



Hackensack  
Meridian Health  
Joseph M. Sanzari  
Children's Hospital

NICU FAMILY ADVISORY COUNCIL NEWSLETTER

# Family-to-Family

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## NICU CLASSES AND NICU EVENTS

in the NICU Conference Room

**For Dates and Times:** See the monthly calendar at the greeter desk

Your baby's nurse can register you for any education class. The support programs do not require registration. All Programs are free.

### Classes and programs:

- **NICU 101:** A complete orientation to our NICU and an opportunity to ask questions and receive support.
- **Infant Care:** A comprehensive class that includes care of the premature baby, feeding, safety, development and discharge planning.
- **Infant CPR:** American Heart Association Family and Friends Infant CPR training with hands on practice.
- **Scrapbooking:** A support session for families that includes making a scrapbook for your baby's pictures and socializing with other NICU families.
- **Bead Program:** Celebrate your baby's milestones in the NICU by building a beautiful necklace.

## Helpful Tips While in the NICU

Brought to you by the NICU physical and occupational therapy teams. The Physical Therapist and Occupational Therapist play a critical role in supporting your baby and you during your time in the NICU. Let us tell you a bit about our objectives and techniques, as well as share some helpful hints for successful parenting in the NICU.

### Our Role in Caring for your Baby

As therapists, a critical objective is to provide developmental care to your baby through gentle positioning, handling, and range of motion activities, implemented in collaboration with you and the nursing staff. We educate staff and parents about ways to successfully administer developmental care so your baby can conserve energy for growth and overall development. Therapists assist team members with adapting to the environment and care routines in order to enhance your baby's comfort and reduce his/her stress. We also assist the baby in acquiring self-soothing behavioral techniques.

Additionally, we will educate you, the caregiver, to help you understand your premature baby's signals as well as how to respond to them. By knowing how your baby reacts to his/her environment, you will be better equipped to care for your baby's needs. Learning ways to promote developmental care and understanding your baby's signals will, in turn, help you feel more confident in the NICU, as well as at home, once your baby is discharged.



### Helpful Tips

1. **Get to know the stages of your baby's developmental growth.** As a NICU parent it is important to understand the various stages of development through which your baby will progress. Do this by talking to staff or reading the printed material available in your alcove. Knowing the stages will help you to know what to expect from your baby and what is or is not developmentally appropriate.
2. **Be present and involved in your baby's care as much as possible.** Participate in your baby's care and provide comforting touch or voice when your baby is being handled by the medical staff.

*continued on page 2*



**Helpful Tips**, *continued from cover*

- 3. Wash your hands and “zap” your cell phone clean prior to entering your baby’s room.**
- 4. Know your baby’s schedule.** Upon first arriving at the NICU each day, check with your baby’s nurse about that day’s schedule.
- 5. Avoid disturbing your baby when he/she is in a sleeping state.** Your baby needs sleep in order to grow, develop and heal. If the baby has just been fed and is sleeping, enter the room quietly. It is best to interact with your baby when he/she is awake or going to be disturbed for a scheduled intervention such as feeding or care. Also remind visitors that your baby needs sleep.
- 6. Engage in “kangaroo care” or skin-to-skin contact with your baby whenever possible.** Providing kangaroo care is highly beneficial to your baby, helping him/her to grow and develop. Studies show kangaroo care reduces pain, promotes calmness with reduced crying and improves overall developmental outcomes. Provide kangaroo care, ideally in increments of at least one hour, under the direction of your baby’s nurse or therapist.
- 7. Help your baby maintain a calm state.** Calming techniques to assist in “state” control are the best way to promote healing and growth. When the infant has a sudden change in vital signs, it stresses his/her system to work to get things back under control. Less exposure to stress and effective management of unavoidable stressors can help your baby perform critical functions such as conserve energy and maintain strength to fight infection or feed well.
- 8. Comfort your baby.** When your baby must endure an unavoidable stressor such as a heel stick or being woken for care, comfort him/her with your voice, touch or simply by being present. Help him/her suck a pacifier, tell him/her a soothing story or sing a song.
- 9. Apply nurturing, yet firm touch to your baby.** Place your hand on your baby and hold it still to allow him/her to process your touch. Firm touch is recommended rather than light touch. Your baby’s immature sensory system has difficulty processing light strokes. Repetition of on and off touch can be irritating, stressful and confusing to your baby.
- 10. Be mindful of environmental stressors.** Bright lights, loud noises, and sudden movements of the baby or the baby’s crib can be very startling to the premature baby’s immature nervous system. When you enter the room and your baby is awake, signal to your baby that you are there by talking in a soft voice. Loud voices are likely to startle your baby and may even cause a desaturation (drop in oxygen delivery). Also, be sure to educate your baby’s visitors accordingly.
- 11. The importance of repositioning your baby.** Your baby’s clinical team will reposition him/her often throughout the day. Approach your baby from alternating sides in order that your baby turns his/her head to both sides. Also hold your baby on different sides of your body so he/she looks at you by turning in both directions. This will encourage strength in your baby’s neck, promote full range of motion of the neck muscles, as well as contribute to a symmetrical head shape.
- 12. Move your baby slowly.** Premature infants need more time to process movement and positional changes. Remember to always move your baby slowly, even when changing his or her diaper.
- 13. “Contain” your baby.** In the NICU, your infant may be positioned in a z-flo cushion or supported with blanket rolls to “contain” your baby. “Containing” your baby means providing secure boundaries for him/her to feel. Boundaries have proven comforting to babies, promote growth and reduce overall stress. The z-flo cushion and blanket rolls should also support your baby’s feet.
- 14. Swaddle your baby.** Following the same principle as containing, your baby will also benefit from being swaddled, as long as he/she is not swaddled too tightly. Practice your swaddling skills with the nursing staff and therapists to be sure you’re providing the right level of tightness.
- 15. Engage in tummy time.** To develop good head control, supervised “tummy time” is very important. Once your doctor indicates that your baby is ready, try to have your baby lie prone on your chest or lap. Tummy time is an ideal way to build your baby’s neck strength. Your baby should always be supervised when engaging in tummy time.

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## Who's Who in the NICU?

### What are your credentials and how long have you worked in the NICU?

I was given the amazing opportunity to join the NICU team of caregivers in 2003, when I began working for the Institute for Child Development (ICD) Physical Therapy Section. All of the ICD physical therapy (PT) and occupational therapy (OT) therapists receive specialized training and mentorship in order to evaluate and treat babies in the NICU.

I earned my master's degree in physical therapy at Louisiana State University in New Orleans. More recently, along with many other physical therapists in the department, I had the hospital's support in obtaining my doctorate degree in physical therapy. Additionally, therapists in the department regularly complete continuing education classes and training programs in NICU care in order to keep our practices current and effective.

### What is the role of Occupational and Physical Therapy in the NICU?

Our role in the NICU is to support the infant, family and medical team. Parent education is a primary focus so that parents can connect to their babies and promote optimal outcomes. Therapists educate parents on handling and calming techniques, as well as general developmental care appropriate to the infant's gestational age.

The staff and medical team are encouraged and supported in learning environmental modification assistance techniques such as turning cribs for improved neck movement and cycling of lighting consistent with the baby's gestational age. Careful attention is given to each individual patient in collaboration with multiple disciplines. Staff care for babies using passive range of motion exercises, positioning, calming techniques, developmental care and massage, when appropriate.



**Danit Macklin PT, DPT**  
Physical Therapist  
Institute for  
Child Development

### Helpful Tips, continued from page 2

- 16. Be informed about baby massage.** Baby massage is soothing and comforting for infants once they are 31-32 weeks old; massage is not recommended before this gestational period. Massage is also not recommended on the tummy, unless the infant is older and you have been specifically instructed by a trained pediatric therapist.
- 17. Soothing music has its place.** Live music is sometimes offered in the NICU and is soothing to infants even less than 30 weeks gestation. Use of instrumental music is advised only after 30 weeks and should be something similar to Bach (a lot of highs and lows). Do not play music for prolonged periods without guidance. Maternal singing and talking are nurturing at any age and have been shown to increase oxygen saturation levels and promote a calm state in babies.
- 18. Positioning your baby once at home.** One week before your baby is discharged, the z-flo or blanket rolls will be removed from your infant's isolette. From this point on, the only position in which your baby can go to sleep is on his/her back. "Back to sleep" has been proven safer for your baby. While awake, your baby can be placed on either side or the tummy to provide frequent position changes. Once home, limit the frequency of which your baby is placed in "containers" (seats, swings and bouncers), and when you do utilize containers, limit the time to 30 minutes or less. Alternately, floor play (alternating sides and tummy time) during waking hours is the best way for your baby to develop strong neck muscles and to continue to develop a symmetrical head shape.

**In closing, know that the best thing you can do is to be there for your baby as much as possible! Simply being present gives your baby a better outcome, both short- and long-term.**



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## SIBLING VISITATION PROGRAM

We understand that it is important for brothers and sisters to welcome the new baby into the family. However, newborn babies are very susceptible to germs, and can become sick. For the safety of your baby, we have established some guidelines for visitation. It is important that we work together to prevent visitors from visiting with your baby when they are ill or carrying infections, as this may be harmful to a newborn.

Please follow the guidelines below:

- Only brothers or sisters of the baby who are at least 4 years old may come into the NICU.
- Sibling visiting hours are between 12 noon and 8 P.M.
- Parents must complete a one-time immunization screen before the first visit. If the sibling is not up-to-date with their immunizations, they cannot come into the NICU. You will find an immunization screening form in the welcome packet that is given to each family when the baby is admitted.
- Once the immunization screen is done, the child's temperature check and a brief healthquestionnaire is completed at each visit.
- Siblings should not visit if they are ill, have been exposed to childhood diseases, or have a temperature of 100.4oF or greater.

### Did you Know?

There is a kitchen with a microwave and refrigerator in the NICU Family Lounge. You can bring food into this area to enjoy a meal or snack. When placing food into the refrigerator, please label with your name and date.



Cell phones can become contaminated with potentially harmful bacteria as part of everyday use. For

this reason, we ask that you sanitize your cell phone before entering the NICU. A Cell Blaster® UV Cell Phone Sanitizer is located at the greeter desk and throughout the unit. This device will not harm your phone or impact information in your phone. Ask the greeter or the nurse how to use the sanitizer.

You can obtain a parking pass from the receptionist located in the Women's Lobby by showing your bracelet.



### Kangaroo Care

Holding your baby skin to skin against your chest has been shown to be beneficial for your baby. Speak with your nurse and start as soon as your baby is ready.





## Parent Perspective

### OUR MIRACLE

By Goohjun Chandy and Adrian Kulikowski

On May 23, 2014, 28 weeks into my pregnancy, my husband and I came to the hospital for what we thought was just another ultrasound to monitor our son's growth, as he was growth restricted. But this routine visit became an exhausting day of tests. After the tests were over, the doctor told us that I had HELLP syndrome, a life-threatening complication, and would need to deliver our baby right away. At 10:14 p.m., Alexander arrived into this world, weighing a bite-size 1 lb. 3.4 oz., and our 96-day journey in the NICU began.

Feeling like we were in some kind of surreal dream, my husband and I walked through the double doors of the NICU to find our little man hooked up to wires, tubes and monitors. Our heads were spinning. All I could focus on was this tiny human laying in this incubator. All I could think was, "What do we need to do to take him home?" I touched his tiny finger and my heart melted. I had never felt so much love and so much fear in one moment.

The first week in the NICU was the roughest. We were in a complete fog. But the amazing doctors and nurses comforted us. Even as they patiently walked us through the various battles we could be facing, they assured us they would do everything in their power to help Alexander leave the hospital healthy. With their support, we decided to focus on one day at a time.

Week after week, we witnessed Alexander's incredible milestones, from his first drip of milk to his first bath. There were also some setbacks, like his meningitis scare and his feeding issues, but we believed with everything we had that our baby boy was coming home. The doctors, nurses and NICU staff were our second family now, and we couldn't imagine getting through this trying time without them. They knew when we needed to be hugged, when we needed to hear the simple truth and even when we needed to be left alone.



They cared for Alexander like he was their own, and for that we are forever grateful.

Every day I would eat my lunch in the lounge with another mother whose baby girl was also in the NICU. I craved seeing parents come visit with babies who had already made it through the NICU. They would share their incredible stories and it would give me such hope for Alexander. I would imagine him smiling first smile, eating his first bite of food, saying his first word and taking his first steps.

Today, those hopes we had for Alexander have become our reality. He is a healthy and happy 2½-year-old who is so full of life. He is everything we imagined him to be. He has changed the meaning of so many words for us: strength, resilience, most definitely sleepless nights, and above all, unconditional love.

The memories of the NICU, as the doctors and nurses often told us, are starting to feel like a distant memory, but we will never forget the love, support, and compassion the NICU doctors and nurses gave our family throughout that very difficult time.



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## Important Phone Numbers

	Room Numbers	Phone Number
Intensive Care Area	02- 24	551-996-4655
Intensive Care Area	25 – 40	551-996-4661
Intermediate Care Area		
Annex A	42 – 52	551-996-4726
Annex B	54 – 64	551-996-2221
Annex C	66 – 80	551-996-4688
Continuing Care Area	81 – 90	551-996-4645

Birth Certificate Office – 551-996-3096

Specialist – 551-996-5342

Main Social Service Department – 551-996-2110

Child Life

Neonatology Office- 551-996-5362

Pastoral Care – 551-996-2345

Lactation Consultant- 551-996-2000 ext. 71820

### Contributors

The NICU Family to Family Newsletter is produced by the NICU Family Advisory Council of the Neonatal Intensive Care Unit - Joseph M. Sanzari Children's Hospital at Hackensack University Medical Center. We welcome your suggestions and comments. Please contact Krys Toczyłowski at 551-996-4106.

**Disclaimer** – The information contained herein is provided for educational purposes only and is not a substitute for medical advice and treatment or consultation with qualified physicians and other healthcare professionals regarding your individual needs.