



Discharge from the Newborn Intensive Care Unit (NICU)

LIVING AND LEARNING TOGETHER



The big moment is just around the corner: Your baby is coming home!

This presentation summarizes
key things to keep in mind
as you prepare for life together at home.

Most of the information in this presentation can also be found
in your Intermountain Living & Learning booklet,
A Guide to Caring for Your Newborn.

Look to the booklet image for page references.



Just in Case: emergency info

Call 911 for any of these serious signs in your baby:

- Green/bloody vomit
- Dusky/blue coloring of skin, lips
- Floppy/difficult to wake
- Breathing trouble: *see video*

If you suspect poisoning, first call the poison control hotline: **1-800-222-1222.**

And don't forget: Provide all emergency information and contacts to your baby's sitters, too.

<https://www.youtube.com/watch?v=KQTEu1mpRY8>



For complete information, see page 39 in the Guide.

Safety Set Up: around the house

Child-proof (and poison-proof) your home NOW. Don't wait until your baby is old enough to get into things.

- Cover all electrical sockets.
- Place baby gates at the top and bottom of stairs.
- Anchor TVs, bookshelves, and heavy electronics to the wall.
- At each phone: post the poison control number, **1-800-222-1222**.
- On every level of the house: install smoke and CO detectors — and replace the batteries every year.



See pages 27 and 35 in the Guide.

Safety Set Up: what to put out of reach

Keep these things locked up
and **OUT OF REACH:**

- Cleaning products (disinfectant, bleach, detergents).
- Medications — both prescription and over-the-counter — as well as supplements and vitamins.
- Gardening products (fertilizers, herbicides, etc.).
- Auto products (antifreeze, oil, etc.).
- Plants — many are poisonous.



See pages 27 and 35 in the Guide.

Safety Set Up: bathroom

- Use nonskid bath mats.
- Keep razors out of reach.
- Turn the hot water heater temperature setting down to 120°F.



See pages 27 and 35 in the Guide.

Safety Set Up: kitchen and dining

- Turn pot handles to the center of the stove, so a child can't reach and pull the pot down.
- Choose fire-resistant clothing for your child.
- Use a harness or belt in your child's high chair.
- Keep your child away from foods (and toys) that could be choking hazards.
- If you use a tablecloth, don't let it hang down over the edge. Take heavy things off of the tablecloth.



See pages 27 and 35 in the Guide.

Safety DON'Ts: things *NOT* to do

- **Don't** leave a child home or in a car alone, even for a short time.
- **Don't** leave a child under 5 alone in the bathtub — not even for a minute.
- **Don't** leave babies or young children alone while they are eating.
- **Don't** leave a bucket of water where a child could get into it.
- **Don't** leave the crib side-rails down.



See page 36 in the Guide.

Safety DON'Ts: more things *NOT* to do

- **Don't** smoke around your baby.
- **Don't** pick up a child by the arm.
- **Don't** tell them that medicine is “candy.”
- **Don't** leave plastic bags where a baby could reach or roll into them.
- **Don't** leave a baby alone on bed or changing table.
- **Don't** leave a baby alone with a pet.



See page 36 in the Guide.

Security Tips: once your baby's home

- If someone arrives at your home unannounced for a visit or delivery, don't let them inside. Home health or equipment visits will be scheduled beforehand.
- Only allow visits from people you know well.
- Don't place birth announcements online or in the newspaper, and don't decorate your home or yard to announce a new baby's arrival.
- Be aware that baby monitors are not secure—strangers may be able to listen in on conversations or see inside your home.



See page 38 in the Guide.

Safe Sleep: basics from the experts

Most newborns sleep a lot — up to 20 hours a day! They gradually need less sleep as they get older. To help make your baby's sleep environment as safe as possible, follow these tips from the American Academy of Pediatrics — and teach them to your baby's sitters, too:

- Always put your baby on his back to sleep in a firm sleep surface such as a crib or bassinet with a tight-fitting sheet. (Once they can roll over on their own, they can choose their own sleeping position.)
- Keep the room temperature around 70°F.
- While infants are at heightened risk for SIDS between the ages 1 and 4 months, new evidence shows that soft bedding continues to pose hazards to babies who are 4 months and older.



See page 15 in the Guide.

Safe Sleep: about the crib

- Place crib next to an inside wall, away from windows, radiators, blind cords and air ducts
- Crib should be in good repair with fixed railings (not drop-down sides).
- Crib slats should be no farther than 2 3/8 inches apart. (If a soda can fits between the slats, they're too far apart.)
- Crib railings should be at least 26 inches above the lowest level of mattress support.
- Mattress should be firm and fit snugly, with no more than 2 finger widths between the crib and the mattress.



See page 15 in the Guide.

Safe Sleep: sleep surfaces

- Don't put baby on quilts, pillows, "beanbag cushions," sheepskin, or other soft material.
- Don't use an infant sleep positioner.
- Don't use thin plastic wrapping materials (e.g., trash bags) for a mattress cover.
- Don't let baby sleep on a waterbed.
- Don't use soft bedding, including crib bumpers, blankets, pillows, and soft toys. The crib should be bare.
- Keep stuffed animals out of your baby's crib.



See page 15 in the Guide.

Safe Sleep: covers, cuddles, & comfort

- Don't allow baby's head to be covered during sleep. Blankets should come up no higher than your baby's chest, with ends tucked under the mattress.
- Instead of a blanket, consider a sleeper or sleeper sack. Stop swaddling and transition to a wearable blanket when your baby shows signs of rolling over.
- Note that babies who use pacifiers have a lower risk of SIDS (sudden infant death syndrome). If your baby uses a pacifier, keep it clean, and throw it away if it shows signs of wear. Never tie it around your baby's neck.
- Baby should sleep in the same room as parents, preferably until the baby turns 1, but at least for the first six months. Room-sharing decreases the risk of SIDS by as much as 50 percent. Baby should not share a bed with parents.



Safe Sleep: more DON'Ts for baby's sleep

- **Don't** overlook strangulation risks:
 - Keep mobiles far out of baby's reach, and remove them when baby begins to push up on hands and knees.
 - Don't allow cords from drapes or window blinds near crib. Cut them very short or tie them up out of the way.
- **Don't** let your baby sleep in a baby swing or car seat.
- **Don't** smoke or use alcohol or drugs that could make it hard for you to wake up.



See page 15 in the Guide.

What's wrong with this picture?



Tummy Time



Tummy time is important for muscle development and coordination. It also prevents head flattening. Follow these guidelines:

- Do it early! You can start on baby's first day home.
- Do it regularly. Have tummy time 2 or 3 times a day.
- Do it with your baby. It's a great time for playtime — and your baby should always be supervised.
- If he falls asleep, put him on his back. For sleep, back is best!
- <https://www.youtube.com/watch?v=V4wRQOhM9Zs>



See page 15 in the Guide.

A video on car seat safety

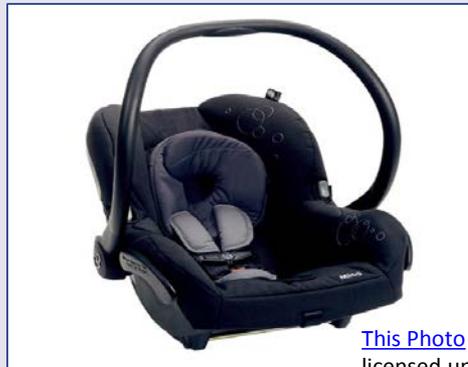


<https://www.youtube.com/watch?v=TDnVE6t-vbc>



The **Do's** and **Don'ts** of car seats

- **Do** position the car seat at a 30-45° reclining position
- **Do** secure straps snugly with 1 finger fitting between the collar bone and strap
- **Do** align car seat clip with arm pits
- **Don't** place padding or blankets around baby's head
- **Don't** dress baby in a coat



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Why is my baby crying so much?

During the first few months of life, babies go through a time when they cry a lot each day. Some providers call this “purple crying”. This is a normal part of your baby’s growth. Still, it can be frustrating when your baby cries no matter what you do. Some characteristics of this type of crying are listed below:

- Baby is between 2 weeks and 5 months old
- Crying for no reason, especially in late afternoon or evening
- Cries for hours at a time/doesn’t stop with comforting
- Looks as if he’s in pain but I can’t find anything wrong



[Crying Video](#)

Why is my baby crying so much?

HOW TO COPE

- Make sure baby is fed, has a clean diaper, and doesn't have signs of sickness such as fever, or rash.
- Try different ways to comfort your baby such as swaddling, rocking, dimming the lights, turning on “white noise”, or going for a walk or ride in the car.
- If you start to feel angry or upset:
 - STOP: Put your baby down in a safe place like a crib or playpen
 - TAKE A BREAK: Do something to relax and calm down for 10 to 15 minutes
 - TRY AGAIN: Go back to comforting your baby when you feel calmer
- When you need help call a relative or friend.
- Remember that this will eventually end.



NEVER SHAKE A BABY. It can hurt your baby's brain and cause permanent damage or death

Siblings: helping brother or sister adjust

When baby comes home, older siblings may react to the change in family dynamic. Regression — going back to earlier behaviors like bedwetting or bottle-feeding — are common. To help older children adjust, try these tips:



- Reassure them they are important, even though baby takes a lot of attention.
- Give lots of love, and set aside some extra time for them.
- Read to them while you feed the baby.
- Help them hold and examine the baby (with constant supervision).
- Give them a doll to care for — this may ease jealousy.



See page 16 in the Guide.

Illness: prevention

Newborns are vulnerable to illness. A common virus like RSV (respiratory syncytial virus) might only give you a mild cold — but it can be serious for your baby. So:



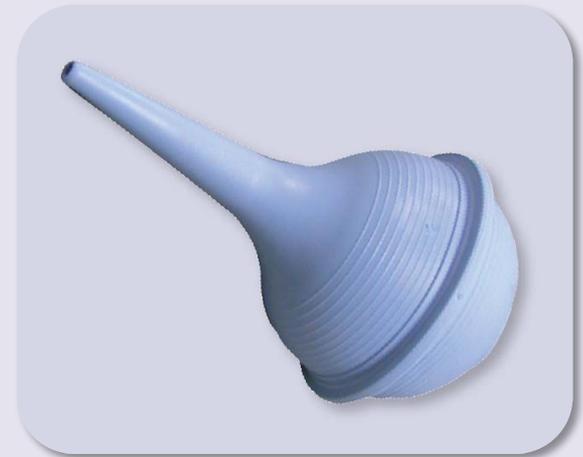
- Wash your hands often and thoroughly. Have family and guests do the same, especially before holding baby.
- Limit your baby's social life. It's best to stay home for a while — away from crowds, home from parties.
- Don't accept visits from people who are sick (even just a *little*.)
- Don't smoke around your baby — and don't let anyone else smoke, either.



See page 19 in the Guide.

Illness: using a suction bulb

- If your baby has a runny or stuffy nose, use a suction bulb to gently clear mucus and help your baby breathe.
- For single use!
- For instructions on using a suction bulb, see page 19 of the *Guide to Caring for Your Newborn*.



See page 19 in the Guide.

Pets

- Watch your pet's reaction to the your baby. Pets may act hostile or jealous when baby takes up residence.
- Limit the licking, and keep an eye on the litter box. Pets can be a source of infection.
- Never leave a new baby alone with any pet.



See page 36 in the Guide.

Diapering



- Change your baby's diaper whenever it's wet or messy.
- Before you start the change, have supplies ready.
- If you use a changing table, use the safety strap — and don't turn your back while changing your baby.
- Clean gently and thoroughly:
 - Girls: wipe front to back. (A white, milky discharge tinged with blood is common in the first month of life.)
 - Boys: Clean under the scrotum. Don't push or pull the foreskin on an uncircumcised penis.
- Skip the powder. Baby powder can irritate baby's lungs and skin.



See page 9 in the Guide.

Caring for Baby's Skin, Nails, and Hair

- In general, skip the lotion. However, if your baby's skin becomes very dry, use a lotion that is fragrance-free and alcohol-free.
- When your baby's fingernails get long, file them with an emery board or trim them carefully with clippers designed especially for babies. (This job might be easier to do while your baby is asleep.)
- Brush your baby's hair with a soft brush every day. Wash hair 2 to 3 a week. This helps prevent cradle cap.



See pages 8-11 in the Guide.

Cord Care

- Fold your baby's diaper below the stump of your baby's umbilical cord. This will help keep the area clean and dry.
- If the cord gets soiled, wipe it with a warm wet cloth or cotton ball. (This won't hurt your baby — the cord has no nerve endings.)
- If the skin around the cord becomes reddened, firm, or has pus or a foul smell, call your baby's doctor.
- Expect that your baby's cord stump will fall off in about 2 weeks. At this time, it's normal to see a small amount of drainage or slight bleeding at the site.



See pages 8-11 in the Guide.

Baby Bathing Basics

- Bathe your baby every 2 to 3 days. Do sponge baths until the cord comes off, then a swaddle bath.
- Use warm — not hot — water. Test the temperature with your elbow before you start bathing your baby.
- Before you start, set up all supplies in a warm, draft-free environment. Then wash in order **face**, **body**, and **hair** as described here:
 - Wash your baby’s face first, using plain water and a clean washcloth. Wipe baby’s eyes from inner to outer corner, using a different part of the washcloth for each eye.
 - Wash the rest of your baby’s body with mild, non-deodorant soap.
 - Wash hair at the end of bath time, and finish by covering your baby’s head with dry towel to prevent heat loss.



See page 8 in the Guide.

Taking a Temperature



- You only need to take your baby's temperature if you think your baby may be sick.
- When taking an axillary temperature, make sure that:
 - The armpit is dry.
 - The thermometer is directly against your baby's skin.
- A normal axillary (armpit) temperature is 36.5°C - 37.5°C (that's 97.7°F – 99.5°F)



See page 18 in the Guide.

Breastfeeding: how often, how long?

- Offer your breast any time your baby seems hungry. Your baby should eat at least 8 times in a 24-hour period — and even more often during growth spurts. Until your baby reaches 40 weeks, wake your baby up to feed every 3 hours (at night, every 4 hours is fine).
- If your baby is going home with added supplemental bottles of formula, be sure to offer those feedings as instructed by the dietitian prior to discharge. (Your baby's doctor can tell you when it's okay to breastfeed more or to discontinue the added formula feedings.)
- Keep feedings about 30 minutes long until your baby reaches full term (40 weeks).
- Once your baby is full-term, let your baby set the length and time of feedings. (It's common for babies to want several feedings close together, then have a longer sleep later.)
- Ask your baby's doctor about vitamin D supplements for your breastfed baby.



See pages 12-14 in the Guide.



See also Intermountain's booklet, A Guide to Breastfeeding.

Breastfeeding: tips and targets

- Finish feeding on one side before offering the other breast. (If your baby nurses on one side only, start the next feeding with the other breast.)
- Continue to pump after feedings until your baby is full-term and gaining weight. Wean off the pump gradually.
- Look for signs that your baby is feeding well: baby has audible swallows, is calm after feeding, and is gaining weight.
- You and your baby's doctor can use weight gain to gauge whether your baby is getting enough nutrition. About 4-8 ounces a week is a good target.



See pages 12-14 in the Guide.



See also Intermountain's booklet, A Guide to Breastfeeding.

Breastfeeding: storing your milk

- Mother's milk is good at room temperature for up to 6 hours.
- In the fridge, your milk will keep for up to 5 days.
- If you won't be using milk before then, freeze it. Later, when you thaw your frozen milk, use it within 24 hours.



See pages 12-14 in the Guide.



See also Intermountain's booklet, A Guide to Breastfeeding.

Bottle Feeding

- For the first 6 months of your baby's life, give **only** mother's milk (breast milk) or formula.
- Bottle basics:
 - Wash bottles and nipples with hot, soapy water and rinse them well after every use.
 - Don't use a microwave to warm up a bottle. Instead, warm a bottle under a warm faucet, in a pan of warm water, or in a bottle warmer.



See pages 12-14 in the Guide.

Feedings: before, during, and after

- Follow directions carefully when you're preparing formula.
- Hold your baby as taught for feedings.
- Remember:
 - Never prop a bottle to feed.
 - Never leave a bottle in your baby's mouth after your baby has fallen asleep. (This is bad for teeth.)
- After a feeding, throw away any formula or breast milk left in the bottle.



See pages 12-14 in the Guide.

Burps and Beyond

- Try to burp your baby midway through and at the end of the feeding. However, keep in mind that not all babies have to burp, so if your baby doesn't, don't try to force it.
- Don't worry if your baby spits up after a feeding. Most babies will “spill over” after eating.
- Watch for vomiting, which is a forceful ejection of larger amounts of fluid. It's normal for babies to vomit occasionally, but if it continues, call your baby's doctor.



See pages 12-14 in the Guide.

Women, Infants, & Children (WIC)

- WIC is a nutrition program that helps pregnant women, new mothers, and young children **eat well, learn about nutrition, and stay healthy.**
- If you qualify for WIC, you can get help with feeding your baby (breastfeeding or formula-feeding). You can also get referrals for immunizations and other medical care.
- Learn more about WIC: <http://www.health.utah.gov/wic>



See pages 12-14 in the Guide.

Thrush

- Thrush is white or grayish, slightly raised patches resembling milk inside a baby's mouth.
- These patches won't wipe off easily (or they leave a raw, red spot underneath when they're wiped off).
- Other symptoms of thrush in your baby include: irritability, poor eating, and persistent diaper rash.
- Moms may share the thrush: a vaginal yeast infection or red, cracking, itching, burning nipples (if breastfeeding) may be signs of thrush.
- If you suspect thrush, talk to your baby's doctor. It can be treated.



See page 23 in the Guide.

Immunizations: love and protect

- Immunizations are an important, safe, effective way to protect your baby.
- The recent “anti-vax” movement has lowered rates of immunization. The effect? Diseases that were almost eradicated — measles, whooping cough (pertussis, listen: ) — are reviving. These preventable diseases are dangerous for a baby.
- Use the yellow card you’re given at discharge to keep track of your baby’s immunizations. Take it to visits with your baby’s pediatrician.
- Make sure family members and caregivers are up to date as well. Newborns are too young to get some shots—so it’s up to us.



See page 26 in the Guide.

When to Call? *Signs of Illness*

Call your baby's doctor if you notice any of these **signs of illness in your baby:**

- Listless/extra sleepy
- Unstable temperature
- Excessive irritability
- Vomiting more than occasionally
- Poor eating for 2 feedings in a row
- Reddened or firm skin around the umbilical cord, or foul-smelling drainage from the area
- Thrush
- Fast breathing — more than 60 breaths a minute when calm (not crying)
- Wheezing or coughing



See page 39 in the Guide.

When to Call? *Skin Issues*

Call if you notice any of these **skin issues** in your baby:

- Jaundice
- Rash
- Mottled/pale skin
- Cradle cap
- Severe/persistent diaper rash



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See page 39 in the Guide.

When to Call? Concerns with Bowel Movements, Urination



Call if you notice any of these concerns related to bowel movements or urination:

- Breastfed babies: fewer than 6 wet diapers and fewer than 4 stools in a 24-hour period.
- Formula-fed babies: fewer than 6 wet diapers and no stools in a 24-hour period.
- Sudden changes in bowel movements combined with irritability, poor eating, or other concerns.
- Diarrhea or stool that is green, watery, foul-smelling, or contains mucus or blood.
- Signs of discomfort with urination.



See page 39 in the Guide.

When to Call? *Any Time*

Call your baby's doctor ***ANY TIME*** you have a question.

Really.

The doctor and staff are there to answer your questions. They want to work with you to keep your baby healthy and safe.



See page 39 in the Guide.

What is an Emergency?

CALL 911 if you notice any of these **serious symptoms** in your baby:

- Green/bloody vomit
- Dusky/blue
- Floppy/difficult to wake
- Suspected poisoning
- Trouble breathing



See page 39 in the Guide.

Hospital Survey

You will get a survey in the mail soon after discharge asking about your NICU experience.

Please take the time to complete it— *tell us what we are doing well, and how we can do better.* Your feedback is important to us, and we take it very seriously!

Thank you!



Finally...

Enjoy.

“Babies are such a nice way to start people.”

— Don Herold



See page 39 in the Guide.