Center (UWMC). Some of us were never on bed rest, and others spent between 1 and 9 weeks on the Antepartum Unit. Some features of this book come directly from our experience, such as larger type, which may be easier to read if you’re on magnesium or other medicines.

If at any time you’d like to speak with a parent who has delivered a premature baby, please call 206-598-8025. We can’t predict the future, but we can share our experience with you. More than anything else, we want you to know that you’re in the right place. UWMC is special, and the care you and your baby will receive here is unlike any other.

Sincerely,

Brandelyn Bergstedt, Karen Mazner, and Jennifer Pengelly
Reception Desk

When you or your guests arrive in the NICU, please check in at the reception desk. You will need to sign in and answer a few short health-related questions. Answering these questions helps us ensure the health and safety of all the babies in our care.

Parents are an important part of their baby’s care team. You are welcome on the unit any time, except possibly during nurse shift changes.

Some parents stay with their baby for a short period each day, and some spend the entire day or evening at their baby’s bedside. How much time you spend is up to you and will depend on several factors, including your baby’s condition and your own recovery needs.

At the reception desk, you will see:

- The names of the doctors in charge of your baby’s care posted on the wall to your right
- Brochures with helpful information about parenting
Main Hallways and the Breast Pump Room

To the left of the front desk is the hallway that leads to Rooms 4, 5 and 6, as well as to the Breast Pump Room. Here, mothers can express milk for their babies in a private setting.

A breast pump is provided, and mothers are encouraged to begin expressing milk as soon as possible after their baby’s birth. Lactation consultants are available.

To the right of the front desk is the hallway that leads to Rooms 1, 2, and 3. In each large room, 5 to 8 babies are cared for by dedicated medical staff.
Entering the NICU

After checking in at the reception desk and reviewing a brief screening questionnaire, you will need to wash your hands thoroughly for at least 30 seconds. You will need to do this each time you enter the NICU. Scrub sinks are located in both of the main hallways.

To further protect your infant(s), we strongly encourage you to clean your hands often during your visit in the NICU, with either soap and water or hand gel.

Adult friends and family are welcome to spend time with you and your baby. To support your infant’s developmental, emotional, and clinical needs, please keep voices low during conversations, and limit the number of guests at your baby’s bedside.

Children under age 14 (siblings) who wish to visit must wear protective gowns, masks, and gloves.
NICU Patient Rooms

NICU patients each have their own space within a larger room. Each room includes 5 to 8 individual care spaces.

The NICU team is made up of highly-trained staff who monitor the babies very closely. These dedicated team members include doctors, nurse practitioners, nurses, respiratory therapists, physical therapists, nutritionists, pharmacists, and social workers.
Individual Spaces

When your baby is admitted, he or she may be placed on an open table so the doctors and nurses can provide medical care quickly and easily.

An open table allows doctors and nurses to provide medical care quickly and easily.

A small crib

Once your baby is stable, he or she will be moved to a small crib or an isolette, depending on the care he or she needs. Isolettes provide a cozy place for babies until they can regulate their own body temperature.

Babies may stay in an isolette until they can regulate their own body temperature.
Babies who need more equipment or who are expected to have longer NICU stays sometimes sleep in large cribs once they no longer need an isolette.

**Breast Milk Storage**

Each individual space includes a small refrigerator for storing breast milk.

A parent drawer is available to you for storing breast pump tubing as well as personal items such as a journal.

While some babies begin receiving breast milk or formula right away, many babies are not yet ready and must receive their nutrition through an IV. If this is true for your baby, your breast milk will be stored for later use.

Your baby’s first feeding, whether formula or breast milk, is an occasion to celebrate!
Feeding Your Baby

There are many ways to feed your baby.

A nurse may use a tube that goes through your baby’s nose or mouth directly into their tummy.

You may use a bottle of breast milk or formula.

Or, you may breastfeed. Ask to talk with a lactation consultant if you would like help getting started.
Medical Equipment in Your Baby’s Care Space

You will see a lot of medical equipment in the NICU. Ask your nurse if you have any questions about what you see.

Comfort
Blankets help muffle sounds and protect babies from light. The blankets are sewn by volunteers.

Respiratory Support System
This may include a ventilator, CPAP, or oxygen delivered by nasal prongs. Every baby is different. Some require lots of help to breathe, others do not.

IV Pole
Intravenous lines (IVs) may be needed to deliver medicines to your baby.

Vital Sign Monitoring
A monitor will show your baby’s vital signs:
- Heart rate
- Respiratory rate
- Blood pressure
- Oxygen level
**IV (Intravenous Line)**
Delivers medicines to your baby

**Breathing Tube**
Used when a ventilator is needed

**Oximeter**
Measures the level of oxygen in your baby's blood

**Feeding Tube**
Often used for feeding until your baby is ready to feed at breast or bottle

**Nasal Prongs**
Used to deliver oxygen or airflow

**CPAP**
*Continuous positive airway pressure*, a type of breathing therapy
Caring for Your Baby

Most parents are not sure how to parent a baby who needs intensive care, but there are many things you can do, even if your baby is born very early:

- Talk to your baby – let him hear your voice.
- Change your baby’s diaper and take her temperature (this is done every few hours).
- “Cup” your baby in his isolette – gently place your hands around his head and feet to help him feel secure.
- Pump breast milk for your baby.
- Bathe your baby.
- Hold your baby skin-to-skin. This is called “kangaroo care,” and it helps re-establish physical closeness between you and your baby. Both mothers and fathers can do this.

When your baby can tolerate them, you can give your baby a tub bath in the isolette. A nurse and respiratory therapist, if needed, can help you.

When your baby is older, baths are given in a special tub that is brought to your baby’s bedside.
Rounds

You are an important member of your baby’s care team. You are invited to attend daily “rounds” on your baby. Rounds are when the entire care team meets to talk about the medical plan for your baby. At rounds, you will meet the attending doctor, fellow, residents, nurse practitioners, respiratory therapist, nutritionist, and pharmacist.

NICU rounds occur every day between 8 a.m. and 11 a.m. Let your baby’s nurse know if you would like to go to rounds. The nurse will attend rounds with you.

Because the information shared at rounds is very important to your baby’s care, we ask that you wait until all staff have completed their reporting before you ask questions. Most questions can be answered right away, but some may need to be answered after rounds, when a doctor or other staff member can provide more detailed explanations.
Medical Staff in the NICU

Many health care providers will be caring for your baby. Figuring out the roles of attending doctors, fellows, and residents can be challenging. We hope this brief explanation will help you better understand the staffing in a teaching hospital such as UWMC.

Attending Doctor (Neonatologist)

A faculty member of University of Washington School of Medicine, this doctor supervises all aspects of your baby’s medical care and approves tests, medicines, and treatments. The attending doctor supervises the fellows and residents, and updates each baby’s medical plan daily. Attending doctors serve 2-week rotations in the NICU.

Fellow

A fellow is a pediatrician who has completed both medical school and a 3-year pediatric residency and is now in training to become a neonatologist. The fellow assists the attending doctor, does procedures, and assists with teaching residents.

Resident

A resident is a doctor who has completed medical school and is now completing 3 years of additional study to specialize in pediatrics. Each baby has a resident in charge of their daily statistics, and this resident works closely with the baby’s nurse and attending doctor to coordinate care. After a month-long rotation in the NICU, residents move to another area of pediatric medicine.
Family Support

Social Worker

The NICU social worker can help you and your family members cope with the normal stresses of having a premature or sick baby. These stresses include disappointment over having delivered early, sadness at having to leave the hospital without your baby, and financial concerns. The social worker can also provide information on community resources, local housing, and transportation to and from the medical center.

Parent Mentor Program

In this program, former NICU parents offer you emotional support during your baby’s hospital stay. The program is made up of volunteers who have each had a premature baby born between 24 and 35 weeks at UWMC. These parents come to the NICU to meet you, share their stories, offer hope, and answer any questions you may have as you begin your own journey.

If you would like to speak with a parent mentor before or after your baby is born, please call 206-598-8025 or ask your baby’s nurse about connecting with a parent mentor.

Parking

NICU families are offered a free parking validation for 1 car per family each day throughout your baby’s stay. Please park in the Triangle Garage and ask for a validation sticker when you sign in at the NICU front desk.
Children pictured in this booklet include:

**Anahka-Claren**  
*Born at 24 weeks*

**Collin**  
*Born at 27 weeks*

**Lauren**  
*Born at 26 weeks*

**Oliver**  
*Born at 33 weeks*

**Ben**  
*Born at 35 weeks*

**Nat**  
*Born at 32 weeks*
Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help at any time.

Phone Numbers

Neonatal Intensive Care Unit (NICU) ................................................................. 206-598-4606
NICU Social Worker ................................................................. 206-598-4629
UWMC Lactation Consultants ................................................................. 206-598-4628
NICU Parent Mentor and Other Family Programs ........................................... 206-598-8025

E-mail: pmentor@u.washington.edu