



**McMaster Children's
Hospital**

Learning to care for your baby



**Information for parents from
the staff of the Neonatal Nurseries**

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Learning to care for your baby

During your first visits to the nursery you may feel anxious or unsure of what you can do to help your baby. The nursery staff will help you feel more comfortable and show you how to care for your baby. We will give you lots of information and support, so that you can take part in your baby's care as much as possible.

We wrote this book as a guide for parents during their baby's stay in the Neonatal Nurseries. If you have any questions or concerns, please ask any member of your baby's health care team. We welcome your questions at any time.

**Loving relationships help your baby grow and develop.
You can show your love with your voice, your touch,
and the ways you comfort and care for your baby.**

Your baby's surroundings

When you first visit the Neonatal Nurseries, you will see that it can be a very busy place. It may be overwhelming to see and hear all the machines around your baby. The machines help the nurses and doctors watch your baby's progress and help with your baby's care. The nurse will explain what each machine does.

After a while, you will be able to focus on your baby and the machines will not seem so overwhelming.

An Omni Bed or "Giraffe"

This picture shows a special incubator called an Omni Bed or "Giraffe" and other medical equipment your baby may need. Explanations of each piece of equipment are found on pages 4 and 5.



An incubator

This picture shows an incubator and other medical equipment your baby may need. Explanations of each piece of equipment are found on pages 4 and 5.



Here are descriptions of the some of the machines that can help your baby.

Incubator An incubator is a bed inside a clear plastic dome. The incubator is heated to keep your baby warm. The incubator has doors called portholes, which open so you can talk to and touch your baby. An incubator may also be called an isolette.

Omni Bed or Giraffe A “giraffe” is a combination of an incubator and an open radiant warmer bed. The top of the Giraffe rises up above the baby, and a special heater comes on giving radiant heat to your baby. Once the baby is warm and all the special procedures are done, the top is lowered back into place and it becomes an incubator.

A small wire taped to your baby’s tummy, called a temperature probe, controls how much heat is needed to keep your baby warm.

Most babies are put in a “giraffe” when they first come to the Neonatal Unit. When they are more stable, these babies can be cared for in an incubator.

Cardiac monitor The cardiac or heart monitor watches your baby’s heart rate and breathing. Three monitor patches or leads are taped onto your baby’s chest and leg (or tummy). The leads are plugged into a special cable connected to the cardiac monitor. The monitor has alarms that will ring if there is a problem with your baby’s heart rate or breathing.

The monitor may also ring for other reasons:

- a problem with a loose wire
- normal changes with your baby’s breathing
- your baby is moving around

When the alarm rings, the nurse will check your baby. The first few times you hear the alarm, you may feel frightened. As you get to know your baby and the monitor, you will begin to feel more at ease.

The nurse can also look at your baby’s monitor from another bedside, because of the internet connection between all the monitors. The nurse can see the vital signs of two different babies on one monitor, so may not come right back to your baby’s bedside if your baby’s alarm is for the “other” reasons listed above.

Oxygen saturation monitor

The oxygen saturation monitor is part of the cardiac monitor. It shows how much oxygen is getting from your baby's lungs into your baby's blood. This will tell the nurse how much oxygen your baby needs. It works by shining a red light through your baby's skin. This does not hurt your baby.

The machine is connected to your baby by a probe wrapped around your baby's feet or hands. The probe is held in place by a soft band with Velcro ends. The probe is moved often so you may see the light on your baby's hands, arms, feet or legs.

Intravenous pump

An intravenous or IV pump gives your baby the right amount of fluids and medications through the intravenous tube. The nurse checks the IV pump every hour to see how much fluid your baby is getting.

Ventilator

The ventilator is a machine that helps babies breathe. It blows air and oxygen into the lungs with each breath.



Developmental care

During pregnancy, babies grow and develop inside their mothers' bodies where they feel secure and supported. After birth, some babies must continue to grow and develop in the Neonatal Nurseries, where it can be bright, noisy and very busy.

To reduce stress and help your baby develop, we provide developmental care. Developmental care includes:

- making your baby's surroundings feel as quiet and comfortable as possible
- planning your baby's care carefully to provide rest and sleep
- gently handling and positioning your baby to provide comfort and support

Research shows that developmental care helps babies gain weight, have fewer health problems and need fewer days in hospital.

How do we provide developmental care?

To make your baby's surroundings feel more comfortable we try to:

- reduce noise and light
- support your baby in a comfortable, flexed position
- disturb your baby as little as possible
- try not to wake your baby if he or she is sleeping

To reduce noise we try to:

- talk quietly
- avoid placing things on top of the incubator
- open and close the incubator doors quietly
- remind people to be quiet when your baby is sleeping

To reduce light we try to:

- turn down the lights (not off) when your baby is resting

A flexed or curled position helps your baby feel secure and comfortable. Positioning can help him or her settle easier and sleep longer. It can also help your baby's muscles and nerves continue to develop properly.

To make your baby feel more comfortable we try to:

- gently support your baby in a flexed position
- put special “bumpers” called Bendy Bumpers, around your baby so that he will feel secure; they also support your baby's posture and movement
- keep his or her hands in front, close to his or her mouth

Your baby needs quiet times to rest without being disturbed. Touching your baby can be very comforting, but there will be times when your baby needs “time out”. Sleep helps your baby grow and develop. It may take a long time for your baby to settle and fall asleep. For these reasons we try to care and comfort your baby without “handling” him or her too much. We try to let your baby wake up on his or her own.



Baby talk

Your baby has ways to tell you when he or she is feeling good and when he or she needs some quiet time. You can learn to recognize what he or she likes and dislikes, and what makes your baby comfortable. Your baby's nurse can help you learn to recognize these signs. Knowing how your baby "talks" to you can help you know the best times to talk, touch or hold your baby.

When your baby talks to you it is important to listen.

How can I tell if my baby is feeling good?

Your baby can tell you that what you are doing, such as talking, touching and holding feels good.

Some of these signs are:

- a pink colour
- a relaxed posture
- clasping or holding hands
- sucking
- settling down easily
- being wide awake
- shiny eyes
- smiling
- mouth pursing
- following with eyes
- turning head to your voice

How can I tell if my baby needs quiet time?

Your baby has ways to tell you when he or she needs some quiet time.

Some “time out” signals are:

- apnea or pauses in breathing
- coughing and sneezing
- changes in your baby’s skin colour: from pink to pale, blue or blotchy
- hiccups or grunting
- sudden floppy muscle tone
- yawning or sighing
- crying and unable to be consoled
- gagging or spitting up
- squirming
- extending the legs or arms, called airplaning
- arching
- spreading fingers wide
- tremors, startle movements
- making fists
- straining, like having a bowel movement or passing gas
- saluting, bringing hand up to forehead like a salute
- looking away
- looking worried or troubled
- face grimaces, sticking tongue out

If your baby repeats any of these time out signals several times, your baby is saying “Stop, I need a break from this”.

Caring for your baby

How do I help my baby get enough sleep?

Your baby needs sleep to grow and get better. Your baby may settle and fall asleep easier in a flexed or curled position. When your baby is sleeping, try not to disturb or wake him or her. Remind others to be quiet while your baby is sleeping, as loud sounds may startle your baby. Your baby will sleep a lot, but only for short periods.

It may be best to visit your baby during a care activity time. Your baby's nurse can help you plan the best time for your visits.

How should I talk to my baby?

Babies can recognize and respond to a mother or father's voice. Try to speak in a soft, quiet voice. Your baby's eyes may open as you talk.

How should I touch my baby?

A gentle, firm touch with your whole hand can help comfort your baby. Most of the time, babies like to be touched. Your touch can help your baby feel calm and relaxed.

In the incubator, you can calm your baby by gently placing your hands around your baby's body, keeping your baby's arms and legs tucked close to his or her body.

If your baby seems restless, it may mean he or she needs some quiet time, without touching. Just stay close and continue your visit by watching your baby.

How should I hold my baby?

We know how much you want to hold your baby. Whether you can hold your baby or not depends on how your baby is feeling. Your baby's nurse can help you recognize signs that show how your baby is feeling.

You may not be able to hold your baby if he or she:

- is very sick
- has just had surgery
- needs a machine to help with breathing
- has a special intravenous tube in the umbilical cord, at the belly button

If your baby is feeling well, you can hold your baby for short periods of time. A small baby can lose heat very easily when he or she is taken out of the incubator. This may limit how long you can hold your baby.

Mothers and fathers can hold their baby. When you pick up your baby, move him or her slowly. Wrap his or her hands loosely in the blanket so that he or she can bring them close to his or her mouth for comfort.

Your nurse will help you if you would like to try kangaroo care.

What is kangaroo care?

Kangaroo care is holding and cuddling your undressed baby on your chest, skin-to-skin. Your baby will be in a comfortable, flexed position, just like when he or she was in the womb. This kind of care may help your baby get well.

Kangaroo care can help babies:

- have a steadier, regular heart beat
- have easier or more relaxed breathing
- sleep better
- be more alert and calm when he or she is awake

Kangaroo care can also help you get to know your baby. It gives you more time to hold your baby close to you. This can help you make more breastmilk, and sometimes breastfeeding can start sooner. You may feel better knowing you are helping your baby get stronger.

When can I start kangaroo care?

When your baby is stable enough to come out of the incubator you can start holding your baby skin-to-skin. Your baby's nurse can tell you how your baby is doing and help you decide when to start kangaroo care. You may choose to hold your baby skin-to-skin the first time you hold your baby, or you can get used to holding your baby in blankets first.

How do I do kangaroo care?

Kangaroo care is done right at your baby's bedside. If you would like privacy, the nurse can pull the curtains or a screen around you. Start by dressing your baby in just a diaper. Your baby's heart monitor will be left on so we will know how well your baby is doing.

Next, make yourself as comfortable and relaxed as possible. Depending on your baby's condition, kangaroo care can be done for more than an hour at a time!

Here are some suggestions to make yourself more comfortable:

- find a chair that is comfortable, the nurse can help you with this
- use the bathroom before you begin
- wear light-weight clothing and a shirt or blouse that buttons up at the front

When you are comfortable, undo your shirt or blouse. Your baby's nurse can help you put your baby in a comfortable position on your chest. The nurse will look after all the wires and tubing connected to your baby. Wrap your shirt or blouse around your baby to keep him or her warm. Sometimes, a blanket may be put on top of your shirt or blouse to cover the baby.

During kangaroo care, your baby may snuggle, stop fussing or fall asleep. Your baby's nurse will watch your baby's heart beat, breathing, temperature and oxygen levels. They should all stay close to "normal" for your baby. These are ways that your baby shows that he or she like kangaroo care. Don't worry if your baby doesn't seem to like it at first. It may take a little while for your baby to get used to it.

When you are finished holding your baby, the nurse will help you put your baby back to bed.

Is kangaroo care safe for my baby?

Babies do not get more infections when they are held skin-to-skin. It is important that you have a shower or bath before coming to do kangaroo care. Dads who are planning to do kangaroo care should wash their chest too. Kangaroo care appears to be just as safe as holding your baby the usual way. It takes a little longer to get you and your baby ready, but it's worth it!



Comforting your baby

How can you tell if my baby is uncomfortable?

All babies can feel pain, but they respond to pain in different ways. When babies are in pain, their appearance and behaviour may change.

Your baby may be in pain if you see several of these signs:

- a wrinkled forehead
- tightly closed eyes
- a grimace or pained facial expression
- a high pitched cry
- legs curled up towards the body (knees and hips flexed)
- tightly curled toes and fingers

Pain can also cause changes inside your baby's body. The health care team can watch closely for these signs of pain:

- a faster heart beat
- a change in breathing, either faster or slower
- higher blood pressure
- lower oxygen levels in the blood

What may cause my baby to feel pain or discomfort?

Some babies may feel discomfort or pain from health problems such as infections. Some babies need to have surgery, which will cause some pain. Also, when babies need intensive care they may need to have some tests and treatment that can be stressful, uncomfortable or even painful.

Some intensive care treatments that may be uncomfortable are:

- starting or removing an intravenous line
- putting in a breathing tube, called intubation
- taking a sample of spinal fluid, called a lumbar puncture
- being on a ventilator to help breathing
- taking a blood sample from the baby's heel

What can be done to make my baby more comfortable?

The health care team will provide developmental care to help your baby feel more comfortable. Developmental care may also help your baby cope and recover from a stressful procedure.

The health care team can also help your baby feel more comfortable by:

- giving your baby medication to control pain, when it is safe to do so
- cuddling or “nesting” your baby’s position
- giving a soother to help ease pain and discomfort

What medication is used to relieve pain?

Before your baby has a procedure that may be painful, the doctors will decide if it is safe to give your baby pain medication. If it is safe, your baby will be given enough pain medication to make sure that the procedure causes less discomfort. As your baby feels better, the medication is slowly reduced. Your baby will not become addicted to the pain medications.

Some procedures, such as putting in an intravenous, can be less painful if sucrose is given by mouth. The nurse may be able to put a small amount of sucrose by soother or syringe into your baby’s mouth 2 to 5 minutes before the procedure.

Anesthetic medications given through the intravenous are used to make babies sleep during surgery. Pain medication is also given during surgery. After surgery, pain medication and other comfort measures help babies recover with as little pain as possible.

How can you tell when my baby’s pain is controlled?

As your baby feels more comfortable the signs of pain go away. Your baby may be able to enjoy being alert and quiet, or relax and go to sleep. Your baby may still cry at times, for other reasons than being in pain.

During all of your baby’s care, the nurse is checking your baby’s comfort level. The nurse uses a special pain scale to assess your baby’s pain or discomfort. This pain scale can be found at your baby’s bedside.

How can I comfort my baby when he or she is crying?

It is normal for babies to cry. It is one of the ways he or she communicates with you. Your baby may cry for many reasons, such as:

- feeling uncomfortable from a wet diaper
- an uncomfortable position
- feeling irritable
- having too much stimulation

If he or she is on a ventilator, you can see your baby crying, but not hear any sound. This is because the ventilator tube passes through the baby's voice box (vocal cords).

Here are some ways to comfort your baby when he or she is crying:

- change his or her diaper, if needed
- change your baby's position, if he or she is feeling well enough to be moved
- offer a soother
- give your baby a rest time, without talking or touching
- gently hold your baby with your hands around his or her body

Can my baby have a soother?

Sucking on a soother (pacifier) can help comfort your baby. A soother will not spoil your baby. You can offer the soother when your baby is awake and quiet and during feeding times. Sucking on a soother is a natural way for your baby to comfort him or herself. It also helps to develop his or her interest and skill at feeding.

At first, your baby may make sucking movements, but not suck very well on the soother. Your baby may suck very fast and then take a rest. You may need to help hold the soother in your baby's mouth. As your baby gets older and feels better, the sucking movements will get stronger.

How can I provide developmental care for my baby?

When you visit, feed and care for your baby you can also provide developmental care by:

- reducing noise
- trying not to interrupt your baby's sleep
- learning what makes him or her comfortable
- learning the signs your baby gives when he or she is ready to interact or needs a "time out"

How can I make my baby feel at home?

Babies can usually wear their own socks and hats. If your baby is doing well, your baby can also wear his or her own clothes.

If you like, you can bring in flannel blankets and 1 plastic toy for your baby. The toy can be cleaned and placed in the incubator, near your baby. Please do not bring in any stuffed toys, to avoid dust collection and reduce the possibility of infection. Please remember to put your baby's name on all items that you bring from home.



Doing more as your baby grows

As your baby grows and feels better, you will gradually become more comfortable with all of your baby's care.

Ask your baby's nurse when you can learn to:

- change your baby's position
- change diapers
- clean your baby's mouth
- feed your baby
- bathe and dress your baby
- settle your baby to sleep
- interact and play with your baby
- encourage your baby's development
- give your baby medications if needed

The health care team will continue to give you information and support as you learn to do more for your baby.

You can learn more about parenting and child development by:

- reading our parent information sheets
- visiting our Family Resource Centre in the 3F Clinic; to read pamphlets, borrow books and videotapes, or search for information on the Internet
- joining a parent support group, such as McPera at McMaster Children's Hospital

Getting ready to leave the Neonatal Nursery

As your baby gets better, he or she will no longer need intensive care. Your baby will not need to have his or her own nurse. The nurse caring for your baby will also be taking care of other babies.

When you leave our nursery, your baby may go home or to another nursery. Your baby's health care team will make these plans with you.

Your baby may be well enough to go to:

- a Level 2 Nursery at another hospital in Hamilton or a hospital closer to your home
- the Level 2 Nursery at McMaster Children's Hospital
- the children's ward at the McMaster Children's Hospital
- home

If your baby is going to another hospital, please feel free to ask your baby's nurse for information about that nursery. You may also contact the nurses at the other hospital to arrange a visit before your baby's transfer.

If you are getting ready to take your baby home, you should plan stay overnight with your baby in our Care-By-Parent room. Here you can feed and care for your baby by yourself, yet still be close to the nursery. A nurse will check on you and your baby. You can ask questions or get help if you are unsure of what to do.

If you have any questions about caring for your baby, please ask a member of the health care team.



Patient Education

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