



PATIENT AND FAMILY GUIDE

NEONATAL INTENSIVE CARE UNIT

Please note information in this guide is subject to change. To stay up to date on hospital information, please visit www.SHN.ca or speak with your health care team.

PATIENT AND FAMILY GUIDE

NEONATAL INTENSIVE CARE UNIT (NICU)

BEING INVOLVED IN YOUR BABY’S CARE p.2

Your Hospital Health-care Team.....	2
Feeding Your Baby.....	2
Kangaroo Care.....	2
Family Presence at the NICU.....	3
Daily Rounds.....	3
Family Tips: Caring For Your Baby.....	3

PARTNERING FOR A SAFE, QUALITY EXPERIENCE p.4

Entering the NICU.....	4
Preventing Infections.....	5
Family Tips: Using Mobile Devices.....	5

GETTING READY TO GO HOME p.6

Time to Go Home.....	6
Family Tips: Preparing for Discharge.....	6
Frequently Asked Questions: Car Seats.....	7

GLOSSARY p.8

GOOD-TO-KNOW HOSPITAL POLICIES p.12

WELCOME TO THE NEONATAL INTENSIVE CARE UNIT (NICU)

Here at Scarborough Health Network (SHN), we are committed to partnering with you and your family for a quality hospital experience.

Your baby is with us in the NICU so we can best meet their special care needs. We understand that having a baby in the NICU is often unexpected and can be stressful for parents. Our NICU team will work with you to care for your baby, set and reach goals, and get your baby home safely.

This guide provides you and your family with helpful information about staying in the NICU, and how we can work together to care for your baby. It will help to answer many of your questions and assist you in being actively involved in your care.

During your baby's stay in the NICU, we will also help you learn about your baby's health. The nurse can arrange for you to speak with other members of the health-care team who can help you learn about your baby's condition and needs.





BEING INVOLVED IN YOUR BABY'S CARE

As a parent you have a very important role and we welcome your participation in your baby's care. You are invited and encouraged to take part in daily bedside rounds, where the health-care team will discuss your baby's plan of care. Your questions are welcome at any time.

Your Hospital Health-care Team



The NICU health-care team will work together with you and your family to provide treatment and support for your baby. The team includes health professionals and staff in many different roles. Check your Unit Welcome Letter for the list of staff who will be part of your team.

Feeding Your Baby



If you are able, pump breast/human milk for your baby. The benefits of breast/chest feeding extend beyond basic nutrition. Along with containing all of the vitamins and nutrients your baby needs, breast/human milk is packed with disease fighting substances that protect your baby from illness.

Kangaroo Care



Enjoy "Kangaroo Care" which is skin-to-skin contact. This practice has many benefits. For the mother, it makes breast/chest feeding easier and helps with milk production. For babies, it boosts their mental development, promotes healthy weight, reduces stress or pain, and can help them sleep. Skin-to-skin is an excellent way for baby to bond with dad, and can reduce the risk of postpartum depression in mothers.

Family Presence at the NICU



We are committed to involving families in the care of their babies, but it is also important to remember that babies in the NICU are at risk of getting sick, and we have to be careful with who and how many people are visiting at one time.

PARENTS

Parents are encouraged to take part in their baby's care 24/7 through touch, skin-to-skin, and your voice, which helps with bonding and attaching.

Before entering the NICU, please call intercom, identify yourself and the ward clerk will guide you to your baby's room. You will be given a bracelet that identifies your relationship to the baby.

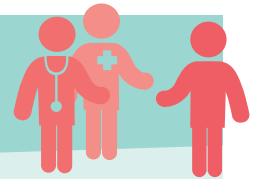
Be present as often as you can and get to know your baby's medical team, ask questions and become your baby's "voice". Please ask your nurse if you wish to be present to provide your baby comfort during procedures.

FAMILY AND FRIENDS

Two visitors are allowed at each bedside (not including parents), and a parent must accompany all visitors. Parents can also give the health-care team a list of family and friends who can care for their baby in their absence.

Siblings are also welcome to meet the new baby. However, children under 12 years old who are not siblings are not permitted to visit as kids are at higher risk of passing along illnesses.

Daily Rounds



Rounds are daily meetings with your health-care team to go over your baby's well-being, discuss care plans, and an opportunity for you to talk to us about your baby since you know them best!

You can also ask your bedside nurse for a Rounds Card to write the most up-to-date information about your baby that you want to share with the health-care team. Also let them know if you have a question or concern that needs more attention following the rounds meeting.

FAMILY TIPS



Caring for your baby

We understand that it may seem like the nurses are providing all the care for your baby, and you might feel discouraged to participate in your baby's care because you don't want to "get in the way" of medical staff. Parents are always encouraged to be active participants in their baby's journey by:

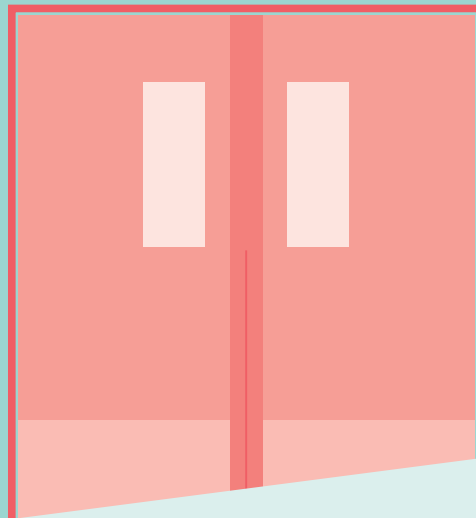
- **Observing nursing demonstrations** on how to give a bath, change a diaper or take a temperature. When your baby is stable enough, try doing these tasks on your own.
- **Documenting your baby's journey** with a scrapbook or journal for you and your baby's memories.
- **Sharing how you feel** in the "Parent Groups" the NICU offers and make connections with other NICU parents.



PARTNERING FOR A SAFE, QUALITY EXPERIENCE

Your baby's safety is a top priority. Working together — you, your family, and our health-care team can focus on key areas to keep your baby safe while in the hospital.

Entering the NICU



The NICU is a secure unit. When entering and re-entering, you will need to inform the NICU staff by intercom and then show your hospital identification bracelet. Although this may feel repetitive over time, it is the best way for us to ensure everyone's safety and security.

When coming to the NICU, you will also have to:

- Wash your hands with soap and water before entering
- Leave your bags and coat (or other outerwear) in the parent closet or locker
- Make sure no food or drink is at the baby's bedside
- Stay home if you are sick or feeling unwell – we know it can be hard to be separated from your baby, so we encourage you to contact your bedside nurse who would be happy to provide you with updates about your baby until you are feeling better

Preventing Infections



Parents, caregivers, and health-care providers all play an important role in preventing infection in the NICU. These key practices will help keep you and your baby healthy:

- Always clean your hands properly – this is one of most important things you can do to prevent the spread of germs.
- If you are sick or have a contagious illness, please do not enter the NICU.
- Take off all rings, watches, and jewelry on hands and wrists. These items can hold and transfer germs to babies during handling.
- Do not wear artificial nails or nail polish when in the NICU.
- During direct care, make sure your arms are bare from your hands to your elbows. Roll up long sleeves if necessary.
- Use Personal Protective Equipment as required (i.e. gowns, masks, gloves).
- Use a hospital approved disinfectant to wipe equipment that you have used, such as a breast/chest pump or bathing table.
- Please do not use your cell phone in your baby's bed space or nursing stations. We recommend cleaning your cell phone with special wipes made for electronic devices.
- Families who wish to bring toys, blankets or clothing for the baby are encouraged to clean and/or place these items in the laundry weekly, or when visibly soiled.
- Store expressed breast/human milk at an appropriate temperature.
- Be considerate of the number of visitors you bring to the unit and ensure that they are respectful of these infection control practices.

FAMILY TIPS



Using mobile devices

Cell phones and other mobile devices are a great way to stay connected and share news about your baby, but they can also create challenges in the NICU. They host many germs that can easily be transferred to babies, and lots of mobile use can affect quality time with your baby, and possibly the comfort and privacy of other families around you.

Please follow these tips on how to use your mobile device while in the NICU to maintain a safe and comfortable environment:

- Please refrain from using your mobile device while holding your baby. After touching your device, please wash or sanitize your hands, and clean the device with special wipes made for electronic devices.
- Please refrain from **taking a phone or video call** in the NICU. If you must make or receive a call, please do so outside of “Baby Friendly Areas”, which include bed spaces and nursing stations.
- Please turn your phone on vibrate or silent as a ringing cell phone can disturb your baby, other babies, families, and medical staff around you.
- Be careful to not infringe on someone else's privacy. While you can take photos of your own baby in the NICU, it is not acceptable to take photos or videos of other babies and their families without expressed consent. Also, always ask for permission if you would like to take a picture or video that may contain a health-care provider such as a doctor or nurse.



GETTING READY TO GO HOME

Your health-care team will work with you and your family on a safe discharge plan for your baby. This will include looking at goals and care needs for your baby after leaving the hospital and going home.

Time to Go Home



Before discharge, your baby needs to meet certain requirements to make sure it is safe for them to go home:

- Be at least 35 weeks gestation
- Weigh at least 1800 grams or more
- Have appropriate feeding skills for 48 hours
- Be free of “spells” (bradycardia, apnea and/or dropping oxygen saturation) for at least five to seven days prior to being discharged

Your health-care team will also help you prepare for your baby’s journey home.

FAMILY TIPS



Preparing for discharge

Ask the health-care team:

- What time should we be ready to leave the hospital?
- Are there any special instructions for at home with baby?
- Do we need special medical equipment?
- Are there any symptoms to watch for?
- Who do I call if I have a question about my baby’s health or if I need help?

Make sure to:

- Have a car seat if taking your baby home in a vehicle.
- Pack any personal belongings.
- Arrange a follow-up appointment with your baby’s paediatrician or specialist.
- Arrange for extra help at home, such as housework and cooking.

Frequently Asked Questions: Car Seats

Before your baby goes home, it is important that you have the right car seat. Here are answers to some frequently asked questions.

CHOOSING A CAR SEAT

What do I need to look for when shopping for a car seat?

When buying an infant car seat for use in Canada, look for the National Safety Mark attached to the seat. This label indicates that the seat complies with Canadian regulations and standards and is legal in Canada

Is it true that infant seats have a 5 lbs minimum?

Yes, but there are also infant seats that start at 4 lbs or less minimum weight to meet the needs of some premature babies.

How do I know if my car seat is installed correctly, or when it is time for my baby to graduate to a different seat?

For tips on how to safely and correctly install a car seat, and the different stages of children's seats, visit the Ontario Ministry of Transportation website.

Do car seats expire?

Every child seat sold in Canada has an expiry date or useful life date on it, and should not be used past that date.

THE CAR SEAT CHALLENGE

What is the Car Seat Challenge?

A test the health-care team may perform on your baby if they meet a specific criteria to ensure that they can safely tolerate being in a semi upright position without any breathing or heart issues. Also, if your baby is less than 5 lbs, a special car seat may need to be purchased.

How do I know if my baby needs a Car Seat Challenge?

The baby's doctor will inform you if your baby requires a Car Seat Challenge.



GLOSSARY: COMMON TERMS YOU WILL HEAR IN THE NICU

During your baby's stay at the NICU, you may hear terms that are new to you. Here is a list of terms and definitions to help.

If there are any terms that you don't understand, please feel free to ask someone on the health-care team.

Accucheck

A medical device for determining the approximate concentration of glucose in the blood. A small specimen of blood is obtained by a heel prick at the bedside.

Ad-Lib

To feed as much and as often as baby desires.

Apnea

Cessation of breathing lasting 20 seconds or longer. It is also known as an apneic episode or a spell. It is common for premature babies to stop breathing for a few seconds. They almost always restart on their own, but occasionally they may need gentle stimulation or drug therapy to maintain regular breathing.

Bradycardia ("Brady")

An abnormally low heart rate. Bradys are usually associated with apnea in premature infants. During these episodes the baby will stop breathing for a few seconds, and the heart rate will start to slow. The combination of Apnea and Bradycardia is often referred to as a spell. Typically, the baby recovers on its own, otherwise gentle stimulation will usually resolve the issue.

Breast/Chest Pump Machine

A mechanical device that extracts milk from the breast/chest of lactating women, when their baby is too premature or sick to nurse.

CBC

Stands for Complete Blood Count. This is a blood test that doctors may order to evaluate the overall health of a baby, and detect a wide range of disorders including anemia and infection.

Corrected Gestational Age

This “corrects” for your baby’s prematurity. It is calculated by starting with the baby’s actual age and subtracting the number of weeks of prematurity from that age. It is important to correct for baby’s prematurity to give an accurate assessment of their developmental abilities. When a baby is born early, their brain and the rest of their neurological system has not developed or matured to the same degree as a baby born at term.

Cot

A small bed that is open to air for stable, and term babies.

CPAP

Stands for Continuous Positive Airway Pressure. Oxygen is delivered through a small mask with tubes that fit into the nostrils. The oxygen can be delivered with pressure, which helps to keep the lungs open and able to exchange air.

D/C

Discontinue.

Human Donor Milk

Donated breast milk that goes through a rigorous process of screening, testing and pasteurization that ensures it is safe for medical use. Research shows that donor milk can protect preterm or very low birth weight babies against life-threatening illnesses.

EBM/EHM

Stands for expressed breast milk (pumped or hand expressed)/ expressed human milk.

Fortify

To add ingredients or calories to milk, to meet the nutritional needs of baby.

Gestational Age

The common term used during pregnancy to describe how far along the pregnancy is. It is measured in weeks from the first day of the women’s last menstrual cycle to the current date/delivery date.

Hypoglycemia

Premature, small for gestational age/ large for gestational age, and infant of diabetic mothers are at risk for hypoglycemia. This is a condition when a baby’s blood glucose (sugar) level is too low.

Isolation

The process of a baby being isolated due to contagious or infectious illnesses or diseases. This requires family and staff to wearing personal protective equipment such as gown, gloves and mask when in contact with baby.

Isolette

An incubator for premature or other newborn infants, providing controlled temperature, humidity, and oxygen levels and armholes through which the infant can be reached with minimum disturbance to the controlled environment.

ISTAT

This is a blood test that doctors order to determine how well a baby's lungs are able to move oxygen into the blood and remove carbon dioxide from the blood.

IV

An intravenous device for delivering fluids.

Low Flow

Oxygen/air administered by nasal cannulas to babies requiring some respiratory support/pressure, but not CPAP.

MBR / Bili

Stands for Microbilirubin, and is a simple blood test to determine if a baby requires phototherapy.

Meconium

Baby's first stools. Meconium appears very viscous and sticky like tar, it is usually a very dark olive green or brown colour.

Monitor

A cardio-respiratory system that measures the baby's heart and breathing rates, and can be observed on a screen. These systems have specific settings, and alarm to notify medical staff if a baby requires attention.

Multidisciplinary

Team composed of combining several fields of expertise (i.e. paediatrician, registered nurse, dietician, social worker, pharmacist, occupational therapist, and physiotherapist).

Nasogastric Tube (NG Tube)

A narrow flexible tube inserted through the nostril into the stomach. It is used to give food, or remove air/fluid from the stomach.

Neonatal Jaundice

A very common condition that occurs when babies have a high level of bilirubin, a yellow pigment produced during normal breakdown of red blood cells. A symptom of jaundice is a yellowing of baby's skin and eyes.

NICU

This is pronounced as "NICK-YOU" or "N-EYE-SEE-YOU", and stands for Neonatal Intensive Care Unit.

NPO

Nothing to be given by mouth.

OIT

Stands for Oral Immune Therapy. Utilizing Mother's colostrum or own milk to provide immediate immune protection for the baby prior to oral feeds commencing.

Phototherapy

The most common treatment for reducing high bilirubin levels that cause jaundice in newborns. During phototherapy baby lays in an isolette and is exposed to a type of fluorescent light that is absorbed by the skin.

PKU / Newborn Screen

A blood sample that is taken from all babies born in Ontario to screen for serious diseases, which can cause mental impairments, poor growth, or death if not treated.

Policy/Procedures

A course of action or protocol outlined by the hospital to guide decision making and achieve positive, safe and healthy outcomes.

Q

Medical abbreviation meaning “every”. For example, Q3H means “every three hours”.

Room In

The opportunity for parents and baby to spend the night together in a private room in preparation for discharge.

Rounds

An important ritual of inpatient care, consisting of presenting the medical problems and treatments of a particular baby to the multidisciplinary team.

Saline Lock

A type of intravenous that is not connected to tubing, a bag, or pole. This is a non-invasive route of administering medications.

Suctioning

Suctioning equipment is used to gently remove unwanted mucous from the baby’s nose or mouth.

Supplement

To give extra EBM/EHM or formula to a baby to meet TFI requirements.

Test Weighing

Test weighing is used to measure how much milk baby drinks from the breast/chest during a feeding.

Total Fluid Intake (TFI)

The baby’s fluid intake requirements as ordered by the doctor, preventing dehydration, fluid overload or electrolyte imbalances by meeting the baby’s specific needs.

TPN & Lipids**(Total Parenteral Nutrition)**

This is a special mixture of protein, fat, sugar and vitamins and mineral prepared by the Pharmacist to meet the nutritional requirements of a baby who is too unwell to feed.

Ventilator (Vent)

A breathing machine that delivers oxygen directly to the lungs, and breaths for the baby if necessary.

Void

To empty bladder of urine.

Waterless Milk Warmer

A machine used to conveniently and effectively warm milk to a temperature that is safe and consistent with EBM/EHM.

GOOD-TO-KNOW HOSPITAL POLICIES



Your Privacy

Scarborough Health Network (SHN) is committed to keeping our patients' confidential information secure. The information we collect includes, but is not limited to, name, phone number, address, health card number, diagnosis, treatment, medical consultations, laboratory results, and medical records of your visits to other hospitals and the care you received there. This information is used for your direct care, administrative purposes, teaching, and research (with approval), and to meet legal and regulatory requirements. Patient health information can only be accessed by team members involved in your care and support staff who need to access personal health information to provide care. To learn more, please visit shn.ca/privacy.



Accessibility

SHN is committed to providing exceptional and accessible services in a manner that respects the dignity and independence of all patients and families. The delivery of services to people with disabilities will be integrated wherever possible. People with disabilities will be able to equally obtain, use, or benefit from services provided by and on behalf of SHN.



Smoke-free Environment

The Smoke-Free Ontario Act requires that hospital grounds be completely smoke-free. SHN is proud to be participating in this requirement. For the health of our patients and family members, visitors, staff, doctors, and volunteers, smoking is not permitted anywhere on the hospital property.



No Scents or Fragrances

SHN has a no-scent policy to support patients, families, visitors, staff, doctors, and volunteers who may be sensitive to the chemicals in scented products. Please avoid wearing or using scented products while in the hospital and remind your family, caregivers, and visitors that we are a scent-free facility.



Workplace Safety

We are committed to providing a safe, healthy, secure and respectful environment through the prevention of violent, abusive, and aggressive behaviour. SHN promotes respect in our hospital and does not tolerate any form of physical or verbal abuse. We reserve the right to take appropriate measures against any offenders. Thank you for your cooperation.

PARKING

Birchmount

The visitor parking lot is located on the north side of the hospital. Limited short-term meter parking is also available outside the emergency department (for emergency use only). Pay stations are located on the main floor and in the covered kiosk in the visitor parking lot.

Centenary

Visitor parking is available in the lots on the north and south sides of the hospital. Limited short-term meter parking is also available outside the main entrance and the emergency department (for emergency use only). Pay stations are located inside the main Court entrance and at the rear Margaret Birch Wing entrance.

General

The visitor parking garage is located on the west side of the hospital. The entrance to the garage is off of Lawrence Avenue East. Pay stations are located in the main entrance and in the Medical Mall across from Rexall.

Hourly rates (standard parking) and multi-day passes (long-term parking) are available at SHN). Learn more about rates, how to pay, and where to find our pay stations at shn.ca/parking.

Or scan the QR code using your phone's Camera app:



SCAN ME

RESTAURANTS

Birchmount

Tim Hortons Main floor

Monday to Friday,
6 a.m. to 9 p.m.

Weekends and holidays,
6:30 a.m. to 8 p.m.

Centenary

La Prep, Sahebi, Subway, Tim Hortons, Taste of Mediterranean

The Court, Second floor

Tim Hortons open 24 hours;
hours vary for other restaurants

General

Cafeteria

Tower Wing, Ground floor

Monday to Friday, 7 a.m. to 3 p.m.

Closed weekends and holidays

Tim Hortons

Medical Mall, Ground floor

Monday to Friday, 6 a.m. to 9 p.m.

Weekends and holidays,
6:30 a.m. to 8 p.m.

GIFT SHOPS

Our Gift Shops are run by volunteers and provide a range of cards, gifts, flowers, and other items you can purchase for yourself or your loved one staying at the hospital.

Gift Shop hours at each of our hospitals is:

Monday to Friday
9:30 a.m. to 8 p.m.

Saturday and Sunday
Noon to 8 p.m.

Birchmount

Main floor

General

Medical Mall, Ground floor

Centenary

The Court, Second floor

WORSHIP CENTRES

Worship Centres are open 24/7 for use by patients, families, and staff members. The Worship Centres also offer weekly multifaith and ecumenical Christian services.

Birchmount

Main floor beside the cafeteria

Ecumenical Christian Service

Sunday, 10 to 11 a.m.

Centenary

Second floor, near the emergency department

General

Ground floor, West Wing

Multi-faith Readings and Reflections

Wednesday, 10:45 to 11:15 a.m.

PHARMACIES

Birchmount

Drug Store

Main floor

416-495-2899

Monday to Friday
9:30 a.m. to 5:30 p.m.

Saturday
10 a.m. to 2 p.m.

Closed Sundays

Centenary

Shoppers Drug Mart

The Court, Second floor

416-724-6055

Monday to Friday
9 a.m. to 9 p.m.

Saturday and Sunday
10 a.m. to 9 p.m.

General

Rexall

Medical Mall

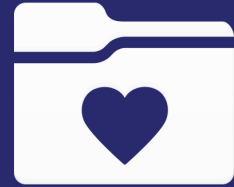
416-438-6668

Monday to Friday
9 a.m. to 9 p.m.

Saturday and Sunday
9 a.m. to 3 p.m.

MyChart

Central East Ontario



Stay connected to your health information online

View your medical information, test results and more



Save time coming for your hospital appointments

Get reminders, and complete check-in steps before you arrive



Track your health

Review your health care history, prescribed medications and more

Ask us about MyChart and sign up today:

 MyChart.OurEpic.ca

 SCAN TO LEARN MORE





Make a positive difference at our hospital by sharing your health-care experience.

BECOME A PATIENT FAMILY ADVISOR!

As a patient or family member of someone receiving care with us, you have powerful insights and ideas. Become a Patient Family Advisor and you can use your experience to help us develop and promote hospital policies, programs and practices that directly impact patient care and services.

Visit us online to learn more and apply to become a Patient Family Advisor today at [SHN.ca/PFA](https://shn.ca/PFA).





BIRCHMOUNT

3030 Birchmount Road
416-495-2400



CENTENARY

2867 Ellesmere Road
416-284-8131



GENERAL

3050 Lawrence Avenue East
416-438-2911

