

NICU Discharge Education

Newborn care

Introduction

Congratulations on your new baby! Whether going home is a few days away or seems far off, it's never too early to start preparing. This teaching material provides important information you will need in preparation for your baby's discharge from the hospital and afterward. It includes tips on infant care and easing the transition to caring for your baby at home. Remember, this is a guideline, so be sure to discuss any questions with your caregivers.

You can also find these discharge teaching documents on the El Camino Health website by searching for "El Camino Health NICU Discharge Teaching." If you have an online myCare (also called MyChart) account that you share with your baby, this material should be there as well.



How to take a temperature

Regular temperature checks are not needed at home unless you are unsure whether the baby is over- or underdressed or if you are worried the baby may have a fever or is not acting normally.

Recommended home thermostat range is from 68-72 degrees Fahrenheit (20-22 Celsius). Generally, whatever is comfortable for you will be comfortable for your baby.

Dress your baby as you would dress yourself for the weather. For example, if you are wearing layers for a cold day, then dress your baby in layers as well. A common suggestion for dressing your baby is to follow the "Plus One" layering guide. If you are wearing one layer, your baby should wear one plus one, or two layers.

Your baby's body temperature changes throughout the day, often being higher in the afternoon than in the morning. Activity or crying can also raise their temperature.

Normal temperature range for your baby is between 97.6-99.6 degrees Fahrenheit (36.5-37.5 Celsius). If you notice a significant increase or decrease, it might be a sign of infection.

We measure your baby's temperature with a probe thermometer (not a forehead or ear scanner) under the armpit. This is called an axillary temperature. Some pediatricians may ask you to check the rectal temperature, so we recommend you learn how to do this at your baby's pediatrician visit.

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Mother-Baby Health

2500 Grant Road | Mountain View, CA 94040 | 650-940-7000
815 Pollard Road | Los Gatos, CA 95032 | 408-378-6131

elcaminohealth.org/maternity     



Use of a bulb syringe (suction)

A bulb syringe may be used to clear fluid from your baby's nose or mouth. This tool helps you clear nasal secretions if your baby has a cold or remove milk if your baby spits up. Follow these steps to use a bulb syringe (and please watch the video link below):

1. **Squeeze the bulb** before inserting it into the mouth or nostril.
2. **Insert the tip** into the nostril or mouth.
 - **IMPORTANT:** Take care to avoid inserting the tip too deeply as this may cause gagging or injury.
3. **Release the bulb** to suction the fluid into the syringe.
4. **Remove the bulb syringe** and squeeze the bulb again to expel the contents into the trash or a paper towel.
5. **Clean the tip of the bulb** after each use. A bulb syringe may be sanitized by placing it in boiling water for 10 minutes.

Remember that sneezing is a normal way for your baby to clear their nose. Do not put fingers or cotton swabs into your baby's nose.

Use of Bulb Syringe:

[youtube.com/watch?v=YEQRpUeuJk](https://www.youtube.com/watch?v=YEQRpUeuJk)

Bathing your baby

Your baby's healthcare providers should teach you how to bathe your baby before your baby is discharged. Your baby typically only needs to be bathed 2-3 times per week.

Until the umbilical cord falls off, give sponge baths only.

NOTE: Take care to avoid submerging your baby in water before the cord falls off. Once the cord has fallen off and the belly button area (umbilicus) is dry and healed, you may give your baby a bath in a tub.

Because your baby gets cold easily, make sure the room is warm and you have all your bathing supplies and after-bath clothing ready.

Bathing steps:

1. **Face:** Wipe your baby's face with water, cleaning the eyes from the inner to outer corner.
2. **Ears:** The external parts of the ear may be wiped with a wet washcloth. Earwax will naturally come out on its own—never put cotton swabs in your baby's ears. They interfere with wax drainage and may damage the ear.

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3. **Body:** Use a mild baby soap to wash your baby. Be sure to clean skin folds, especially under the neck and chin where milk can collect from dribbling.
4. **Hair:** Wash gently, cupping your hand across the forehead to keep water out of your baby's eyes.
5. **Diaper area/Groin:** Wash a girl's vaginal area from front to back.
6. **Buttocks:** Clean last.

When the bath is done, wrap your baby in a towel and dry them. You may also apply baby cream or lotion; this is a great opportunity to give your baby a massage to calm them and connect with them.



Diapering and genital care

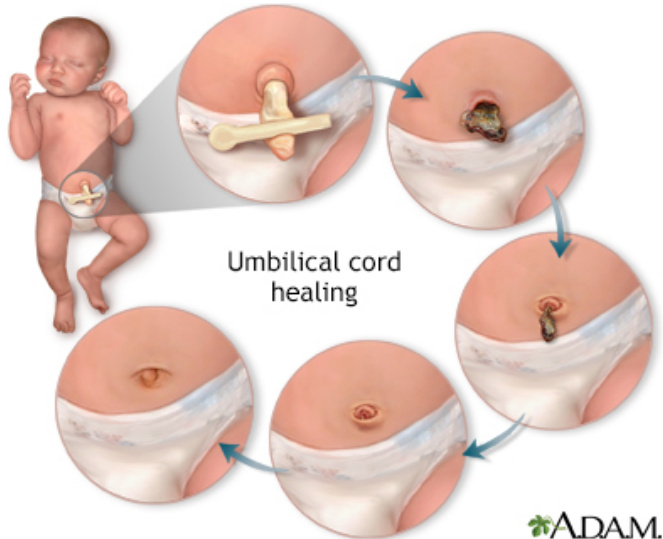
1. **Wash your hands** before and after you change your baby's diaper. If you need to leave the room while changing your baby's diaper, put the diaper back on and take your baby with you.
2. **Prepare the area:** Place a blanket or changing pad on a flat surface. Lay your baby on their back.
3. **Cleaning:**
 - Remove the dirty diaper.
 - If your baby had a bowel movement, use the diaper to wipe off most of the bowel movement.
 - Clean your baby's bottom with a wet washcloth or diaper wipe. If your baby has a rash or circumcision that has not yet healed, do not use a diaper wipe. Instead, use a cloth moistened with only water.
 - Gently lift both legs and wash your baby's buttocks. Always wipe from front to back.
 - Clean under all skin folds and between creases.
4. **Dry and apply ointment as needed.** After cleaning, dry the area with a clean cloth. Apply ointment or petroleum jelly as directed if your baby has a rash.
5. **Put on a clean diaper.** Lift both your baby's legs and slide the clean diaper beneath their buttocks. For a boy, gently direct his penis downward as the diaper is put on. If your baby's umbilical cord has not fallen off, fold the diaper down to avoid irritation.

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Caring for the umbilical cord

- **Drying and falling off:** Your baby's umbilical cord will dry and fall off within 1-3 weeks after birth. No routine cleaning is necessary. Avoid cleaning or wetting the cord, as this can extend the time until it falls off. When it falls off, you might see a spot of blood on the diaper or clothes which is normal.
- **Prevent irritation:** Do not pull at the cord stump. Fold the front of the diaper down below the cord stump.
- **Cleaning:** Do not give tub baths until the cord falls off. If the cord becomes soiled with stool or urine, wash it off right away with water. Gently pat the stump dry to prevent infection.
- **Signs of infection:** If you notice redness, odor or oozing from the cord, notify your doctor.

Umbilical cord healing:



Nutrition and feeding

Feeding your baby

Breastmilk provides the best nutrition for your baby



Factors in breastmilk may prevent infections and can help shorten your baby's time in the hospital. Milk from mothers who deliver prematurely differs from milk of mothers who deliver at term and is specially designed for the baby's needs. Even a few drops of the first milk you produce, called colostrum, or "Liquid Gold", contains important infection-fighting cells. We use every drop! Breastfeeding and providing breastmilk for your newborn is one of the most important things you can do for your baby. Even if you had not planned to breastfeed or planned to breastfeed for only a few weeks, breastmilk will give your baby the very best start in life.

Benefits of breastmilk feeding:

- **Nutrients:** Contains 600 essential nutrients that no artificial formula can replicate
- **Brain growth:** Provides fats that help with brain development
- **Body growth:** Includes fats, sugars, and proteins to help the baby grow strong and healthy
- **Digestion:** Hormones help your baby's intestines learn to digest food
- **Immune system:** Delivers antibodies and live cells to prevent and fight infections

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Breastmilk and formula storage:

| GOOD FOR TIME AT TEMPERATURE | Room Temperature 77 °F (25 C) or colder | Refrigerator 40 °F (4 C) | Freezer 0 °F (-18 C) or colder |
|--|---|-----------------------------|-----------------------------------|
| Breastmilk (freshly expressed or pumped) | 4 hours | 4 days | 6-12 months* |
| Breastmilk (thawed, previously frozen) | 2 hours | 24 hours | Never refreeze after thawing |
| Formula (powdered) | 1 hour from start of feed 2 hours from preparation | 24 hours | N/A** |
| Formula (liquid) | 1 hour from start of feed 2 hours from preparation | 48 hours | N/A** |

* 6 months in a normal freezer, 12 months in a standalone deep freezer

** Formula is not designed to be frozen, it destroys the consistency

How to feed your baby

Each baby is sent home with an individualized feeding plan of breastmilk and/or formula. Continue to feed your baby following this plan and discuss any changes with your pediatrician. Your baby's nutritional needs will change as they grow. Your baby should not start solid (baby) foods until around 6 months of age. Discuss starting solid foods with your pediatrician. If you are able to breastfeed or supply breastmilk, continue doing so even after starting your baby on solid foods. Breastfeeding is recommended for at least the first year of your baby's life.

Breastfeeding website: firstdroplets.com

(Video) How Should I Feed My Baby?:
[youtube.com/watch?v=k7VI8unp45o&list=PLKYV5259WcZ1Tf4WQ5f5GUujJOO233qXL&index=2](https://www.youtube.com/watch?v=k7VI8unp45o&list=PLKYV5259WcZ1Tf4WQ5f5GUujJOO233qXL&index=2)

Burping your baby

Burp your baby when you switch breasts or halfway through a bottle feed, and again after they finish eating. Spitting up while burping is normal. Hold your baby in any of the following positions to help them burp:

- **Chest or shoulder hold:** Hold your baby against your chest or shoulder. Support their bottom with one hand. Use your other hand to gently pat or rub their back.
- **Upright on lap:** Sit your baby upright on your lap. Support their chest and head with one hand. Use the other hand to gently pat or rub their back.
- **Across lap:** Place your baby across your lap, face down with their head, chest, and belly resting on your lap. Hold your baby securely with one hand and use your other hand to gently pat or rub their back.

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Newborn screening tests

Newborn screening tests for all babies



Newborn screening is essential for detecting conditions that benefit from early intervention. Before your baby goes home with you, they will undergo the following tests:

Newborn screening test (PKU test)

- **Purpose:** Screens for rare but serious health conditions using a small sample of blood taken from your baby's heel. Many of these conditions can be treated if found early.
- **Timing:** Testing is typically done when a baby is 24-48 hours old.
- **Results:** It usually takes several weeks to get results. If a positive screen is detected, you and your pediatrician will be notified immediately, and follow-up testing will be ordered. If you have not been informed of an abnormal test result after several weeks, it is most likely normal. Feel free to ask your provider for your baby's results if you are concerned.

CCHD screen

- **Purpose:** This test uses pulse oximetry to measure the amount of oxygen in your baby's blood to detect a critical congenital heart defect (CCHD) before symptoms appear.
- **Timing:** This test is performed close to discharge, with the result showing as a pass/fail.
- **Note:** It is not necessary to perform a CCHD screen if your baby has already received an echocardiogram (ultrasound of the heart) after birth. If your baby is found to have low pulse oximetry screening, they will be evaluated further by a cardiologist (heart doctor).

Hearing screen

- **Purpose:** Checks for hearing loss in a quick, painless test, often done while your baby is asleep.
- **Timing:** This test is typically completed in the hospital prior to your baby's discharge. Your baby should be screened for hearing loss no later than 1 month of age.
- **Note:** An abnormal hearing screening does not mean your baby cannot hear. Most babies who do not pass the hearing screen can hear but need more testing after discharge.

Click here for more information on the California Newborn Screening Program:

babysfirsttest.org/newborn-screening/states/california

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Screening tests for preterm babies

Eye exam

- **Who needs it:** Babies born at 32 weeks gestational age or less, or those who weighed less than 1500 grams (3 pounds, 5 ounces) at birth.
- **Timing:** Eye exams start at 4-7 weeks of age, then continue weekly while in the hospital.
- **Purpose:** The exam identifies any changes in the eye tissue caused by retinopathy of prematurity (ROP). ROP is abnormal development of the blood vessels in the back of the eye which, if severe, may cause blindness. Early detection of ROP allows for treatments to preserve vision.

Blood count

- **Timing:** A final blood count test is usually done the week of your baby's discharge.
- **Purpose:** Measures red blood cell levels. If your baby has a low blood count, the doctor may order a blood transfusion or prescribe iron medication to assist your baby in making new red blood cells. Follow-up lab tests will usually be done in your pediatrician's office or an outpatient clinic.

Cranial ultrasound

- **Who needs it:** Infants born at 32 weeks gestational age or less.
- **Timing:** The first one is usually done at 3-10 days of age.
- **Purpose:** A head ultrasound detects bleeding in the brain.

Car seat test

- **Who needs it:** Infants born earlier than 37 weeks gestational age, who weigh less than 2500 grams at birth, who need oxygen at home, or have any medical conditions that may affect their ability to tolerate a sitting position.
- **Timing:** Usually done one or two days before discharge.
- **Purpose:** The test ensures your baby has stable breathing and heart rate patterns while positioned in the car seat.
- **Preparation:** You will bring your car seat to the hospital. Be sure to check your baby's weight before buying a car seat. Some babies are too small for some car seats. Make sure all the straps are in place and the car seat is in good condition and not expired (you can find the expiration date on the side of the car seat).
- **Testing:** During the test, your baby will be placed in the car seat for 90 to 120 minutes or the length of the car ride home, whichever is longer. Your baby's nurse will monitor your baby's heart rate, breathing, and oxygen levels. If your baby passes the car seat test, you will be able to use the car seat you have provided. If your baby does not pass their car seat test, the hospital may repeat the test. Please discuss with your baby's doctor or nurses if you have any further questions.

Please refer to the video link below on how to place your baby in the car seat.

Placing your baby in the car seat:

[youtube.com/watch?v=bUcj0g02jtq&t](https://www.youtube.com/watch?v=bUcj0g02jtq&t)

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Transition to home

Easing the transition to home

How your new baby responds to living at home after being in the hospital depends on:

- Your baby's age or adjusted post-gestational age (for premature babies) or developmental level.
- Your baby's temperament, or how your baby usually responds to different situations, stimulation or environments.
- How long your baby is in the hospital.
- The reason your baby is in the hospital.
- The pain or discomfort your baby may have experienced.
- Medicines your baby may be taking.

How to help your baby adjust to being home

Your baby's new home environment will be different from what they are used to at the hospital. To help them ease the transition:

- Begin **routines** (e.g. sleeping or eating) at home. If your baby developed a routine for feeding and sleeping in the NICU, try to continue this timing at home if it works with your family needs.
- Take time to **bond** with your baby.
- **Limit visitors** to a minimum. If you do have visitors, ask them to confirm that they, and everyone in their household, are healthy before they visit. Ask all visitors to wash or sanitize their hands as soon as they arrive, even if they don't think they will touch or hold the baby.

Remember, it's normal for it to take some time to develop daily habits that work for you and your baby. Don't get discouraged; be patient and flexible as you both adapt to life at home.

How to help your family adjust to your new baby at home

- Spend time together as a family.
- Get back to your usual family routines and rules.
- Encourage your family to talk about the hospital experience. For example, you can read stories about what happened at the hospital to sisters and brothers.
- Make sure everyone (including sisters and brothers) washes their hands before touching your baby.
- Encourage your family to participate in your baby's care at home, such as changing diapers or feeding.
- Allow your baby's sisters or brothers to talk about their feelings about having the new baby at home.
- Schedule time with sisters or brothers who may have felt left out during the hospitalization.
- Talk to your extended family and friends about your baby's special needs or issues.

How to help yourself adjust to being home

Some parents and caregivers also need time to adjust to home life. You may have new tasks in caring for your baby's medical needs at home. You may feel extra tired or unusually busy as you help your family adjust to living with a new family member. Take care of yourself. You are important to your baby and family.

- **Take breaks:** A quick walk or short nap can be just the thing to refresh your body and spirit.
- **Get rest:** Get as much rest as possible. Try to sleep when your baby sleeps, if you can.
- **Seek help** from a support group, friends or extended family.

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- **Accept help:** Say “yes” to offers of help from your friends or extended family. Offers such as prepared meals, babysitting, grocery shopping, housekeeping etc., will make your life easier or free up some of your time.
- **Relax during feeding:** During breastfeeding or bottle-feeding, find a comfortable and relaxed setting. Don't be afraid to ask for help so you can focus on your baby.
- **Contact your baby's doctor** with questions or concerns.

(Video) When Can My Baby Leave the Hospital?:

<http://youtube.com/watch?v=IFva1wxvRmM&list=PLKYV5259WcZ1Tf4WQ5f5GUujJOO233qXL&index=1>

Tips and tricks for transition to home

Time savers for feeding and pumping

- **For multiples:** Keep your babies on the same schedule. If one baby wakes early for a feed, wake the other baby(s) and feed him/her as well.
- **Pre-pump:** Pump your next feed(s) directly into the bottle (this works well with most common brand bottles) and leave it at the bedside ready to go. Breastmilk can stay at room temperature for 4-6 hours. This will save you time from pouring milk into separate containers, refrigerating milk, and warming it. The milk is all set up and ready to go!
- **Preparing formula:** If you are feeding formula, make a large batch made up before bedtime, pre-fill bottles, and keep them in the fridge ready to go. Invest in a bottle warmer or get a hot water dispenser to make bottle warming quick and easy in the middle of the night.
- **Supplies:** Have enough bottles to get you through a whole night without washing. Also having several pump kits to last you through the

night will help you get more sleep. Store used bottles and pump kits in zip-lock bags in the fridge until the morning, then you can wash them all together at once rather than using precious sleep time to wash during the night.

- **Reflux:** For babies with reflux, use a safe, inclined baby chair to put them in while pumping after feeding. This can be a bouncy chair, pod, rock and play, etc. Once you're done pumping, be sure to place your baby back in a safe sleep location, such as a crib or bassinet, as they should not sleep in a bouncy chair, pod, rock and play, etc.

Tips and tricks for managing life at home

- **Bond during pumping:** Not being able to hold your baby after feeding because you need to pump can be very difficult emotionally. Take this time to read to your baby while they sit next to you in an inclined chair. Reading to your baby is great for development and bonding and makes pumping more enjoyable.
- **Baby carriers:** Using carriers such as K'Tan, Moby, Baby Bjorn, Ergo, etc. (there are many on the market) is a great way to bond with your baby and keep them upright after feeds during the day when you have bottle washing or other things to get done.
- **Delivery services:** Using delivery or drive-up/pick-up to order meals or baby care products, such as formula or diapers, is a convenient time-saving option. It also helps keep your baby at home, away from potential illness during flu and viral seasons.
- **Use tracking apps,** such as Baby Connect, MyPreemie, or Hatch, to record feeds, volumes, doctor appointments, development, and notes about your baby.

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- **Talk to your pediatrician:** Always remember that you are your baby's best advocate, and you know your child better than anyone else. Don't be afraid to ask your pediatrician about feeding or medication plans after you are discharged. If something doesn't seem to be working well or doesn't feel right, speak up and let your pediatrician know.
- **Organize medical information:** If you have multiple doctor's appointments for your baby, it's helpful to keep a binder with details of the appointments, specialists, and questions you want to ask them. Take short notes about what was discussed during these visits. Managing life after discharge can be overwhelming, and having these notes will help you remember the details to reflect on later or discuss with your spouse/partner or your pediatrician.
- **Keep your baby well-fed and warm:** Stick to your feeding schedule no matter who shows up to visit. Dress your baby in layers (onesie under pajamas or clothes, sleep sacks, or swaddlers on top of pajamas). Hats are okay during the day when you are awake with the baby. Another recommended item is a two-way zip onesie so that during the middle of the night, you can change the diaper without having to remove clothing and won't have to fumble with buttons or snaps.

When you go to the pediatrician, ask the nurse to take your baby's temperature before you undress and weigh and measure the baby. If your baby is undressed for several minutes and placed on a cold scale the temperature may drop quickly.

Tips and tricks for twins

- **Feedings:** If one baby wakes up for a feeding, wake up and feed the second baby within 30 minutes to keep them on the same schedule. It is recommended to keep twins on close feeding schedules so that parents can also get some rest while the babies are sleeping. After feeding the first baby, put them in a swing or rocker in an inclined seating position while you feed the second baby. Once the second baby is fed, move them to the swing/rocker and transfer the first baby to the crib. Pump after the second feeding, then return the second baby to the crib.
- **Create a sleep-friendly environment:** With two babies sleeping in one room, it is helpful to use a sound machine and a black-out curtain to promote sleep. White noise can block out background noises, especially if you have a roommate/sibling in the room with you. (These tips may even help with singletons too.)

Some twin resource websites that may be helpful:

Twin Winning — Support & resources for the new twin mom

Twiniversity Approved Resources: Support, Services and More!

The Ultimate New Twin Mom Survival Guide: 12 Tips from Two Twin Moms — Twinside Scoop

(Video) Finding Support After Being Discharged With New Baby:

<http://youtube.com/watch?v=EnpBaoSCJXc&list=PLKYV5259WcZ1Tf4WQ5f5GUujJOO233qXL&index=3>

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Circumcision care

What to expect

- **Healing:** Right after circumcision, your baby's penis may appear slightly swollen where the foreskin was removed. A healing penis may initially look very red with a yellowish coating, which will disappear over several days. Your baby's penis should heal in 7-10 days.
- **Dressing:** The penis may be covered with a light dressing like a petroleum-coated gauze. The gauze may come off when your baby urinates. You may continue to cover the penis with petroleum gauze for the first couple of days following the procedure to prevent tender skin from sticking to the diaper.
- **Cleaning:** Most important is to keep the area as clean as possible. If stool gets on the penis, use warm water to clean the area. You may gently blot the area or squeeze water from a wet cloth or cotton ball onto the penis. Do not use soap or diaper wipes as these may sting or irritate the penis.
- **Retraction:** After your baby's circumcision, the edge of the remaining foreskin might stick to the head of the penis. Starting about one week after the circumcision, you can help prevent this sticking (called adhesions) from forming by retracting (gently pulling back) the foreskin, so you see the ridge between the head of the penis and the shaft, at least 2 to 3 times a day when you change your baby's diaper.

When to call the pediatrician

Infection is rare, but if you are concerned, you should call your pediatrician. Signs of possible infection may include:

- Redness that does not go away
- A penis that remains very swollen
- Crusted yellow sores or blisters
- Foul smell

What to do after the circumcision has healed

After the circumcision has healed, the penis usually requires no additional care. Occasionally, a small piece of the foreskin remains. If so, pull back this skin gently each time you bathe your baby and gently clean the area.

For additional information refer to the link below.

How to Care for Your Baby's Penis:
[healthychildren.org/English/ages-stages/baby/bathing-skin-care/Pages/Caring-For-Your-Sons-Penis.aspx](https://www.healthychildren.org/English/ages-stages/baby/bathing-skin-care/Pages/Caring-For-Your-Sons-Penis.aspx)

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Positioning for sleep

- **Back to Sleep:** Always place your baby on their back to sleep. The American Academy of Pediatrics (AAP) recommends that healthy infants be placed on their backs to sleep. Placing babies on their backs to sleep does not increase the risk of other problems like choking, flat head, or poor sleep. By comparison, babies who are placed on their stomachs to sleep are at higher risk for sudden infant death syndrome (SIDS). Other ways to reduce SIDS include breastfeeding, refraining from smoking, and getting routine checkups for your baby.
- **Avoid soft surfaces:** IMPORTANT! Do not let your baby sleep in the middle of your bed, couch, or other soft surface, like a waterbed. If your baby's face gets caught in these soft surfaces, they may suffocate.
- **Sleep space:** Your baby needs their own crib or bassinet. Allowing your baby to have a designated, independent sleep space establishes the foundation for good sleep habits for your child as they grow older.
- **Crib safety:** Use a crib or bassinet that has firm sides. Use a firm, flat mattress. Cover the mattress with a fitted sheet made especially for the type of mattress you use. Remove all objects, such as toys, pillows, bumpers, or blankets from your baby's bed while they sleep.

- **Temperature:** Do not let your baby get too hot. Keep the room at a temperature that is comfortable for an adult.
- **Pacifier:** It is safe to offer your baby a pacifier when they are put to sleep if they are receptive to it.

Safe Sleep Recommendations from the AAP:

[healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx](https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx)



Tummy time

Why tummy time is important: Babies spend a lot of time sleeping on their backs. Tummy time while awake helps build the arm and shoulder strength needed for future milestones like reaching for toys and crawling.

How to engage in tummy time:

- Your baby will be ready for tummy time when they are awake, alert, and calm.
- Start with short periods of tummy time by placing your baby on their stomach for 2-3 minutes daily. Gradually increase tummy time to once or twice per day for 10-20 minutes.
- Lie on your back, placing your baby tummy down on your chest.

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- Once on their tummy, put the baby's hands and arms bent underneath their shoulders to help prop themselves up and support their upper body.
- Place a rolled towel under your baby's shoulders with their arms draped over the rolled towel to support their upper chest to make head lifting and movement easier.
- If you lay your baby down on the floor, lie on the floor with your baby and talk or sing to them.
- Always stay with your baby during tummy time, and never leave them unattended.
- If your baby was born preterm, wait until your baby's due date before beginning tummy time.



Comforting your baby

Babies communicate with you by crying. Cries may mean your baby is hungry or needs a new diaper. They may mean your baby is hot or cold, or tired and having trouble calming down to sleep. It may take a few weeks to know what your baby is communicating with which cry. At first, try different things to see what works. Sometimes, you may not be able to find a reason for the crying, and this may be very troubling. You may feel stressed and overwhelmed.

Tips for comforting your baby:

- Hold your baby skin-to-skin and rock them or swaddle your baby in a soft blanket.
- Gently pat your baby's back or bottom. Stroke or rub their head.
- Quietly sing or talk to your baby, or play soft, soothing music or white noise.
- Go for a drive with your baby in their car seat or go for a stroller ride.
- Burp your baby to get rid of extra gas.
- Check their diaper, they may be upset because their diaper needs to be changed.
- Give your baby a soothing, warm bath.

Tips for when you can't get your baby to stop crying:

- Take a breath, close your eyes, and count to 10.
- Put your baby in the crib and leave the room for a few minutes.
- Avoid picking up your baby until you're calm.
- Ask a family member, friend, or neighbor to take over for a while.

You should never shake your baby under any circumstances. While you may become frustrated if your baby won't stop crying, shaking your baby poses a serious risk to your baby's health. Shaken Baby Syndrome (SBS) is a serious brain injury caused by forceful and violent shaking of a baby. The movement of a baby's head back and forth can cause bleeding and increased pressure on the fragile brain. A baby's neck muscles are not strong enough to tolerate this "whiplash" motion. Many babies die from SBS and others who survive may have intellectual disability, blindness, paralysis, seizure disorders, and/or learning and speech problems.

If you shake your baby or you are concerned that someone else may have shaken your baby, call your healthcare provider right away or go to the emergency room.

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Signs and symptoms of SBS may include:

- Extreme crankiness
- Difficulty staying awake
- Trouble breathing or no breathing
- Seizure and vomiting
- No reaction to sounds or acting lifeless
- Tremors or shaking

Learning to deliver CPR

CPR (Cardio Pulmonary Resuscitation) is important to learn if your baby ever stops breathing.

When your baby is being discharged from the NICU, please watch the first video link below.

You can also register for an in-person CPR class offered by El Camino Health at either the Mountain View or Los Gatos campus using the second link below. (There is a fee for the in-person class, but discounted rates may be offered upon request.)

Click here to watch "How to Provide Infant CPR":
[youtube.com/watch?v=ksLwSIUljP4](https://www.youtube.com/watch?v=ksLwSIUljP4)

Click here to register for the in-person "Infant & Child CPR" class at El Camino Health:
elcaminohealth.coursetorm.com/category/maternal-child-education

Pets at home

- Be alert when you have pets in the house. Family pets can often exhibit jealous behavior and hurt your baby.
- Pets should never be left alone with a baby even if the animal has previously seemed friendly.
- Talk to your vet about ways to introduce your baby's scent to a pet before bringing your baby home.

- Pet reptiles, including turtles, snakes and lizards, are common sources of infection from salmonella in children.
- Make sure that cats don't have access to the crib. Cats have been known to crawl into the cozy cribs of infants to sleep and have inadvertently suffocated babies.

NICU discharge medications

For preterm babies, we frequently recommend you give iron and multivitamin supplementation following discharge from the hospital. Both medications are available at most grocery and drug stores. We will ask you to buy and bring those medications with you to the hospital a day prior to your baby's discharge. You will practice giving these medicines before you take your baby home.

Please refer to the video link below.

How to give multivitamin and iron:
[youtube.com/watch?v=LxS_t2qvtqU&t](https://www.youtube.com/watch?v=LxS_t2qvtqU&t)

Follow-up appointments

Your pediatrician

After discharge from the hospital, your pediatrician will be your baby's primary doctor. We will send a summary of the baby's hospital course to your pediatrician on the day of discharge. We generally suggest you make an appointment with your pediatrician within 1 or 2 days of discharge. Once the baby is discharged home from the hospital, questions and concerns regarding your baby should be directed to the pediatrician.

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Additional referrals for some NICU babies

High risk infant follow up clinic (HRIF)

This multidisciplinary clinic follows infants who are at increased risk for neurodevelopmental problems due to prematurity (under 32 weeks gestation or under 1500 grams, or 3 pounds, 5 ounces, at birth), genetic conditions, or severe illness. Our NICU team will make the appointment referral for you. You will be contacted by the clinic in the first few weeks after discharge to arrange an appointment. The clinic will evaluate your infant's development and make recommendations for any further services that may be needed.

Early Start and SSI

These are special programs that some, but not all, infants and families may be eligible for, and the social worker or case manager will talk to you if your baby qualifies. Early Start is a state sponsored program for therapy services, and we will make this referral for you if your infant meets the state guidelines for referral. In addition, some babies might be eligible for Social Security benefits (supplemental security income = SSI) and the social worker will talk to you about applying for this if your baby qualifies.

Other appointments may include:

- Ophthalmologist (eye doctor)
- Cardiologist (heart doctor)
- Pulmonologist (lung doctor)
- Physical therapy
- Occupational therapy and/or feeding therapy
- Specialty services for other types of doctors if your infant requires follow up
- Lactation Consultants are also available to see mothers and infants after discharge

(Video) Follow-up Care For My Baby After Discharge:

[youtube.com/watch?v=oq6MUcXbglc&list=PLKYV5259WcZ1Tf4WQ5f5GUujJOO233qXL&index=5](https://www.youtube.com/watch?v=oq6MUcXbglc&list=PLKYV5259WcZ1Tf4WQ5f5GUujJOO233qXL&index=5)

Click here for more information about Early Start if your baby qualifies: dds.ca.gov/wp-content/uploads/2022/05/Family_Introduction_to_California_EarlyStart_English_05022022.pdf

Click here for more information about potential SSI benefits if your baby qualifies:

[verywellfamily.com/social-security-benefits-for-your-premature-baby-2748695](https://www.verywellfamily.com/social-security-benefits-for-your-premature-baby-2748695)



When to call the pediatrician

Please call your pediatrician with any questions or concerns. If you notice any of the following, contact your baby's doctor.

- Temperature under 97.5 F (36.5 C) or over 100.4 F (38 C)
- Vomiting repeatedly or forcefully or with blood in the vomit
- Refusing to eat for more than 2 feedings in a row
- Less than 6 wet diapers in 24 hours
- No poop/stool for 48 hours
- More than 2 diarrhea stools in a day, or blood in the stool

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- Swollen stomach that does not go down
- Excessive sleepiness, or you cannot wake up your baby with touching and handling
- Extreme irritability and the baby cannot be consoled
- Swelling or drainage around eyes
- New blisters or pustules on the skin
- Congested cough or runny nose
- Patches of white in the mouth (thrush)

Seek care immediately or call 911 if:

- Your baby has blue lips
- Your baby is having difficulty breathing or is not breathing

Safety tips

Keep the discharge instructions in your diaper bag for quick reference.

Keep emergency phone numbers stored in your cell phone and/or posted near the telephone in your home.

Know where the nearest emergency room is that provides pediatric care (has a Pediatric ER) and store the address and phone number in your cell phone and/or posted near the telephone in your home.

Head and neck support: Support your baby's head and neck when holding them.

Place on a safe surface: Keep an eye on your baby. Never leave your baby alone on a bed, sofa, table or other high surface. Even young babies may be able to flip over or wiggle their way to an edge and fall.

Sleep safety: Always place your baby on their back to sleep. Your baby should sleep on a firm surface unobstructed by soft objects like bumper pads, blankets, stuffed animals or pillows. These could

suffocate your baby and lead to Sudden Infant Death Syndrome (SIDS). For more information, see section in Newborn Care on "Positioning for sleep."

Crib safety: Inspect your crib for safety. New cribs are generally built according to the latest safety guidelines, but older cribs may not meet these standards.

- Slats should be no more than 2 3/8 inches apart so your baby's head cannot get caught between them.
- The mattress should come right up to the sides of the crib.
- Mobiles should be removed from the crib once your baby can stand.
- Cords or strings from blinds and appliances should be out of your baby's reach.

Toy safety: Choose toys that cannot be swallowed by your baby. As a general rule of thumb, a toy is a choking hazard if it fits in the center of a toilet paper roll. Avoid toys that have small parts or sharp edges.

Avoid using toys or pacifiers that tie around your baby's neck. Do not put necklaces on your baby. Take off bibs or other clothing tied around your baby's neck before putting them into a crib or playpen. Cords or strings of any kind should be kept out of your baby's reach.

Bottle safety: Heat your baby's bottle in a bottle warmer or in a bowl of warm water. Avoid microwaving your baby's bottles. Microwaving liquid can create hot spots in the milk or formula and destroy the good antibodies in breast milk. If the bottle feels hot, test the milk's temperature by putting a few drops on the inside of your wrist. If it's hot to the touch, wait to feed your baby until the milk has cooled.

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Burn safety: Adjust your water heater temperature setting to less than 120F. Be sure to keep hot liquids and drinks away from your baby's reach. Burns in early childhood are most often caused by hot liquid or tap water. When cooking, use back burners, turn pot handles inward, and keep your baby away from the stove.

Sun safety: Use hats and the shade of a stroller or an umbrella to shield your baby from direct sunlight. Be sure that the clothing your baby wears in the sun during warmer weather is lightweight so they do not overheat. Babies lack the ability to sweat and are unable to cool off when it's very hot. You may use infant-approved sunscreen after your baby is 6 months old.

Sibling safety: Explain your baby's needs to older siblings. Make sure older sisters and brothers understand not to pick up your baby even when they're crying until checking in with an adult.

Chemical and medication safety: Keep household cleaners, chemicals and medications out of your baby's reach. Always store these items in their original containers so that everyone can easily tell what they are. Buy products with child-resistant caps, and make sure cabinets that are accessible to your baby are locked.

Smoking safety: Refrain from smoking around your baby. Smoking in the home increases the risk of Sudden Infant Death Syndrome and respiratory illnesses. Wear a smoke jacket or shirt when smoking outside and remove it before interacting with your baby. Wash your hands after smoking.

Car seat safety: Make sure you have a car seat that meets federal safety standards. Be sure to install the car seat properly and always correctly buckle your baby into the seat when you drive. Local fire stations often have programs to check the proper installation of car seats. If you need help finding someone to check your car seat, ask your nurse or social worker for help.

(Video) Preparing My Home For My New Baby: [youtube.com/watch?v=Wd885t26M8s&list=PLKYV5259WcZ1Tf4WQ5f5GUujJOO233qXL&index=4](https://www.youtube.com/watch?v=Wd885t26M8s&list=PLKYV5259WcZ1Tf4WQ5f5GUujJOO233qXL&index=4)

Immunizations

Why get your baby vaccinated?

Vaccine-preventable diseases are much less common than they used to be, thanks to immunization; however, they have not gone away completely. Consider that before the measles vaccine was invented, nearly everybody in the U.S. became infected with the virus at some point in their lives and hundreds died each year. By comparison, doctors working in the U.S. today may never see a single case of measles.

Outbreaks of some of diseases still do occur, and vaccination remains important. For example, in 2013 there were several measles outbreaks around the nation, with large outbreaks in Texas and New York City. It only takes one or two people to introduce a disease to a community. If members of that community aren't vaccinated, the threat of an outbreak is likely. Bottom line: When fewer babies get vaccinated, more babies get sick. You can protect your baby by vaccinating them.

Children usually catch vaccine-preventable diseases from other children or adults, who might not even know they are infected. For example, a mother infected with Hepatitis B can infect her baby at birth.

Most vaccines are typically administered to babies starting at two months of age.

For additional information refer to the link below.

Vaccines & Immunizations:
[cdc.gov/vaccines/index.html](https://www.cdc.gov/vaccines/index.html)

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Hepatitis B

- Signs and symptoms of hepatitis B infection include tiredness, diarrhea and vomiting, jaundice (yellow skin or eyes), and pain in muscles, joints and stomach. But usually there are no signs or symptoms at all.
- Hepatitis B can lead to liver damage and liver cancer. Some people develop chronic (long term) hepatitis B infection. These people might not look or feel sick, but they can infect others.
- Hepatitis B may cause liver damage and cancer in 1 out of 4 children who are chronically infected.
- This vaccine is typically administered within the first hours or days of life.

Respiratory Syncytial Virus (RSV) Prevention

- RSV causes cold symptoms such as cough, congestion, and fever. In young infants, symptoms may be more severe and include trouble breathing or eating and hospitalization. Preterm babies or babies with lung, heart, or immune deficiency problems are at the greatest risk for disease-related complications.
- Other RSV signs and symptoms can include:
 - Labored breathing or fast breathing, wheezing, and gasping for breath
 - Bluish lips and fingertips
- RSV season starts in the fall and runs into the spring. The virus spreads easily. If you're not sure whether your baby has RSV, call your doctor.
- An RSV immunization uses monoclonal antibodies to protect infants and young children from severe RSV disease. This immunization gives your baby's body extra help to fight an RSV infection.

- Infants younger than 8 months old during RSV season (typically fall through spring) should get a one-dose RSV immunization to protect them against RSV. This dose should be given shortly before or during the RSV season.
- Other RSV prevention:
 - Wash your hands before touching your baby
 - Avoid bringing your baby to crowded places
 - Do not smoke near your baby

DTaP Vaccine

- **Diphtheria (the 'D' in DTaP vaccine)**
 - Signs and symptoms of diphtheria infection include a thick coating in the back of the throat that can make it hard to breathe.
 - Diphtheria can lead to breathing problems, paralysis, and heart failure.
 - About 15,000 people died each year in the U.S. from diphtheria before there was a vaccine.
- **Tetanus (the 'T' in DTaP vaccine; also known as Lockjaw)**
 - Tetanus is unique among vaccine-preventable diseases because it is not spread from person to person. Often, the bacteria enter the body through an open wound, like a cut caused by a contaminated object.
 - Signs and symptoms of tetanus infection include painful tightening of the muscles, usually all over the body.
 - Tetanus can lead to stiffness of the jaw that can make it difficult to open the mouth or swallow.
 - Tetanus kills about 1 person out of every 10 who get it.

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- **Pertussis (the 'P' in DTaP vaccine, also known as Whooping Cough)**
 - Signs and symptoms include violent coughing spells that can make it hard for a baby to eat, drink, or breathe. These spells can last for several weeks.
 - Pertussis can lead to pneumonia, seizures, brain damage, or death. Pertussis can be very dangerous in infants.
 - Most pertussis deaths are in babies younger than 3 months of age.

Any caregiver who spends a significant amount of time taking care of the baby should be vaccinated against Whooping Cough.

Hib (Haemophilus influenzae type b) Vaccine

- Signs and symptoms of Hib infection include fever, headache, stiff neck, cough, and shortness of breath. There might not be any signs or symptoms in mild cases.
- Hib can lead to meningitis (infection of the brain and spinal cord coverings); pneumonia; infections of the ears, sinuses, blood, joints, bones, and covering of the heart; brain damage; severe swelling of the throat, making it hard to breathe; and deafness.
- Children younger than 5 years of age are at greatest risk for Hib disease.

Polio Vaccine

- Signs and symptoms of polio infection include flu-like illness, or there may be no signs or symptoms at all.
- Polio can lead to permanent paralysis (in arms or legs, or sometimes inhibits breathing) and death.
- In the 1950s, polio paralyzed more than 15,000 people every year in the U.S. Now it is close to being eliminated worldwide.

Pneumococcal Vaccine

- Signs and symptoms of pneumococcal infection include fever, chills, cough, and chest pain. In infants, symptoms can also include meningitis, seizures, and sometimes rash.
- Pneumococcal disease can lead to meningitis (infection of the brain and spinal cord coverings); infections of the ears, sinuses, and blood; pneumonia; deafness; and brain damage.
- About 1 out of 15 children who get pneumococcal meningitis will die from the infection.

Immunizations for Preterm Infants

Some parents of NICU babies are concerned about immunizing their newborns. They worry that their babies may be too young or too fragile to safely receive vaccines. All preterm babies should be given the standard childhood vaccinations. They should get every immunization when they reach the ages at which these shots are normally given to all children.

If you're uncertain, keep in mind:

- If preterm babies get the infections that vaccines can prevent, they have a greater chance of having disease-related problems due to immature immune systems.
- All of the available vaccines are safe when given to preterm and low birth weight babies.
- Any side effects associated with the vaccines are similar in both full-term and preterm babies.

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Hepatitis B Vaccine: In most circumstances, the AAP recommends the hepatitis B vaccine for stable, low birth weight preterm babies at one month of age or before the baby is discharged from the hospital to return home, whichever comes first. For babies born at 2000 grams (4 pounds, 6.5 ounces) or more, this vaccine should be given in the first hours or days of life regardless of gestational age.

RSV Prevention: The RSV monoclonal antibody immunization is typically given to preterm infants around the time of discharge when they are discharged home during RSV season (normally fall through spring).