NEONATAL INTENSIVE CARE

Welcome Booklet
Dear Parents,

Congratulations on the birth of your newest family member and welcome to the Neonatal Intensive Care Unit (NICU) at Hackensack University Medical Center.

As new parents, you spent months planning and dreaming about your baby's birth. The specialized care your baby now requires may not have been part of those plans, and perhaps your feelings are not what you expected.

Separation from your baby is difficult. Although having a baby in the NICU can be scary and stressful, we are here to support you.

We are a specialized unit equipped to care for your newborn. A special NICU team supervises your child's medical care 24 hours a day. This team includes doctors, nurse practitioners, physician assistants, registered nurses, registered dieticians, respiratory therapists, social workers, lactation consultants, case managers, child life specialists and unit service representatives. We direct all of our efforts to provide your baby with the very best care in an environment that will foster your growth as a family.

Naturally, you have many questions about your baby’s condition and care. The NICU staff is available to you at all times.

We practice family-centered care and we welcome you as the most important member of the team. You are the most important person in your baby’s life. Therefore, you are not a “visitor.” We welcome and encourage you to stay at your baby’s bedside as much as possible. Your participation and presence is important for your baby.

Your input and involvement is very important and valued. You are the most consistent observer of your baby and you know him/her best. Please feel free to ask questions anytime. We look forward to getting to know you and your baby. Please let us know how else we can support you and your family.

The Neonatal Intensive Care Staff

Hackensack University Medical Center is pleased to provide access to the resource material contained herein. This material is provided for informational use only and is not intended to be medical advice. It is important that you discuss any questions you may have with your physician or healthcare provider.
DIRECTIONS

The NICU is located on the third floor of the Joseph M. Sanzari Children’s Hospital. The NICU consists of one Intensive Care and four Intermediate Care Areas. We specially designed each room to care for premature and sick babies. We admit and initially observe newborns in the Neonatal Intensive Care Area. When your baby becomes stable, we will move your baby to the Intermediate Care Area, where you will prepare to take your baby home.

<table>
<thead>
<tr>
<th>Room #</th>
<th>Phone #</th>
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<tbody>
<tr>
<td><strong>Intensive Care Area</strong></td>
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<tr>
<td>02-24</td>
<td>551-996-4655</td>
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<tr>
<td>25-40</td>
<td>551-996-4661</td>
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<tr>
<td><strong>Intermediate Care Area</strong></td>
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<tr>
<td>Annex A</td>
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<tr>
<td>Annex B</td>
<td>551-996-2221</td>
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<tr>
<td>Annex C</td>
<td>551-996-4688</td>
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<tr>
<td>Continuing Care</td>
<td>551-996-4645</td>
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</table>
INFECTION PREVENTION IN THE NICU

NICU infants are at high risk for infection. You can help prevent the spread of germs that cause infections by ensuring that anyone who visits your baby follows these important infection prevention guidelines. Proper hand washing is a simple and proven way to reduce the risk of infection for all patients. All healthcare team members – doctors, nurses, parents, family and friends – are responsible for washing their hands before entering the NICU and upon entering your baby’s room. If you are concerned that visitors have not washed his/her hands or used alcohol hand sanitizer on his/her hands, always feel free to ask.

Proper Hand Hygiene

• Before entering the NICU, wash your hands in the wash area located near the greeter desk.
• Remove all watches and jewelry. All jewelry can be a risk for infection so it is best to leave it at home.
• Fingernails should be no longer than 1/4 inch. Artificial nails and nail polish that is chipped should be removed. Germs on or under the fingernails can be harmful to your baby.
• Roll up your sleeves all the way to the elbows.
• Wash your hands and arms up to the elbows for one full minute. Sleeves should remain rolled up during your time in the NICU.
• Upon arriving at your baby’s bedside, use the alcohol hand sanitizer to clean your hands again.
• Wash your hands with soap and water for 15 seconds or use alcohol hand sanitizer each time you re-enter the NICU.
• If you have twins or triplets, wash your hands with soap and water for 15 seconds or use alcohol hand sanitizer between handling each of your babies.

Wash your hands or use alcohol hand sanitizer

• For at least 15 seconds with soap and water after changing your baby’s diaper.
• Before and after touching/holding your baby.
• Before and after using the breast pump in the NICU and at home.
• Before and after contact with food.
• After contact with any object, such as your cellphone.
• After using the restroom.
• After performing any personal hygiene.
INFECTION PREVENTION IN THE NICU, CONT’D.

Illness
• All visitors must be healthy and have no signs of cold or flu symptoms (cough, fever, aches, runny nose), and no recent exposure to diseases that spread easily, such as chicken pox.
• If you have cold or flu symptoms, please do not visit the NICU until 24 hours after all symptoms have resolved. Please tell a staff member if you develop the flu or a cold while your baby is in the NICU.
• If you have a cold sore, a mask must be worn when you are with your baby.

Personal Items
• No plush toys or other toys should be placed in incubators or cribs. This not only poses an infection risk, it could also pose a potential risk for Sudden Infant Death Syndrome (SIDS).
• Photos from home may be placed inside the incubator after they have been secured in a plastic sleeve.
• Do not bring food into the NICU.
• Parents may bring water stored in a covered container to the bedside.
• Do not bring coats or tote bags into the NICU. Place these items in plastic bags located in the Family Wash Station across from the greeter desk.

If you have any questions or concerns about these guidelines, please speak with your baby’s nurse or doctor.
**CELL PHONE AND ELECTRONIC DEVICE ETIQUETTE IN THE NICU**

Cellphones and other hand-held devices can harbor bacteria. Please follow these simple suggestions for the safety of our patients.

<table>
<thead>
<tr>
<th>Key Points</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not hold your baby and use your cellphone or hand-held device at the same time.</td>
<td>This is your special time to get to know your new baby. Focus on holding and comforting your baby and learning to recognize his or her needs.</td>
</tr>
<tr>
<td>Clean your cell phone before entry into the NICU.</td>
<td>Hand-held cellphones can become contaminated with potentially harmful bacteria as part of everyday use. The Cell Blaster® UV Cell Phone Sanitizer is designed to expose the phone surface to ultraviolet light and cleanse the device of potentially harmful germs. It will not harm your phone or impact information storage.</td>
</tr>
<tr>
<td>Place your cell phone in the Cell Blaster® UV Cell Phone Sanitizer located at the greeter desk.</td>
<td></td>
</tr>
<tr>
<td>Cell Blaster® sanitizers are also located within the unit – ask a staff member to direct you to the Cell Blaster®.</td>
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</tr>
<tr>
<td>Do not talk on your phone while you are in the NICU.</td>
<td>Cellphone ringing and/or conversations at the bedside may negatively impact your baby and the other babies around you.</td>
</tr>
<tr>
<td>Please ask permission if you would like to take a picture that may include a nurse or a doctor.</td>
<td>This request is meant to respect our healthcare workers’ privacy. If you would like a picture taken with your cellphone, we would be happy to help.</td>
</tr>
<tr>
<td>Pictures taken in the unit should only include your baby. Another baby or another baby’s name card should never be captured in your photo. Videotaping is not permitted at any time.</td>
<td>This request is meant to respect the privacy of all of our patients and families and to maintain confidentiality.</td>
</tr>
</tbody>
</table>
BEING WITH YOUR BABY

The staff is sensitive to your need to be involved in the care of your infant. We realize that being with your baby is very important. We also recognize that a busy NICU environment can sometimes create barriers to parenting. We strive to remove those barriers whenever possible. It is our goal to help you develop your role as parents. We will facilitate quality time between you and your baby as much as possible.

• Parents are welcome 24 hours a day.
• One parent must accompany family and friends at all times.
• Based on the medical condition of your baby, up to four people per family (which includes the parents and siblings) can be at the bedside at one time.
• All parents and visitors must enter the unit via the main NICU entrance.
• Additional family members and friends should wait in the Family Lounge and not in the hallways.
• The NICU is a secure area and we keep the entrance doors locked. After proper identification, our greeter located at the front desk will allow access or you may use the phone located by the entrance door. Dial 65604. Tell the staff your name and your baby’s name. The staff will open the door via a buzzer. The same procedure is required to exit. An alarm will sound if you try to enter without proper access. Once you enter the unit, go directly to your baby’s room.
• Follow the hand washing guidelines.
• The staff will give you an ID bracelet to wear while your baby is in the hospital. This bracelet will properly identify you to the staff. Please do not remove this bracelet. Your baby’s nurse can replace a bracelet that is damaged. The nurse will check your ID bracelet. You must wear this bracelet when you are with your baby.
• Stay close by your baby’s bedside. This is such a special time for your new family. While you are with your baby, the staff will answer any questions you may have concerning your baby. The staff can only give information concerning the baby to the parent or bracelet wearer.
It is important for brothers and sisters to welcome the new baby into the family. We ask all families to follow these guidelines for the safety of all infants.

- Children under four years of age are not permitted into the NICU.
- Children between four through 12 years of age, who are brothers and sisters of the baby, may be at the bedside between 12 p.m. and 8 p.m.
- Children who are between four and 12 years of age and are not siblings of the baby are not permitted into the NICU.
- If you have given birth to more than one baby and one of those babies should go home sooner than the other(s), he/she will not be permitted into the NICU.
- Siblings of the baby, who are between four and 12 years of age, will need to complete a health screening before every entry into the NICU. A staff member will screen your child for illness and ask you to take his/her temperature. We will provide the thermometer. Children cannot enter the NICU if they:
  - Are not up to date with their immunizations
  - Are sick
  - Have been exposed to childhood diseases
  - Have a temperature of 100.4°F or greater
  - Have recently received the chicken pox vaccine
- A Child Life Specialist/Creative Arts Therapist is available to prepare the child for the visit. Call 551-996-5342 to arrange a meeting.
- Time spent at the bedside should be brief (15 – 20 minutes at the most) as a young child’s attention span is short and he/she can become easily bored.
- If you are planning to stay with your baby for a prolonged time, you will need another adult to stay with your child in the family lounge and playroom.
- You are responsible for keeping your children at your baby’s bedside. Each room can accommodate up to four people at a time.
- Babies recover faster if they can rest and sleep. Please ask your child to speak quietly.
- The nurse may end the visit if your child becomes too active, disruptive or an emergency occurs in the unit.
GENERAL INFORMATION

- If you cannot be with your baby, we encourage you to call. Only parents or designated bracelet wearers may call to get information. We understand that your baby’s condition is important to other members of your family, but please let them receive information about your baby from you. Your baby’s nurse will give you the phone number to call.
- Parents are encouraged to touch and hold their babies when they are at the bedside. The baby’s nurse will determine if the baby is stable enough to tolerate this. Only parents may hold the baby until he/she is off the ventilator (a mechanical breathing machine).
- Family and friends over the age of 13 may touch the baby at the parent’s request if the parents and the bedside nurse determine the baby is stable enough to tolerate this. Family or friends must be 18 or older to hold a baby.
- Families are welcome to use our Family Lounge for all eating and drinking. You may bring only plain water in a covered container into your baby’s room.
- We provide free parking for NICU parents/bracelet holders in the underground parking garage of the Women and Children’s Hospital or in the Main Parking garage. You may obtain a pass at the Guest Services desk in the Women’s Hospital lobby. This privilege is only for parents/bracelet wearer of NICU infants.
- Your baby’s room may be changed based on your baby’s or the units’ needs. Our staff will verify your baby’s room number when you either check in at the front desk or call in at the NICU entrance.
- If these guidelines do not meet the needs of your family, please discuss this with the nurse manager.
A healthcare team cares for your baby in the NICU. This team includes doctors, nurses, respiratory therapists, etc., but the “Most Important Team Member” is YOU.

Everyday, the doctors and nurses will talk about your baby and his/her progress and plan of care. We call this “rounds.” Generally, rounds will take place daily from 9 a.m. to 12 p.m. at the bedside.

Your input is very important. Therefore, we would like to invite you to be present during rounds as often as possible. When you arrive for rounds, let your baby’s nurse know that you are here. The nurse will let the doctors know so they can come to your baby’s bedside as soon as possible.

We encourage you to use the communication board in your baby’s room to let us know when you will be here for rounds. In addition, you can always call into the NICU and tell your baby’s nurse when you will be here.
PERSONALIZING YOUR BABY’S ROOM

We encourage you to work with the staff to try to make your baby’s room a little bit more like home by decorating it with a few personal items. Your baby’s health is very important to us so please help us to reduce any possible risk of infection to your baby by following these guidelines:

• You can bring in a small, clean, new toy that is rubber or plastic without sharp edges.
• You can create a special nametag and place it on the baby’s bed.
• You can place decorative blankets over the incubator or crib. You should wash the blanket at home when dirty and at least every two weeks.
• You may place items on the windows or incubator but they must be washable.
• You can put family photographs, prayer cards, pictures or drawings in the incubator after placing them into a plastic sleeve.
• Your baby’s nurse will let you know when you can bring in clothes for your baby to wear.

Do not bring the following into your baby’s room:

• Balloons of any kind
• Live flowers or plants
• Stuffed animals or toys

Soft, fluffy, furry toys or dolls can present a health hazard for babies in the NICU. These soft toys become a source for the collection of bacteria. Handling of these toys can transmit bacteria from the toy to the infant.

We appreciate your active participation in maintaining a safe environment for your baby.
MANAGING YOUR BABY’S DISCOMFORT

Normally the best report of pain is from the person who is experiencing the pain. However, even though babies cannot tell us where and how much they hurt, we know that babies can and do feel pain.

The nurse checks your baby for pain on admission, when taking vital signs and during procedures. Nurses use a pain scale that looks at your baby’s behavioral responses as well as his/her body’s reaction to discomfort. They look for changes in facial expressions and skin color, arching of the back, stiffening of arms and legs, as well as changes in breathing and state of arousal (are they awake or sleeping, calm or fussy). They will also check their vital signs and oxygen levels as cues to pain. This scale helps us determine what will work best to help reduce or control discomfort. Remember, babies cry when they are cold, hungry, stressed or need holding. They are not necessarily in pain.

What comfort measures will be used?
There are several different ways to reduce discomfort. Some are medicines and others are not.

• Swaddling or wrapping in a blanket
• Speaking softly
• Rocking
• Providing skin-to-skin contact (Kangaroo Care) daily
• Positioning the baby in a “nest” of blankets to make him/her feel secure
• Reducing the lights and noise in the room
• Offer a pacifier, either plain or dipped in breast milk or sucrose. Placing a small drop of breast milk or sucrose, a sugar solution, in the mouth has been shown to cause a calming effect in babies.

The staff may give medicine to your baby before procedures. We may give these to the baby by mouth, or through an intravenous (IV) line in the vein.

The type of comfort that the staff offers may change from day-to-day, depending on how well your baby is doing. It is important to know how to best touch or hold your baby and interpret your baby’s behaviors. Ask the staff to explain any test or procedure.

Your baby’s care team is committed to working with you to provide your baby with the best pain control. Our team is always available to help you learn the skills you need. By reducing or preventing pain, we can help with healing, growth and improve the quality of your baby’s development.
KANGAROO CARE

What is Kangaroo Care?
Kangaroo Care, also called skin-to-skin contact, is when your baby, wearing only a diaper, is placed on your chest. Many studies have proven the benefits of Kangaroo Care and its effects on the health of your baby as well as the family. Skin-to-skin contact also gives parents a sense of closeness and completeness regarding their preterm birth experience.

Who Can Do Kangaroo Care?
Both Mom and Dad

Why Kangaroo?
Benefits for Baby
- May lower your baby’s need for oxygen
- May reduce the need for pain and comfort measures
- Helps with weight gain
- Helps your baby sleep better
- Stabilizes your baby’s breathing, heart rate and temperature
- May shorten your baby’s time in the hospital

Benefits for Mom and Dad
- Increases bonding
- May decrease parent anxiety and increase parent comfort with their baby
- Helps parents recognize their baby’s signals and gain self-confidence in caring for the baby
- May improve mothers milk supply
- May improve success with breastfeeding
- Provides a way for both parents to care for and nurture their baby
KANGAROO CARE, CONT’D.

What is Kangaroo Care?

How is Kangaroo Care Done?
• Wear a button down or open front shirt.
• Do not wear perfume.
• Eat, drink, use the bathroom and wash your hands before you start.
• If you are due to pump, do so before or immediately after a kangaroo session.
• Once on your chest, hold your baby on their tummy with arms and legs tucked under their body. A blanket will be used to cover the baby.
• Your baby’s temperature will be checked during Kangaroo care to make sure that he/she stays warm.
• **Kangaroo your baby for at least one to two hours.** This will disturb your baby less and allow for a longer stretch of sleep.

How to do a Standing Transfer
• Stand as close to your baby’s bed as possible.
• The bed will be placed at a height that will allow you to lift up your baby comfortably.
• Bring your baby to your chest; your nurse will help you to sit on a chair placed next to the bed.
• Once you are seated with your baby on your chest, your nurse may tuck your baby’s arms and legs under his/her body and place a blanket over him/her to make him/her more comfortable.

Next Step.........Relax and Enjoy
HAND HUGGING

If your baby is too sick to be held or not ready for Kangaroo Care, “Hand Hugging” is the best way to “hold” your baby.

How to “Hand Hug” your baby
• Your baby’s nurse can show you how to hand hug your baby for the first time.
• Cradle your baby by placing your hands around your baby’s head and bottom or feet.
• Keep your hands still and use gentle pressure. Babies who are very sick do not like to be rubbed or stroked.
• If your baby is very sick, just placing your hands near your baby without touching them is enough.
• You can talk softly to your baby during “Hand Hugging.”
• Your touch will enhance your baby’s growth and development.
• Your baby will tell you if they are enjoying your comforting touch by keeping a stable heart rate and better oxygen saturation.
**NICU FAMILY LOUNGE**

At the entrance to the NICU, you will find a comfortable Family Lounge for you and your family to use while we care for your baby in our unit. The Family Lounge area contains the following amenities for you to use:

- Restrooms
- Kitchen with a microwave and refrigerator
  - You may bring food into this area to enjoy a meal or a snack.
  - If you place food or drinks in the refrigerator, they must be labeled with name and date
- A children's playroom
- A telephone

A parent or adult must be with children at all times when they are on the unit. If you have young children that need to come with you, they can stay in the Family Lounge with an adult. For safety reasons, please do not leave children alone in the lounge area.

Please enjoy this quiet place we have created just for you and your family.

**Food Service:**

- The Aquarium Café is located off the main entrance of the Joseph M. Sanzari Children’s Hospital. It offers light bistro fare.
- The Coffee Shop is located in the Banta Lobby in the Link Building. It features a varied menu of sandwiches, salads and dessert specials.
- The Second Street Café is located on the ground floor of the Pavilion in the main hospital and offers cafeteria service for breakfast, lunch and dinner. Vending machines are also available in the dining room.
- Guest Trays are available for a fee by calling 551-996-6325. Menus for this program are available from the NICU greeter located near the NICU Family Lounge.

**ATM (Automated Teller Machine)**

HackensackUMC has ATM/MAC machines located on the ground floor of the Pavilion, on the ground floor of the Medical Plaza and in the rear hallway at the back of the Aquarium Café in the Joseph M. Sanzari Children’s Hospital. TD Bank operates these ATM/MAC card machines.
**MRSA (Methicillin-resistant Staphylococcus aureus)**

**What is MRSA?**
Staphylococcus aureus, often referred to as “staph,” is a bacteria commonly found on the skin of healthy people. Sometimes, staph can get inside the body and cause an infection. This infection can be minor (such as pimples, boils and other skin conditions) to more severe (such as blood infections or pneumonia).

Antibiotics are given to kill staph germs when they cause infections. Some staph are resistant, meaning they cannot be killed by some antibiotics. “Methicillin-resistant-Staphylococcus aureus” or “MRSA” is a type of staph that is resistant to some of the antibiotics that are often used to treat staph infections.

**How common are staph and MRSA infections?**
Staph bacteria are one of the most common causes of skin infection in the United States and are a common cause of pneumonia, surgical wound infections and bloodstream infections. The majority of MRSA infections occur among patients in hospitals or other healthcare settings; however, it is becoming more common outside the hospital as well.

**What is the difference between colonization and infection?**
Colonization means that MRSA is present on or in the body without causing an illness. Infection means that MRSA is making the person sick.

**Where is MRSA found?**
MRSA can be found on the skin or in the nose of any person without their knowledge. MRSA may also be found on hard surfaces. MRSA colonization can be present in many patients without causing an infection.

**Can MRSA spread?**
MRSA can be spread to patients who often have weak immune systems. MRSA is spread by physical contact. Hospitals take special steps to prevent the spread of MRSA from patient to patient. One of these steps is to isolate or separate a MRSA patient from others. Many times patients may be colonized with MRSA bacteria and not have an infection, but these patients will need to be isolated to prevent further spread. Source: CDC [http://www.cdc.gov/mrsa/](http://www.cdc.gov/mrsa/)

**What are New Jersey regulations regarding screenings for MRSA?**
The State of New Jersey has recently passed legislation requiring that every patient admitted to an intensive care unit be screened for the presence of MRSA. All patients that are admitted to the NICU will have a nasal swab done and those who are found to be positive for MRSA will be placed on “contact precautions,” meaning that anyone having contact with the patient must wear a gown and gloves. Again, this does not mean that the patient is infected but rather colonized. The purpose of this screening is to identify those patients who would otherwise not have been identified and thereby prevent the spread of MRSA to other parts of the unit and other patients.
DON’T BE ALARMED

The NICU can be a noisy place, with much of the noise coming from intermittent alarms. Parents and visitors to the NICU should be aware that these alarms are designed to draw the attention of caregivers to the possibility of a medically concerning situation.

The most obvious source of alarms comes from the bedside monitors. The nurse attaches your baby to a monitor that constantly tracks his or her heart rate, breathing rate, and oxygen saturation (an estimate of the percentage of the hemoglobin of the red blood cell that is carrying oxygen). Sometimes we also keep track of blood pressure on these monitors.

There are many reasons why these alarms may sound. The monitor may set off an alarm if the heart rate is too high or too low, the oxygen level is too high or too low or if a baby has too long of a breathing pause. These monitors will alarm long before any permanent injury has occurred; they may even keep sounding if the baby’s vital signs return to normal. There are also reasons why the alarms may not have been “real.” For example, a loose wire or bad connection may trigger an alarm. The nurses and other caregivers are able to assess the validity of an alarm quickly. It may just take a quick look at your baby and/or the monitor to see that everything is okay.

The staff can see your baby’s monitor tracing from a central monitoring terminal located in the unit, as well as on screens located near the ceiling. The nurse can also view your baby’s monitor tracing when caring for a baby in another room. If the nurse is not at your baby’s bedside, he/she is able to view the monitor tracing in other locations. However, if for some reason you think that an alarm has not been noticed, or more importantly, if you see a significant change in your baby’s condition, please do not hesitate to notify your baby’s nurse or another caregiver in the area.
BLOOD TRANSFUSION - DIRECT BLOOD DONATION

Babies that are sick or premature may require blood transfusions for different reasons. The NICU staff provides care in ways to help avoid the need for a blood transfusion. For example, we take the smallest amount of blood needed for blood tests. However, if your baby needs a transfusion during his/her stay in the NICU, your doctor will discuss this with you.

You may worry about the safety of a blood transfusion. The lab checks all blood for compatibility with your baby's blood type. Today's blood supply is very safe and the lab tests for Hepatitis and HIV as well as other infectious diseases. You may hear that you can donate blood for your baby. Most mothers who have just given birth are unable to give blood, however many families feel that donation by relatives and or friends will assure greater safety for their baby. In fact, several large studies have shown no greater safety with directed donor blood. The lab reserves this blood, donated by yourself, family or friends, for your baby's use. We call this process “direct donation.” If you choose this option, please follow these guidelines:

• Tell family and friends to make an appointment to donate by calling the Bergen Community Blood Center at 201-444-3900.
• Blood donors do not have to know their blood type.
• There is no charge to donors. The recipient of the transfusion pays a registration fee.
• If the blood type matches the baby’s and all required tests are negative for infection, there is little chance that the blood will be incompatible. However, if we cannot give the donated blood to your baby, we may release it into the general blood supply.

Please keep in mind that donated blood is not immediately ready for use. The screening and preparation may take up to five business days. Therefore, when your baby is nearing the time for a blood transfusion, your baby's nurse or doctor will let you know so you can start considering donors and have them make an appointment to donate blood. The hospital can hold and use donated blood for 14 days.
The following services are available in the NICU.

**Case Manager:** While your baby is in the NICU, a case manager will be following your baby’s progress. If your insurance company requires clinical updates, the case manager will provide the insurance company with information about your baby’s medical condition. When your baby is ready for discharge to home the case manager will assist you and your baby’s doctor in obtaining any services or equipment that you may need.

**Child Life/Creative Arts Therapist:** Provides psychosocial support for you and your baby. Developmentally-appropriate comfort support is offered for your baby to soothe, relieve distress and promote well being. Creative Arts Therapy, including music and art, encourages bonding opportunities. The child life specialist is available to meet with siblings to address concerns, help them feel comfortable and to answer questions they may have about their baby brother or sister.

**Lactation Consultant:** Breast milk feeding is one of the most important parts of your premature/sick baby’s care in the NICU. If you are breastfeeding or interested in providing breast milk, our lactation consultants can provide you with information and answer all your breastfeeding questions. The lactation consultants can help you with pumping, collecting, and storing milk for your baby. As your baby matures and develops his/her ability to feed, the lactation consultants can also show you how to feed your baby at the breast.

**Parent-to-Parent Group:** This group is lead by a child life specialist. This is an opportunity for parents to meet each other and share their experiences.

**Pastoral Services:** Spiritual support can be a source of comfort and the NICU staff can help you contact this service.

**Social Worker:** You will be contacted by our social worker who will answer your questions, help solve family-related problems, address financial concerns and provide emotional support.

**Volunteer Baby Holding or “Cuddlers” Program:** Our staff may ask a specially trained volunteer to hold your baby.
## IMPORTANT PHONE NUMBERS

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neonatal Intensive Care Unit</strong></td>
<td><strong>551-996-4936</strong></td>
</tr>
<tr>
<td>Hackensack University Medical Center</td>
<td></td>
</tr>
<tr>
<td>Main Number</td>
<td>551-996-2000</td>
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<tr>
<td>Child Life Specialist</td>
<td>551-996-5342</td>
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<tr>
<td>Patient Experience</td>
<td>551-996-2010</td>
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<tr>
<td>Interpreter Services</td>
<td>551-996-3905</td>
</tr>
<tr>
<td>Lactation Consultant</td>
<td>551-996-4471 or Ext. 71820</td>
</tr>
<tr>
<td>Office of Neonatology</td>
<td>551-996-5362</td>
</tr>
<tr>
<td>Pastoral Care</td>
<td>551-996-2345</td>
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<tr>
<td>Social Worker</td>
<td>551-996-2110</td>
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</tbody>
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Created: July 22, 2009
Revised: August 25, 2014
Newborn Screening
For Congenital Heart Defects

Information for Parents

A Lifesaving Law
NJ was one of the first states in the country to pass a law that all newborns need to have a screening test for Congenital Heart Defects (CHDs). Your baby will be tested for certain types of heart defects before leaving the hospital.

What are Congenital Heart Defects?
Congenital Heart Defects (CHDs) are problems with the way the heart formed or the way blood flows through the heart. Some CHDs can make a baby sick soon after birth. It is important that babies are tested for these heart defects before going home from the hospital.

How is the CHD screening test done?
The CHD screening test uses pulse oximetry or pulse ox for short. Pulse ox is a way to check the amount of oxygen in the baby's blood. This quick and simple test is done with a machine called a pulse oximeter. A sensor with a small light is placed on the baby's hand and foot and is attached to the pulse oximeter to check the baby's oxygen level. Low oxygen in the blood can be a sign of a CHD.

Test results
Sometimes a healthy newborn may have a low pulse ox reading. A low pulse ox reading could also mean there is a heart or breathing problem. If your baby’s CHD screening test shows low oxygen levels in the blood, more tests may be needed to find out the cause.

Importance of Regular Check-ups
It is important to bring your baby to all regular check-up visits. The pulse ox test picks up many, but not all types of heart problems at birth. There is a chance that a baby may have a normal pulse ox test and still have a heart defect. Babies who have heart problems may seem very sleepy, have a hard time eating, breathe fast, or look pale or bluish in color. Call your baby’s health care provider if you notice anything unusual about the way your baby looks or acts.

If you have any questions about CHD or pulse oximetry, talk to your baby’s health care provider.

For more information about CHD screening contact:
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Phone 609*292*1582
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www.newbornscreening.nj.gov

More information on Congenital Heart Defects is available at www.cdc.gov/ncbddd/heartdefects/