Table of Contents

[Veteran Parent Perspective 2](#_Toc436045415)

[Decreasing the Risk of Infection 3](#_Toc436045416)

[All About You: the Mother of an NICU Infant 5](#_Toc436045420)

[Being a Parent of an Infant in the NICU 6](#_Toc436045421)

[Coping with Your Baby’s Hospitalization: Survival Tactics for Parents 8](#_Toc436045422)

[Development of Your Preterm Infant 9](#_Toc436045423)

[Discharge Planning 11](#_Toc436045424)

[Feeding Your Baby 13](#_Toc436045425)

[Understanding Prematurity 14](#_Toc436045426)

[Interacting with Your Preterm Infant 15](#_Toc436045427)

[Medications and Your Baby 17](#_Toc436045428)

[Pain and the NICU Infant 19](#_Toc436045432)

[Parenting Your Baby 20](#_Toc436045433)

[Veteran Parent Experience: Taking Your Baby Home 22](#_Toc436045434)

[Your Baby and the Respiratory Therapists (RTs) 23](#_Toc436045435)

# Veteran Parent Perspective

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| Key Messages | Parents benefit from talking to a veteran parent who has lived through the experience of having an infant stay in the NICU. Through providing a listening ear and sharing their experience, veteran parents enable parents to feel more at ease by sharing methods of coping, practical tips, and by giving hope for the end of the traumatic experience. A veteran parent can provide support through “one-on-one” support at the bedside or through small group education, which also creates opportunities for parents to connect. |
| Learning Objectives | * To understand that the NICU is not a road to navigate alone * To help parents realize they are not alone * To realize there is support and information available * To understand that the road is long and stressful, but there is a light at the end of the tunnel |
| Tools, Activities and Discussion Points | * Share stories/experiences * Share tips on getting through their experience * Discuss and share * feelings of sadness, anxiety/worry * experience of pumping, feeding, what worked/what didn’t * experience of asking for help from staff, family and friends * Discuss how to obtain support and information * Have veteran parents share photo albums and/or other records of their infant’s NICU hospitalization, and transition to home life |

# Decreasing the Risk of Infection

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| Key Messages | For the NICU infant to remain healthy both in the hospital and following discharge, families have to understand that many infants can be at risk for serious respiratory infections or require subsequent hospitalization. Infants that are premature, multiple, small for gestational age, and have chronic lung disease of prematurity (CLD) and other respiratory conditions (including asthma), hemodynamically significant congenital heart disease (HSCHD), and neuromuscular disorders are at particular risk. |
| Learning Objectives | * To discuss the role of the infection control practitioner and the NICU environment (general discussion addressing concerns related to the NICU and risks of acquiring infections in the hospital and at home, e.g. flu and RSV season immunizations) * To discuss baby space, infant equipment, and most importantly, cleaning of the baby space * To understand infection control in the hospital and at home * To discuss how infants acquire infections and why some are more at risk of a serious respiratory infection: immature immune system, many lines and tubes |
| Tools, Activities and Discussion Points | * Discuss the seasonality of infections, how infections are transmitted, what are the consequences of a respiratory infection, how to reduce the risk of acquiring an infection, both in hospital and following discharge (including the baby at home, going out, holiday time, siblings, pets) * Review hand washing procedures; alcohol hand wash, soap and water, the use of gloves, masks and gowns * Discuss infectious disease check list for parents, families, siblings and visitors (hospital specific) * Demonstrate hand washing: DVD on hand washing (Mount Sinai) * Show photos and discuss transmitting infections and being unaware * Discuss the home environment (activities parents can do), siblings/day care, food preparation, taking the baby out in winter, when to call the doctor * Websites for Parents:   + Canadian Premature Baby Foundation; Common Winter Illness booklet.   [cpbf-fbpc.org](file:///C:\Users\jennifer\Dropbox\Active%20Clients\FiCare\editedlessonplansattached\cpbf-fbpc.org)   * + RSV website. <http://rsvshield.ca/public/home>   + Sickkids website. <http://www.aboutkidshealth.ca/En/Pages/default.aspx>     - * <http://www.aboutkidshealth.ca/En/HealthAZ/ConditionsandDiseases/LungandBreathingDisorders/Pages/default.aspx>   + Canadian Paediatric website for parents.     - <http://www.caringforkids.cps.ca/>       * [http://www.caringforkids.cps.ca/handouts/immunization\_information\_on\_the\_internet](http://www.caringforkids.cps.ca/handouts/immunization_information_on_the_internet%20)       * Illnesses & Infections       * Vaccines for children and youth   + Health Canada: Immunization booklet   + Public Health Agency of Canada     - <http://www.phac-aspc.gc.ca/publicat/cig-gci/index-eng.php> * Respiratory illnesses   + Bronchitis, RSV, Flu, pneumonia * Immunizations   + <http://healthycanadians.gc.ca/healthy-living-vie-saine/immunization-immunisation/index-eng.php> |

# All About You: The Mother of an NICU Infant

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| Key Messages | Maternal stress is common in the neonatal intensive care unit (NICU). Having an infant in the NICU is an experience which often impairs bonding, contributes to postpartum depression and anxiety, decreases maternal milk production and impacts the relationship with the mother’s partner. |
| Learning objectives | * To understand the impact of a NICU admission on parental reactions, difficulty coping and feelings experienced with having an infant in the NICU * To learn ways to help parents cope, share examples of support, practice active listening, and provide effective communication * To understand the differences between postpartum blues, postpartum depression, anxiety, mood disorders, and to recognize when treatment is needed * To understand postpartum psychosis and the importance of psychiatric emergency referral * To consider the impact of the loss of an infant, and previous antenatal experiences * To discuss the impact of receiving difficult news * To review interventions to reduce stress: supports available within the hospital and in the community, role of social work, psychiatry support, importance of family meetings, parent programs, parent-to-parent support * To provide psycho-education regarding parenthood and depressive symptoms * To consider involving the entire family in treatment, if needed |
| Tools, Activities and Discussion Points | * + Develop sessions that will focus on the mother’s health and general well-being and provide an opportunity for mothers to think about themselves rather than their infant by encouraging them to: * Understand the emotions they are feeling while their infant is in the   NICU   * Share their fears, optimism, etc. * Talk about their own body, i.e. postpartum care, postpartum   adjustment, stages of adaptation, any medical concerns, postpartum  blues/depression, the mother’s body, birth control, grandparents, family  members and friends   * Share ways that they have found helpful to reduce stress |

# Being a Parent of an Infant in the NICU

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| Key Messages | The complexities of the NICU environment, the appearance of the infant, and the experience of parenting a sick infant in the hospital are known to be stressors for families. These stressors can arouse parental emotions and reactions that may negatively impact their ability to learn about their infant’s care. Family support and education is an essential component of ensuring that parents learn about their infant’s care, become an advocate for their infant, and feel confident and prepared to take their infant home. |
| Learning Objectives | * To provide support, education and information that helps parents to feel less fearful and less intimidated by the NICU * To ensure that parents are able to participate and feel comfortable taking care of their infant, and:   + are able to seek help   + are able to work with their nurse to develop an effective care plan * To support parents to become active members of the healthcare team, by participating in:   + Daily care   + Medical rounds |
| Tools, Activities and Discussion Points | * Encourage veteran parent participation by sharing their experience, by:   + Asking them “What is it like for you?”   + Helping parents find the magic of every day moments with their baby * Provide an opportunity for parents to:   + Cope with setbacks, grief, loss, emotions and feelings   + Understand and support their needs and self-care   + Understand that they can give themselves permission to feel disappointed, helpless, or incompetent * Discuss the parental role, which includes:   + Being there for their baby in the NICU, their important role in creating a partnership and advocating for their baby   + Developing a care plan   + Learning to trust their instincts   + Keeping a diary   + Having faith in their infant, themselves, the staff, and the normal healing process   + Having hope, and creating opportunities for nurturing hope * Provide strategies for skin-to-skin, pumping, and breastfeeding * Outline how parent can obtain up-to-date information from:   + Nurses   + Family meetings   + Medical rounds * Optimize and providing information to enhance competence |

# Coping with Your Baby’s Hospitalization: Survival Tactics for Parents

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| Key Messages | The neonatal intensive care unit (NICU) environment is extremely overwhelming; parents are under stress and grieving due to their infant’s unexpected admission and critical illness. Having an infant admitted to the NICU is a stressful experience for families and can significantly raise the risk for maternal postpartum depression. The NICU is not a road parents need to navigate by themselves; there are many people available to provide support and information. |
| Learning Objectives | * To explore parents’ experiences, discuss common issues, and develop strategies for coping during their infant’s hospitalization * To create an environment where parents feel comfortable and are supported in sharing their experiences * To provide opportunities for sharing of stories, suggestions/tips on getting through the experience, feelings of sadness, anxiety and worry, and strategies related to coping, pumping, and feeding * To explore common themes and develop effective coping strategies * To ensure parents have access to resources and supports that assist with the hospitalization of their infant |
| Tools, Activities and Discussion Points | * Invite a veteran NICU parent to come back and share his or her experience. A parent who has experienced having an infant in the NICU may discuss:   + Developing a healthy parent-child relationship while in the hospital and following discharge   + Survival tactics * Discuss the differences between baby blues and postpartum depression * Provide educational videos/pamphlets * Refer parents to ongoing support, if needed (social worker, psychologist, psychiatrist) * Provide names and phone numbers of contact people * Follow-up with the family as necessary |

# Development of Your Preterm Infant

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| Key Messages | A preterm infant’s brain continues to develop after birth in a suboptimal environment and this process can be impacted by all aspects of the baby’s NICU hospitalization. Providing developmental care is essential for infant neuroprotection and optimal neurodevelopmental outcomes. Nursing staff and parents are key to the provision of neurodevelopmental care and need to work together to advocate for their infant. |
| Learning Objectives | * To understand the impact of preterm birth on brain development and infant outcomes * To identify aspects of the NICU environment and day-to-day procedures that impact brain development and infant outcomes * To demonstrate ways in which infant neurodevelopment can be supported through:   + Ensuring correct positioning and handling   + Providing a calming environment (decreased light and noise)   + Respecting sleep-wake states, cycles, and transitions   + Minimizing stress and pain   + Providing appropriate sensory stimulation (maternal smell, taste/mouth care, comforting touch, soothing voice, sight)   + Encouraging frequent skin-to-skin interaction * To recognize the difference between motor development in a preterm and term infant, corrected age, principles of positioning * To work in partnership with staff to support and advocate for their infant * To educate parents on the importance of developmental/neuroprotective care |
| Tools, Activities and Discussion Points | * Support learning by having parents discuss photos and/or videos that show examples of:   + Normal versus abnormal positioning and handling   + Infants in pain, stress, discomfort, or are calm * Develop an interactive education exercise that allows parents to understand and discuss the outcomes of abnormal positioning (discomfort, developmental issues) * Have parents sit in a chair with limbs splayed, head tilted back and to one side. Ask them how they feel in this position, is it easy to swallow, do they feel comfortable? What will happen if they stay in this position for a long time? * Use a demonstration doll to teach and practice positioning and handling * Provide information on developmental follow up and community resources * Offer appropriate play activities at home * Provide information on appropriate toys and baby equipment to promote normal development and infant equipment that can hinder normal development   Suggested materials:   * Children’s Medical Ventures resources: www.healthcare.philips.com * **Video: No Matter How Small:** A parent’s guide to preterm infant development and behavior. Using current research, this video shows parents how they can help support the normal growth and development of their baby’s brain and is available to both NICUs and parents. * **Parenting Based on the Developmental Progression of Preterm Infants:** This evidence-based booklet is designed to help parents understand and participate in the care of their baby. The booklet is organized by gestational age, describing general development, goals and ways to actively parent a baby through age-appropriate touching and holding, feeding, sleeping, positioning, diapering and bathing. * Create your own library of photos of ex-preterm infants for demonstration * Use shopping catalogues for infants to initiate a dialogue on appropriate baby equipment/toys that parents have bought or intend to buy. This provides an opportunity to discuss appropriate toys and infant equipment from a developmental point of view. * Use a developmental book of photos to initiate a conversation on positioning and interacting |

# Discharge Planning

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| Key Messages | Discharge planning begins at the time of the NICU admission. Promoting family involvement in their infant’s care, ongoing communication, enhancing parental understanding of their infant’s medical issues, and providing anticipatory guidance on preterm infant development and behaviour helps to decrease parental stress and anxiety and facilitate safer transition to home. The impending discharge of an infant from hospital to home can be a stressful time. Many stressors created by the NICU experience can evoke parental emotions and reactions that may negatively influence their ability to learn about their infant’s care. Although many mothers/fathers are excited about the discharge of their infant, parents have described this time as stressful, anxiety-provoking and have feelings of insecurity. The transition from hospital to home creates concern as they will no longer have the expertise and support (monitors) of NICU staff. |
| Learning Objectives | * To understand the importance of their role as parent, advocate, teacher and observer in the hospital and following discharge * To build confidence, increase coping skills, and set realistic expectations for parents and infants   + Parents are providing all of the care for their infant prior to discharge (other than specific medications, and any treatments that require nursing, RTs etc.) |
| Tools, Activities and Discussion Points | * Allow veteran parents to provide experience and discuss “what worked” * Discuss and address individual concerns * Distribute “Baby steps to discharge” (handout) * Review how to get your home ready - purchasing infant equipment, appropriate car seat, crib, playpen, clothing etc. * Discuss the appropriateness of toys and baby equipment * Encourage parents to take a CPR course * Discuss understanding a baby’s cues (their personality) and the baby at home: the first weeks (sleeping, feeding, basic care needs) * Discuss infection prevention, siblings, crowds, visitors, immunizations, RSV * Discuss feeding, breast/bottle, bottle sterilization, formula preparation, formulas, and vitamins * Examine the ability to recognize infant’s health or basic care needs before they require urgent attention: knowing when to call the doctor/911 * Provide community resources/supports: public health nurse, Follow up appointments and referrals as necessary * Discuss available resources in hospital and following discharge: neonatal clinic, infant development, lactation consultants * Provide books, handouts and videos: SIDS, car seat safety demonstration   Web sites: See handout on Discharge planning: parent resources)   * Sickkids (Toronto, Canada) * Caring for Kids * Public Health Agency for Canada * Canadian Foundation for Infant Deaths * Canadian Ministry of Health * Canadian Premature Baby Foundation (CPBF) * Life with Preterm Baby |

# Feeding Your Baby

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| Key Messages | Parents play an important role in the feeding of their infant from birth to discharge and at home. Breastfeeding and breast milk are the gold standard of nutrition for premature infants. To grow and be discharged from the hospital, an infant must be able to orally feed well (breast or bottle) and be gaining good weight. One of the most difficult challenges facing the preterm infant is the ability to feed well orally.  To eventually enable and master oral feeding, there should be plenty of opportunity for early frequent and prolonged skin-to-skin contact and oral immune therapy (OIT). When medically stable and age-appropriate, the infant should be given as soon as possible the opportunity for NNS leading to breastfeeding.  Working with the mothers feeding plan, every opportunity should be provided for successful feeding, i.e. ongoing support with breast pumping and breastfeeding. |
| Learning Objectives | * To understand the goals of feeding a preterm infant, include the:   + Process   + Nutrition and growth * To understand the importance of breast milk, and strategies related to:   + Pumping and breastfeeding/bottle feeding (if applicable) * To understand different feeding stages from NICU to home * To learn the most effective way to maximize their baby’s feeding time |
| Tools, Activities and Discussion Points | * Support the parent through the infants’ feeding plan as they progress through the stages of feeding, tube feeding – fully oral feeding * Review the normal feeding stages that a baby in the NICU goes through from birth to discharge i.e. IV,TPN, nourishment through a tube, breast, or bottle * Discuss the benefits of breast milk/risks of feeding breast milk substitutes * Outline the role of the dietitian * Discuss the growth of the preterm infant, weight gain, and how breast milk and/or formula and supplements help their baby grow * Discuss the parents’ role in feeding of their baby and how parents can help to maximize their baby’s feeding experiences (i.e. Kangaroo Care, NNS, OIT, oral feeding) * Review awareness of feeding cues, feeding quantity, and demand schedule as the baby matures * Ensure feeding is infant-driven, individualized, developmentally appropriate to ensure safety * Teach parents comfortable positioning of their infants during feeding * Ensure parents are putting into practice the knowledge that they have gained |

# Understanding Prematurity

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| Key Messages | The modern day neonatal intensive care is a highly technical environment where parents are reluctant to become involved and for the most part are peripheral to the care process of their infant.  This experience can leave parents feeling powerless and cause them hesitate to become involved. Effective communication strengthens partnerships and provides a healthy environment for engaging families in the care of their infant(s). Knowledge helps to reduce fear.  Parents need information that helps them to understand the medical complexities of a preterm infant, which may reduce fear and help parents to then focus on what they need to know. |
| Learning Objectives | * To provide families with:   + a better understanding of medical issues that a preterm infant may experience   + an overview of the systems and how it relates to prematurity:     - respiratory, neurological, u/s and apnea, retinopathy of prematurity, feeding, necrotizing enterocolitis, and sepsis   + an opportunity to ask or clarify general medical questions   + information on the role of the medical team, rotation and medical rounds   + information on the importance of family update meetings, plan of care, and how to arrange a meeting |
| Tools, Activities and Discussion Points | * Facilitate learning, by: * Drawing on a white board to illustrate concepts * Providing handouts * Encouraging parents to ask questions/share * Arranging a family meeting to discuss/review specific individualized medical information and plan of care   Suggested materials:   * IKARIA NICU Parent Education Resources   + [www.nicu-pet.com](http://www.nicu-pet.com) * NICU Parent Education Resources   + To help the NICU team talk to parents about their newborns’ conditions and treatments |

# Interacting with Your Preterm Infant

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| Key Messages | Maternal-infant interactions in the NICU have a significant impact on neonatal outcomes. Quality and consistency of parental care can provide the infant not only with comfort, but also enhance capacity for the infants’ regulation, resilience and promote neuro-maturation. |
| Learning Objectives | * To understand the importance of parent-infant interaction * To learn about the premature baby’s unique personality * To understand the importance of increasing interaction as infant matures and becomes more physiologically stable * To provide information and support to help parents understand their role * To learn how to promote their baby’s development/self regulation by understanding:   + their infant’s skills, capabilities and competencies   + the limitations of prematurity and medical stability   + their baby’s physiologic cues, and pacing care according to health and gestation   + their infant as a person: each has a unique individual personality   + the 5 senses: taste, smell, touch, hearing and sight   + handling and positioning including skin-to-skin contact   + their increasing role in the care of their infant |
| Tools, Activities and Discussion Points | * Provide information and education on development and developmental care, importance of state, sleep cycles, time out signals, environment, interacting through the 5 senses, self regulation, baby’s personality * Have participants discuss photos and/or videos that show examples of:   + Normal versus abnormal positioning and handling   + Infants in pain, stress, discomfort, or calm * Use a demonstration doll to teach and practice positioning and handling   Suggested materials:   * Children’s Medical Ventures resources: www.**health**care.philips.com * **Video: No Matter How Small:** A parent’s guide to preterm infant development and behavior. Utilizing current research, this program shows parents how they can help support the normal growth and development of their baby’s brain and is available to both NICUs and parents. * **Parenting Based on the Developmental Progression of Preterm Infants:** This evidence based booklet is designed to help parents understand and participate in the care of their baby. Written by medical staff at the University of Southern Mississippi, the booklet is organized by gestational age, describing general development, goals and ways to actively parent a baby through age-appropriate touching and holding, feeding, sleeping, positioning, diapering and bathing. * Create your own library of photos of ex-preterm infants for demonstration |

# Medications and Your Baby

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| Key Messages | Many infants receive a number of standardized pharmacological medications in the NICU. Providing information to parents on the most common medications used will help them to better understand the medical care their infants are receiving and feel more informed.  Nonpharmacological interventions are also used for pain, such as nonnutritive sucking, sucrose, facilitated tucking, swaddling and skin-to-skin, which provide an important role for the parent.  It is currently recommended that all premature infants, with few exceptions, should receive all routinely recommended childhood vaccines at the same chronologic age as term infants.  Most maternal medications are safe if the mother is pumping or breastfeeding. |
| Learning Objectives | * To understand the purpose and safety of medications and vaccinations * To provide information on the role parents have in providing nonpharmacological interventions * To gain familiarity with the medications given to their infant in the NICU, including:   + from birth until discharge and at home   + reasons for use   + potential side effects and monitoring * To understand how to administer medications to their infant prior to discharge:   + what parameters to monitor for efficacy/safety? * To become familiar with resources that are available in the hospital and the community, and to provide safety information for pumping/breastfeeding mothers:   + to understand basic safety principles regarding the use of caffeine, alcohol, non-prescription medications and herbal medications while pumping/breastfeeding * To become familiar with the current recommendations for routine childhood immunizations, the flu vaccine and respiratory syncytial virus prophylaxis |
| Tools, Activities and Discussion Points | * Provide hands on experience:   + “Taste testing” of common medications used   + Practice drawing up discharge medications, i.e. vitamins, iron * Discuss the use of various common NICU medications used ad why, i.e. caffeine * Demonstrate and practice skin-to-skin with a doll i.e. for a painful procedure * Distribute pamphlet/handouts:   + Perinatal Pharmacy Handout: “Medication Use and Breastfeeding Your Baby”   + Perinatal Pharmacy Handout: “Non-Prescription Drug Use in Breastfeeding” * Web sites: * RSV website. <http://rsvshield.ca/public/home> * Sickkids website. <http://www.aboutkidshealth.ca/En/Pages/default.aspx>   + http://www.aboutkidshealth.ca/En/HealthAZ/ConditionsandDiseases/LungandBreathingDisorders/Pages/default.aspx * Canadian Paediatric website for parents. <http://www.caringforkids.cps.ca/>   + http://www.caringforkids.cps.ca/handouts/immunization\_information\_on\_the\_internet   + Illnesses & Infections   + Vaccines for children and youth |

# Pain and the NICU Infant

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| Key Messages | Babies will undergo many procedures and tests that may cause pain, discomfort or fear. This could include taking blood, putting in an IV, passing a feeding tube, being connected to a breathing machine, surgery or tests such as an eye exam, or head ultrasound.  The staff will do everything they can to prevent pain, look for signs of pain, and relieve pain. They will show parents how to tell when their baby has pain or is upset. They will also support them to be as involved in helping to make their baby comfortable as possible, i.e. containment, skin-to-skin.  Parents can help their baby by learning signs when she/he is in pain, uncomfortable or fearful. As the baby gets older, it will be easier for parents to recognize these signs and learn how to help their baby. |
| Learning Objectives | * To help parents understand:   + how babies feel pain and how it affects them   + how to tell if your baby is in pain; understanding infant signs of pain and discomfort   + how to help make a more comfortable environment for your baby * To help parents comfort their baby through:   + skin-to-skin   + hand hug/finger hold   + good positioning   + OIT/sucking * To teach parents how to advocate for their infant |
| Tools, Activities and Discussion Points | * Show photos/pictures of infants in pain i.e., grimacing, hand signals, arching * Demonstrate with a doll: calming touch, positioning, skin-to-skin * Provide parents the opportunity to:   + share examples of observing painful responses in their baby   + describe ways that help their infant recovers from painful stimuli   + share ideas on how to advocate for their infant * Provide pamphlets/videos: “No Matter How Small” * Outline internet resources and books |

# Parenting Your Baby

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| Key Messages | Families with an infant in the NICU struggle as they cope with trying to understand their role as parents. They do not feel like parents, hesitate to become involved, and in many instances, can only parent from afar.  This new experience leaves parents with a sense of feeling powerless, feeling uninformed and intimidated, due to their lack of familiarity with the NICU environment.  Effective communication and education will support families to become more involved, strengthen partnerships, and provide a healthy environment for engaging them in the care of their infant(s). |
| Learning Objectives | * To help parents understand, through education, support and encouragement:   + the important role they have as parents   + that by participating in the care of their infants and participating in education, they will have a better understanding of their parental role both in parenting and as a member of their infants care team * To understand “who is their preemie”: developmental care, physical and social environment, self regulation * To gain an understanding on what staff/resources are available to them:   + social worker   + parent programs   + lactation consultant   + health care team and who they are   + hospital resources * To understand the importance of advocating for their infant through developing a care plan that supports both their infant and family |
| Tools, Activities and Discussion Points | * Parents will benefit from hearing from a mother who has experienced having an infant in the NICU and following discharge, by:   + sharing of stories, photos, records of NICU hospitalization   + providing tips on getting through their experience; learning as much as possible   + normalizing feelings of sadness, anxiety/worry   + providing experience on pumping, feeding, what worked/what didn’t   + sharing experience of asking for help from staff, family and friends   + understanding that the NICU is not a road to navigate alone; parents are not alone   + demonstrating how to obtain support and information, navigate the NICU   + education programs; why they are so valuable * The road is long and stressful, but there is a light at the end of the tunnel * Discuss developing a healthy relationship with your baby in hospital and following discharge * Discuss self-care and encouraging relationships, i.e. time with partner * Review available resources, pamphlets * Provide tour of the NICU, pump room, parent lounge etc. * Review admission information, hand hygiene, visiting, parent role etc. * Review the purpose of care plans * Encourage multidisciplinary family meetings * Encourage participation in education programs/bedside teaching |

# Veteran Parent Experience: Taking Your Baby Home

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| Key Messages | When their baby is almost ready to go home, how will parents cope without the nurse, health care team and all those monitors!  What can they do to feel prepared on those last days?  How can they possibly feel comfortable in the first weeks at home? |
| Learning Objectives | * To provide education, support and hands-on parenting in order to decrease fear, concern and promote confidence taking a baby home * To offer resources and tactics to provide information to support transition to home and the first weeks |
| Tools, Activities and Discussion Points | * Allow veteran parents to share their experiences * Have discussions on:   + mixed emotions: Getting through the first night, the first week   + addressing concerns, i.e. being over tired, crying baby etc.   + fear of the unknown   + myths versus reality   + germs/going out/coping with being outside of the NICU: Infection prevention (visitors, siblings)   + all those helpful comments and advice, yet none helpful, am I being insensitive?   + relationship with partner, are we on the same page?   + coping and self-care   + tips on trying to cope: being a super parent or not!   + having fun   + helping baby to learn   + going back to the hospital for appointments: Triggers that remind you of the NICU   + all those appointments * Resources:   + Video: “Simple Gift”   + Available parenting resources   + Community resources and their role   + Web sites/books |

# Your Baby and the Respiratory Therapists (RTs)

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| Key Messages | The main cause of respiratory problems is prematurity. When babies are born early, their lungs may not be fully developed. These babies need help breathing until they are able to make enough lung surfactant on their own.  The most common problem is respiratory distress syndrome (RDS). It is most common in babies born 6 weeks or more before their due date. Almost all premature babies born before 28 weeks of pregnancy have RDS.  Providing appropriate respiratory support for the sick newborn, in particular that of preterm neonates can be a challenge for healthcare providers in the NICU. Balancing the need for appropriate support with the potential for lung damage is one of the key factors in selecting the most appropriate ventilation support, as well as for how long it should be applied.  The job of clinicians is to select the best treatment for the neonate that can provide effective respiratory support when needed, ideally selecting the most effective, least invasive and gentlest means of support. |
| Learning Objectives | * To assist parents in understanding their infant’s lungs and development of the lungs * To assist parents in having a better understanding of why and how decisions are made (ventilators, O2, room air) regarding lung disease and healing (RDS, CLD/BPD) |
| Tools, Activities and Discussion Points | * Have a general discussion on:   + development of preterm lungs (surfactant)   + the role of the RT   + types of equipment, ventilators, BiPhasic, CPAP, O2 and care pathways   + the equipment and the indications for the different non-invasive therapies   + common respiratory disorders: RDS, BPD   + other reasons for respiratory support, apnea, sepsis, PDA   + what does this mean for my baby after discharge, the risks   + reducing the risk of respiratory infections both in hospital and at home * Demonstrate with ventilators, CPAP, O2 prongs * Show hats used for infants on CPAP and the measuring tape * Trace the flow through the machine and explain how to apply the CPAP properly * Discuss parental role in supporting their infant, i.e. care of the face, (massage) nose, mouth care * Provide parents with handouts and resources |