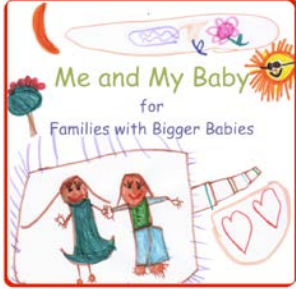
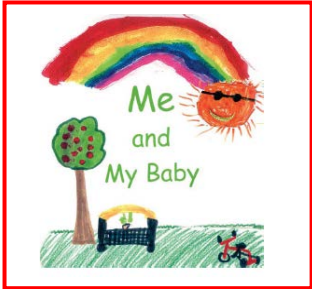


Me and My Baby

Family
Integrated
Care



Neonatal Intensive Care Unit

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PREFACE

The Neonatal Intensive Care Unit (NICU) at Mount Sinai Hospital has undergone many transformations since its opening. And once again, on February 24th, 2015, the NICU is ready for new beginnings in a state of the art single room design unit on the 17th floor of the hospital. A big thank you on behalf of the parents of today and tomorrow, as well as from the staff, to all the donors and families of NICU graduates who have given back to Mount Sinai Hospital with their generous contribution to make this dream a reality.

Out with the old...



... In with the new!



Welcome to the NICU!

We would like to thank the Perinatal Parents Association at Mount Sinai Hospital who are the originators of the “Me and My Baby” binder.

In this edition, we have included tools for families to use to support them becoming more involved. Current research indicates that parents have a very important role to play in supporting the development of their infant even when in the NICU and that this role may even be more important when babies are in single rooms.

This year, we have united the three existing parent binders under one umbrella and we hope that with every new edition, this binder becomes more and more helpful to parents and families who will become part of the NICU family for a moment in time.

The Neonatal Team
Mount Sinai Hospital



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Dear Parents:

Congratulations on the birth of your baby!

As your baby is admitted to the Neonatal Intensive Care Unit (NICU) at Mount Sinai Hospital, I know that this may be a very difficult time for you. I would like to take the opportunity to let you know a little bit more about how our NICU works.

Our NICU is committed to the Family Integrated Care principle by which family have the opportunity to participate in their baby's care as an essential member of the care team. Your baby is in our NICU because of the need for special care and monitoring: this does not prevent you from being a parent at the bedside and helping care for them. It is our responsibility of our clinical team to show you how to do both safely. This means that we expect to see you often and regularly at the bedside. We believe that our new NICU facilities will provide a better environment to help families and staff achieve goals of best medicine and best care.

When your baby's condition gets better, he/she may no longer require our special services and will likely be transferred to a community hospital Level 2 nursery or discharged home. Whenever possible, if your baby is being transferred, we will consult with you about your preferred or local hospital and will also try to let you know when the baby is close to complete readiness for transfer. The community Level 2 nursery will then continue to provide the ongoing care needed for your stable baby until discharged to home. This may be a difficult transition for you and we will do our best to prepare you for this next step.

On a rare occasion, your baby may be discharged home from Mount Sinai Hospital. Once your baby is feeding well, sleeping in a cot/crib, we will set a target date and ask that you take your baby home as planned. We are hoping that the extensive time spent with your baby throughout his/her stay at Mount Sinai Hospital will help you become a confident parent when your baby is ready to be discharged home.

I hope that feeling a bit prepared ahead of time may help you understand what is going on. Feel free to ask questions from your care team.

Sincerely,

Dr. Shoo Lee
Paediatrician-in-Chief

**THE FAMILY INTEGRATED CARE PRINCIPLE :
TEACHING, LEARNING AND CARING TOGETHER**

The NICU at Mount Sinai Hospital provides care to high risk (critically ill infant) using Family Integrated Care which is the guiding principle by which we provide care for the infants in our NICU. Parents are encouraged to be active members of the team who cares of their baby while in our unit.

The goal of **Family Integrated Care** is to partner you with your nurse and the medical team which will help you feel more confident and comfortable caring for your infant. We hope that by the time your baby is transferred to another hospital, or discharged home, you will feel more secure taking care of and understanding the needs of your baby.

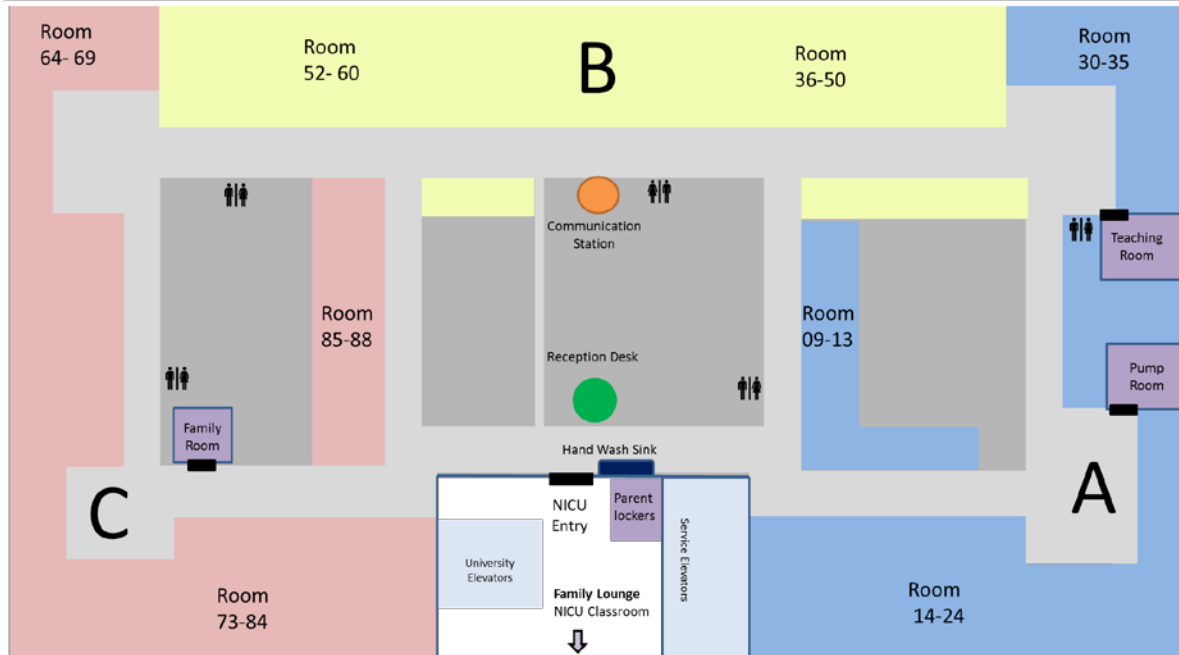
HOW TO CONTACT THE NICU

Parents are welcomed in the NICU. We encourage you to participate in your baby's care as much as possible. If you are unable to come in person, you can call the unit and ask to speak to your baby's nurse. If she/he is unable to speak to you at that time, you will be asked to call back in a few minutes. The telephone numbers for NICU is:

NICU	<p>(416) 586-4800 Extension 5321</p> <p>If calling from a Mount Sinai Hospital phone, please dial only "5321"</p>	
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Please make sure you mention the mother's last name as this is how your baby is referred to in the NICU.

NICU MAP AND ROOM DETAILS



Please ensure that you familiarize yourself with the layout of the NICU at the beginning of your infant's hospitalization.

A whiteboard is available in each patient room for each patient. You will find the following information on this board:

- Patient room number
- Baby's name, gestational age
- Clinical team: nurse, doctor, respiratory therapist, social worker, staff neonatologist
- Goals and questions for the day
- Daily care plan, transfer plans
- Next family meeting date and time

Mount Sinai Hospital NICU Zone C Room 17-075	
FAMILY INTEGRATED CARE: TEACHING, LEARNING AND CARING TOGETHER! www.nicuopenresource.ca	
Date:	My Nurse: _____ My Buddy Nurse: _____
Name:	My RT: _____
Gestational Age:	My Doctor/NP for today: _____
Corrected GA:	My Social Worker: _____
Today's Weight:	My Staff Physician: _____
Best way to reach my family:	My Care Plan:
Goals for today:	My _____ come(s) in _____ and holds me (skin to skin) <input type="checkbox"/> changes my diaper <input type="checkbox"/> takes my temperature <input type="checkbox"/> holds my feed <input type="checkbox"/> bottles me <input type="checkbox"/> I am learning to feed and I... <input type="checkbox"/> do NNS (non-nutritive sucking) <input type="checkbox"/> breastfeed <input type="checkbox"/> bottlefeed <input type="checkbox"/> like to suck on my pacifier <input type="checkbox"/> Other: _____ My feeding plan is: _____
Questions/Messages:	Other comments:
Discharge/Transfer Plan	Next Family Meeting on:
Proposed date:	
Preferred hospital:	
1. _____	
2. _____	

You are encouraged to fill out all the relevant information.

THE MEMBERS OF THE NICU TEAM

Babies are cared for in the NICU while they need respiratory support such as ventilators as well as intensive treatment and observation. Babies are transferred to a Level 2 Nursery in a hospital closer to your home when they no longer require this high level of care. It is important that you spend as much time as possible in the hospital taking care of your baby as this will help you feel more confident, especially when you are preparing for discharge. Research shows that involving parents in the care of their baby in the NICU improves the baby's outcome and decrease the parents' stress.

As Mount Sinai Hospital is an academic hospital affiliated with the University of Toronto, teaching and research are other activities that take place in the NICU while we are caring for your baby. You may be asked to participate in such activities; however, our primary focus remains the care of your baby.

The multidisciplinary team is a group of people working in the NICU who are responsible for the care of your baby. You, as a parent, are a very important part of your baby's care team. Your input is valuable and the team needs your presence at your baby's bedside to plan and work towards discharge. A NICU photo board is located in the NICU close to the main entrance doors and this can help you identify the members of the team. In the meantime, please meet the team who will care for your baby while he/she is in Mount Sinai Hospital.

The Multidisciplinary Team:

A. Physicians

There are doctors with various specialties who work together in our NICU. There are also doctors from the Hospital for Sick Children (Sickkids) who may see your baby as well.

Staff Neonatologist	The neonatologist is the head of the medical team. A neonatologist has completed years of specialized training and cares only for sick babies. There are always three neonatologists in charge in the NICU during the week; neonatologists alternate the coverage in NICU on the weekend. Neonatologists usually do rotations of 2-3 weeks of service in NICU. The name of the neonatologist will be indicated on the whiteboard in your baby's room. You can also ask your baby's nurse who is the staff neonatologist overseeing the care of your baby.
Neonatal Fellow	A fellow is a qualified paediatrician receiving additional training in neonatology.
Neonatal Resident	A resident is a qualified medical doctor training to be a paediatrician.
Clinical Nurse Specialist/Neonatal Nurse Practitioner (CNS/NNP)	CNS/NNP's are nurses who have completed an intensive post-graduate diploma and internship in the care of critically ill and convalescing babies. They work in a similar way to resident physicians. For example, they perform physical examinations, write orders, and do procedures. Unlike residents, CNS/NNPs provide leadership to clinical staff nurses in coordinating daily care, arranging family meetings and getting you and your baby ready for discharge.
Medical Student	A university student enrolled at the Faculty of Medicine studying to become medical doctor. He/She can care for patients under the supervision of a qualified medical doctor.

<p>Medical Consultant</p>	<ul style="list-style-type: none"> • Cardiologist – Heart specialist • Ophthalmologist – Eye specialist • Neurologist – Brain and nervous system specialist • Nephrologist and Urologist – Kidney (urine) specialist • Surgeon – Includes General surgery, Cardiovascular surgery and Ear/Nose/Throat surgery specialist • Gastroenterologist – Gastro-Intestinal and nutrition specialist • Endocrinologist – Glands and hormone specialist • Hematologist – Blood specialist • Audiologist – Hearing specialist <p>Most of the consultants come from the Hospital for Sick Children.</p>
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B. Nursing

<p>Registered Nurse (RN)</p>	<p>Registered nurses perform and co-ordinate your baby's daily care. They closely monitor your baby's progress and usually have the most recent information about your baby's care. Nurses work a 8 to 12-hour shift. Because the nurses care for your baby 24 hours a day, they are often the people you talk with the most. If the nurse is unable to answer your questions, you will be directed to someone who can.</p> <p>The nurses in the NICU have special education and training in the care of critically ill babies. The nurses will assist you in learning to care for your baby, as your involvement and presence are very important.</p>
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Primary Nurse	Nurses are encouraged to sign up as primary nurses in order to provide some continuity in the care. A primary nurse is a registered nurse who will usually be assigned to the care of your baby during the hospital stay.
Team Leader (TL)	Each shift has a team leader who is an experienced registered nurse. She/he is responsible for coordinating the work assignments, helping the other nurses with patient care and solving various problems as they arise. The team leader is also available if a problem or question arises that cannot be solved or answered by the nurse caring for your baby.
Flow Coordinator	Responsible for organizing the transfer of patients to community hospitals once medical readiness has been confirmed. The Flow Coordinator prepares patients and families for discharge home and may support the team leader with patient rounds and patient care.
Quality Safety Nurse	Responsible for general quality improvement of care delivery in the NICU. The Quality Safety nurse deals with safety concerns raised by family and staff.
Parent Resource Nurse	Co-leader in the weekly parent support and education/ breastfeeding group. She/he assists nursing staff in patient education and parental support. She/he teaches CPR and has an active role in ensuring families are linked to appropriate community resources at time of discharge.
Nursing Unit Administrator (NUA)	Supervisor of all registered nurses, team leaders and unit clerks. Will assist parents in situations when issues cannot be resolved by the clinical staff.

Clinical Coordinator	Responsible for the daily coordination of the unit activities, such as staffing. She/he works closely with the team leaders and is also available to parents to address any questions or problems.
Nurse Clinician (educator)	Responsible for the orientation and on-going education of all nursing staff.
Lactation Consultants (LC)	Nurse who has received advanced training and certification in breastfeeding management. She is available to assist with breastfeeding and pumping. She coordinates the bi-weekly breastfeeding group



C. Other Members of the Multidisciplinary Team

Respiratory Therapy (RRT)	<p>Registered respiratory therapists are primarily concerned with the respiratory needs of your baby. They have extensive training in the respiratory care of critically ill and recovering babies.</p> <p>The Respiratory Therapy Clinical Specialist is the supervisor for all the respiratory therapists in the NICU. If you have a concern, please ask to speak to the charge therapist.</p>
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Dietician	Expert on the nutritional needs of preterm, critically ill and convalescing babies. She/he provides a consultative service to the medical team, and reviews the nutritional status of babies in the NICU. If you would like to meet with the dietitian and discuss any issue related to nutrition, please ask your nurse.
Pharmacist	Pharmacists are experts on medications and focus on providing the appropriate medication for the patients. The pharmacists in the NICU specialize in working with preterm and term babies. They work closely with the medical team to ensure that babies receive the most appropriate medications for their individual needs. The perinatal pharmacist is available to answer parents' questions and counsel them on any medications their babies will be discharged home with.
Unit Clerk	The unit clerk is stationed at the NICU reception and is often the first person you see when you enter the units. They will help orientate parents to the NICU and can give general information about the NICU. Their main responsibility is to provide clerical support for the multidisciplinary team.
Occupational Therapist (OT) and Physiotherapist (PT)	Occupational therapists and p are available and may work with you and your baby on oral feeding, positioning and movement, and other developmental issues that your baby may have.
Social Worker	The NICU social workers are available for parent support and can help with family concerns. They can help you with resources during the hospitalization such as housing and transportation. They can also help you explore benefits and services for which you may qualify. If you

	would like to speak to a social worker, please ask your baby's nurse.
Chaplain	The NICU Inter-Faith Chaplain is the hospital chaplain specifically assigned to the perinatal program available for spiritual/religious care and emotional support. (Religious affiliation is not required) Protestant and Catholic chaplains and Rabbis are readily available at Mount Sinai Hospital to meet your spiritual needs. Upon request, we can also arrange for spiritual leaders from other faiths to provide support to you and your baby. Please ask your baby's nurse or social worker about these services.

FAMILY BILL OF RIGHTS AND RESPONSIBILITIES

A) Right:

1. Empowerment

At Mount Sinai Hospital, we recognize the importance of involving parents in the care of their baby while in hospital. Parents are encouraged to be active members of the team that take care of their baby while in our unit. Our nurses understand the unique medical needs of infants and can help teach parents to understand how best to care for their babies.

2. Care of your baby

- To have care that is respectful of the baby's needs and that are timed and paced to avoid pain and conserve the baby's energy; and that includes social interaction and touch, comfort holding, regular skin to skin and non-nutritive sucking
- To be offered privacy appropriate to the baby's condition, particularly during feeding, skin to skin care and during clinical procedures

3. Communication

- To be introduced to members of the health care team and their roles
- To receive, upon admission, a copy of the "Me and My Baby Handbook"
- To have an interpreter available if the language presents a barrier to understanding your baby's medical condition and treatment plan
- To receive adequate and timely information regarding your baby's condition and treatment plan
- To be listened to and have your questions answered in a timely manner
- To have your baby's health care information remain confidential and your privacy respected

- To receive sensitive or difficult news relating to your baby by trained staff in a private environment where support is immediately available
- To provide feedback on the care or service received

B) Responsibility

1. Empowerment

To encourage parents participation and teaching according to the principle of Family Integrated Care

2. Care of your baby

- To respect the need for a quiet environment that avoids unnecessary distress and allows the babies in the NICU to sleep
- To respect the privacy of other families in the unit by not accessing other babies' medical information and to only approach another baby's bedside when the baby's family is present
- To ensure that proper hand-washing techniques are used before entering the NICU and before entering your baby's bed-space
- To respect Mount Sinai Hospitals scent free environment policy by refraining from wearing scented products
- To protect babies from involuntary exposure to second hand smoke by washing your hands thoroughly and changing clothing
- *To avoid the use of cellular phones and technology due to the spread of infection while in your baby's bed space and to only use these devices in designated areas*

3. Communication

- To treat all staff members and other parents in the NICU with dignity, courtesy, and respect

PARENTS AS CAREGIVERS

Roles of Parents in the NICU

- Receive information about your baby's condition and progress.
- Participate in decision-making.
- Participate in comforting your baby: giving a soother; stroking, holding, reading to the baby.
- Assist with and/or perform care giving functions when teamed with a nurse: changing diapers, bathing, feeding.
- Keep a diary or scrapbook for your baby and you.
- Seek supports for yourself throughout the hospitalization.
- Take care of yourself.
- Develop confidence in performing all care giving skills prior to discharge.



PARENTING / BEING WITH YOUR BABY

<p>Parents</p>	<p>You are welcome to be at your baby's bedside at all times.</p> <p>During staff shift change which occurs between 7h15 to 7h45 in the morning and in the evening, only parents/caregivers are allowed at the bedside; visitors must leave or wait until handover is finished before entering. At these times, your baby's clinical team will be receiving updated information from the previous team: it is important for them to be able to concentrate on receiving this information.</p> <p>The nursing and medical team will give you direction on where you should be during medical procedures. Depending on the procedure, you may remain at the bedside or be asked to take a break from your baby's bedside.</p> <p>The NICU is a nail polish free and scent free environment.</p>
<p>Family and friends Visiting policy (routine)</p>	<p>Family and friends are welcome, however visitors are restricted to siblings over 2 years of age and non-siblings must be over 16 years of age. All family guests must be accompanied by one parent and there can be a maximum of three persons (including the parent) at any baby's bedside.</p> <p>At times, the NICU may limit visiting to parents or alternate caregivers to ensure the safety of your baby specifically against potential infections. In these situations, every effort will be made to notify parents of this temporary change in the visiting policy.</p> <p>To enter the NICU, you must call on the phone located outside the NICU on the left side of the main NICU doors.</p>

**Family and friends
Visiting policy
(Continued)**

HANDWASHING:

Please remove **ALL** jewellery (rings, watches, bracelets), roll up your sleeves and wash your hands and forearms thoroughly with soap and water **for 20 seconds** before coming to your baby's bedside. Please leave your valuables at home as we have limited locker space. **DO NOT** leave any valuables unattended.

ILLNESS

If you or any of your guests have symptoms of fever, runny nose, cough, sore throat, itchy eyes, diarrhea or vomiting, please do not enter the NICU/Level 2 Nursery before speaking to your baby's nurse or doctor. The unit clerk will provide you with a screening tool for parents, visitors and children when you come to the reception desk.



INFECTION CONTROL: Decreasing the Risk of Infections

Infection prevention and control is a hospital-wide program at Mount Sinai Hospital that minimizes the risk of infection to patients, staff and visitors.

Prevention of infections in the NICU requires all staff to pay special attention to patient care practices and to employ health standards. Below is some important information for you and your family because you also play a vital role in helping prevent infections.

Hand Washing

It is the most important thing all of us can do to prevent infection from spreading. Before you enter the nursery, please remove **ALL** jewellery (rings, watches, bracelets), roll up your sleeves and wash your hands and forearms thoroughly with soap and water before coming to your baby's bedside. Wash every part of your hands – the front, back, between the fingers and thumbs. Make sure your nails and nail beds are clean. Wash a little above your wrists and point your hands downward toward the sink so the germs can run off into the sink. Wash your hands for **at least 20 seconds**. Rinse off all the soap and dry your hands well.

Families Entering the NICU

- **No coats in the NICU** – coats/outerwear to stay in locker area outside the NICU (locks provided at WC station)
- Wash hands on entry into the NICU across from WC station (**20 seconds**)

Families in the Infant room

- Electronic devices ARE permitted in the room (in the parent space)
- Electronic devices are **NOT permitted in the BABY SPACE** (including during holding or skin to skin)
- No calls allowed in the NICU from personal electronic devices
- No Food or drink in the milk fridge. No medication in the Milk fridge.
- No coats in the NICU patient room
- No food or drink (except water in disposable cups) in the patient room (**includes NO water bottles**). **Coffee and water bottles – have condensation and “bugs” love water spills and drips, especially milk**)
- **Sinks are for handwashing only**


- No dumping of any bath water or milk in the handwashing sink
- No washing of breastpump equipment in the handwashing sink

While in NICU, **ALWAYS** wash your hands with either soap and water or alcohol based hand rub:

- Before and after you touch your baby (and between babies, if you have more than one). Please do not touch any other baby in the nursery.
- After you touch any area of your body that has a lot of germs (nose, mouth, head and hair, after going to the bathroom)
- When you leave the nursery for a break, wash your hands each time you leave and when you come back. Avoid handling your baby if you have a rash or open sores on your hands.



Please do not come to see your baby in NICU/Level 2 if you experience any of the following:

	<ul style="list-style-type: none"> • Fever • Diarrhea • Vomiting • Rash 	<ul style="list-style-type: none"> • Cough • Sore throat • Runny nose
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Also, **ALWAYS** notify your care team if you experience any of these symptoms. This is also valid for children and visitors.

If you have been in contact with someone who has or who develops chicken pox or measles within a week, or if you or anyone in your family has developed chicken pox or measles within one week of a visit to the NICU, **please notify your baby's care team.** The NICU team will discuss your situation with the Infection Control Department and a decision will be made regarding your coming to the NICU to see your baby.

MEDICAL ROUNDS

There are daily medical rounds in the NICU. You are encouraged to attend since during this time the multidisciplinary team will discuss your baby's progress and will make plans for your baby's care. The schedule for medical rounds is:

- Team A and Team B will round daily from 9:30 to 10:30.
- Team C will round from 10:30 to 11:30.
- The weekly schedule will be posted inside the NICU on the wall to the right of the main NICU doors. Your baby's team will also be identified on the whiteboard in his/her room. If you are unsure which team your baby belongs to, please ask your baby's nurse.

Medical rounds will last about 1 hour for each team. As a parent, you are welcome to ask questions when the team is at your baby's bedside. If you are unable to attend medical rounds and/or would like more details on your baby's condition, please tell your baby's nurse that you would like an appointment with your baby's neonatologist. The neonatologists in NICU are generally available Monday to Friday during working hours. In the event of a change in your baby's condition or if an urgent problem arises, a doctor or nurse practitioner will contact you. A communication board has been placed at each bedside for quick questions when parents are not able to meet the care team in person.

We all have a responsibility to protect the privacy of families in the NICU. During rounds, the team will make every effort to avoid discussing information of a sensitive nature unless the team is in the room and the door is closed. Parents also have a responsibility to protect the privacy and confidentiality of other families. Parents should not discuss other baby's cases inside or outside the NICU.

BREAST PUMP ROOM

For mothers who are pumping, a Breast Pumping Room is located within the NICU: the **room number is 17-025 and the entry code is 1254**. The Pumping Room is code access and your baby's nurse and the unit clerk can direct you or give you the combination number to enter the room. Please ensure that the door is closed tightly after you enter and leave the room. Here are a few helpful hints when using this room:

- If you have rented a "Medela" double electric pump for home, you will need to bring your own Medela "kit" (bottles, flanges, yellow valves, white flaps, tubing and membrane caps to use when you visit your baby so you can use the breast pump in the pump room or in NICU/Level 2. Also, you can bring your own double pump from home to use in the pump room.
- Please transfer your pumped milk into pink-topped collection bottles. You can obtain the collection bottles from your baby's nurse or the unit clerk. Please use the labels provided to you by your bedside nurse or the unit clerk. Before applying the label to the bottle, please confirm that the label matches both your name and your baby's name and then, indicate the date and time when the milk was pumped.
- Soap for cleaning your breast pump kit is available in the room and in the NICU.
- Please wipe the hospital pump after use and ensure the room is tidy after you are finished pumping.
- Please give the expressed breastmilk to your baby's nurse as soon as you return to the NICU. The nurse will decide if she will use the milk immediately or store it in the fridge.
- Only women are allowed in the breast pump room.
- Please contact the NICU unit clerk if the breast pump is not working satisfactorily or if there is any other problem with this room.
- If you have any questions or concerns about pumping, ask your baby's nurse or the lactation consultant.



FAMILY AREAS

There is a NICU family waiting area just outside the NICU before you enter through the NICU main doors. Two additional family areas are available for the NICU which parents can use for a bit of quiet time away from the bedside:

- Family Lounge - Room 17-205 (outside the NICU)
The entry code is 5321. This room has couches, chairs, a television, a little kitchen and a non-monitored play area for children. Young children cannot be left unattended in this room: an adult or child of age greater or equal 16 years old must be present if young children are there.
- Family Area - Room 17-079 (inside the NICU)
This room is smaller but has a couch, chairs, and a small table. Parents can use this space for a bit of quiet time away from the bedside. Young children cannot be left unattended in this room: an adult or child of age greater or equal 16 years old must be present if young children are there. An entry code is not required for this room.

There is a phone in each area for your use. If you are unsure of the location, your baby's nurse and the unit clerk can direct you.



FEEDING YOUR BABY

The length of time of your baby will stay in the NICU is often dependent on how long it takes for your baby to do all feeds orally (breastfeeding and/or bottle-feeding). We have included a few helpful tips to support you in this process:

1. Why should I plan to breastfeed my baby?

The decision to breastfeed your baby is entirely up to you. However, there are many advantages to mother's breast milk over formula. These advantages include:

- Fewer infections
- Better tolerance of feeds
- Less risk of allergy
- Enhanced development
- Enhanced visual acuity
- Greater physiological stability during breastfeeding
- Less risk for necrotizing enterocolitis (NEC)



Early breast milk, called colostrum, is especially rich in antibodies and cells to help fight infection. Babies who are not able to suckle at the breast can get your milk through tube feeding.

If you are planning to breastfeed and your baby is not yet ready to go the breast, it is important to start pumping as soon as possible. The nurse or lactation consultant caring for you on the delivery/maternity ward can give you directions as to how you can start to pump your breasts.

Also, in the first few days, it can be very beneficial to also use Hand Expression (after each pumping session) to collect more colostrum. Ask your maternity ward nurse or a lactation consultant to show you how to hand express your colostrum.

Visit this website to watch an instructional video on Hand Expression from Stanford University: <http://newborns.stanford.edu/Breastfeeding/HandExpression.html>

Human Donor Milk

The Rogers-Hixon Ontario Human Milk Bank provides pasteurized human donor milk to fragile, hospitalized, including very low birth weight babies. If a mother doesn't have enough breastmilk to meet her baby's needs, pasteurized human donor milk will be offered for this group of babies. While in-hospital, pasteurized human donor milk may be available as a temporary supplement until your baby's feeds are established, or your breastmilk is sufficient. Your baby's doctor will approach you to discuss the human donor milk program at Mount Sinai Hospital: human donor milk is offered based on gestational age, age of baby and clinical condition. Additional information is available in the "*Human Donor Milk: What Parents Should Know*" pamphlet available in the NICU.

2. What is tube feeding and when is it used?

A tube feeding is a way to feed your baby until he/she can take all feedings by mouth. The tube may start in the mouth (OG tube) or nose (NG tube) and is placed in the stomach. Your baby's care team will decide when your baby is ready to start feeding. If your baby is unable to feed by breast or bottle right away, tube feeding with breast milk (or formula) may be ordered by the doctor. Tube feeding may be used for several reasons:

- some babies are too sick or sleepy to take their feedings by mouth.
- babies who are breathing too fast or who are on breathing machines (CPAP/ventilators) may also need tube feedings.
- while your baby is learning to breastfeed, your baby may not yet be strong enough to take all feeds by mouth. Your baby may need full or partial feeds by tube after each breastfeeding session until they are able to breastfeed fully.

Your baby will need to have the strength to do all oral feeds, maintain weight and be medically stable to be discharged from the NICU.

3. When can I hold my baby?

Depending on your baby's condition, your baby may not be ready to actually breastfeed for a while. Until that time, it is still important to hold your baby skin-to-skin whenever possible. If your baby is stable enough for you to hold (suggest and discuss this with your baby's nurse) then holding skin-to-skin (also known as Kangaroo Care) is beneficial for you and your baby.

Skin-to-skin care can help to stabilize baby's heart rate, oxygen saturation, breathing rate, body temperature and blood sugar levels during holding. Frequent skin-to-skin contact can improve baby's weight gain, and can help moms to produce more breastmilk.



4. When can I put my baby to the breast?

When your baby is medically stable, your nurse can help you and your baby to try breastfeeding:

- At first, baby may only do NNS (Non-Nutritive Sucking) also known as 'practice breastfeeding'
- Baby's first attempt at breastfeeding may be only nuzzling, licking and sleeping!
- If your baby is sleepy at first, try to hand express a drop of breastmilk, (so your baby can smell and taste) to encourage baby to wake up
- If your baby is showing signs (feeding cues) that he/she is wanting to feed, please ask your nurse if your baby is ready to go to breast.

5. How do I know if my baby is breastfeeding well?

- Your nurse or lactation consultant will help you to see when your baby is swallowing and effectively breastfeeding
- Correct latch and position at the breast is also important. Your nurse or lactation consultant will assist you when breastfeeding
- A complete breastfeeding assessment (including milk supply, suck/swallow, length of feed, baby's output, if your baby appears satisfied after feeds) and mother's sense of how feeds are going, is necessary to decide how well feeds are progressing.
- Even if your baby is breastfeeding, it is usually recommended that you still pump immediately after each feeding session. This encourages increased milk production, while your baby is establishing breastfeeding.



6. Should my baby have a pacifier (soother) while in the NICU?

Pacifiers are encouraged in the NICU if your baby is unable to go to the breast.

Pacifiers provide oral stimulation and allow the baby to self soothe when separated from mom.

7. Which breast pump is best for me?

While in hospital, a hospital grade double electric breast pump will be made available for you to use. There are a variety of breast pumps available on the market today, so it is important to speak with the NICU/Level 2 lactation consultant before you are discharged from hospital. Breast pumps are very different, and there are several options for rental or purchase if you are going to be separated from your baby. If it is anticipated that your baby may be able to feed orally relatively quickly, you may still need to consider whether rental or purchase is necessary. Before you make a decision, please speak to your baby's nurse or the lactation consultant.



8. How many times should I pump a day?

An ideal pumping schedule should begin within a few hours after your baby is born and pumping should be done at least 8 times per 24 hour period. This can be done by pumping every 2 - 3 hours. Any milk you are able to pump is good for your baby (even drops). There are several techniques, like hand expression and 'hands on pumping' that can help you to get even more milk (especially in the first few days). Talk to your baby's nurse or the lactation consultant if you have any concerns about how much milk you are getting when you pump.

Visit this website to watch a video from Stanford University to learn more about "Hands on Pumping" and Hand Expression:

<http://newborns.stanford.edu/Breastfeeding/MaxProduction.html>

9. What do I do with the milk I have pumped?

At Mount Sinai Hospital, we have a **Milk Preparation Room**. The Milk Preparation Room located on the 18th floor is staffed with technicians who are fully trained to prepare, track and dispense your expressed breastmilk, formula and donor milk.

All families who are providing expressed breastmilk for their infant(s) will be asked to bring in their **daily supply of expressed breastmilk by 9 am**. Fresh milk can stay in the fridge for 48 hours so if you are unable to deliver your EBM by 9am, we can use it for the next day's feed preparation.

Pumped milk can be frozen for later use. The pumped milk from each pumping session should be stored in new sterile collection containers and barcoded with your information on the label (*picture below*).

You can help by asking your nurse for barcode labels to apply to your sterile container. Please read and confirm that the name on the label matches your name and baby's name.



When pumping at home, the pumped breast milk should be brought to the hospital frozen. Please write your name and the date the breastmilk was pumped on the breastmilk containers. We suggest you use for transportation:

- A cooler or container with freezer packs
- Insulated bag with freezer packs.

10. I am planning to breastfeed, what resources are there for me:

a. In the hospital

- My baby's nurse and my postpartum nurse
- NICU Lactation consultant at 416-586-4800 Ext. 6373
- "Baby Steps to Breastfeeding" group. This pumping/breastfeeding group meets every Thursday at 1pm in the NICU Teaching Room 17-029 on the 17th floor.

b. After Discharge



- Postnatal Ambulatory Clinic / Breastfeeding Centre
17th floor, room 17-203, Ext. 7409.
 - Hours of operation - every day from 8:30am to 4:30pm
- Your local Public Health Department is available for breastfeeding information and support. Information regarding local breastfeeding clinics will also be available.
- Telehealth 24 hours breastfeeding
 - The phone number is 1-866-797-0000

CLOTHING FOR BABY

Your baby does not require any clothing while in the incubator or overhead warmer. Once your baby can be cared for in a cot, your baby's nurse will dress him/her in a sleeper. Although the hospital has an assortment of clothes for babies, you are welcome to bring appropriately sized clothes for your baby. If you are unsure what size to bring, please ask your baby's nurse for directions. Please put your baby's name on the clothes. You will be responsible for washing any clothes and linens you bring for your baby.

MATERNITY BENEFITS AND LEAVE

Following the birth of your baby you may be eligible for Maternity Benefits and Maternity Leave. Please be aware that Maternity and Parental Benefits are covered by the Federal Employment Insurance Program. Pregnancy and Parental Leave is covered by the Provincial Employment Standards Act.

For information regarding Employment Insurance please call the Employment Insurance information line at 1-800-206-7218.

You can also visit their web site at <http://www.hrdc-drhc.gc.ca>

For information regarding Pregnancy and Parental Leave please call the Employment Standards Act information line at 1-800-531-5551.

You can also visit their web site at <http://www.hrsdc.gc.ca/en/home.shtml>

You may also wish to consult with the Human Resources department of your place of employment.

PARENT EDUCATION AND SUPPORT PROGRAMS

All parents of babies in the NICU at Mount Sinai Hospital or mothers who are still inpatients at Mount Sinai Hospital and have a baby who was transferred to the Hospital for Sick Children are invited to our programs. If your baby has been transferred to another hospital you are welcome to continue to come to these programs:

- Tuesday Evening Education and Support Group
- Breastfeeding support
- CPR courses, you must register for this course. Information in the pocket of binder
- “From Hospital to home” (for parents of babies who are still patients at Mount Sinai Hospital)

For parents of babies currently in the NICU, Family Integrated Care education sessions are also available Monday to Friday at 2pm when there are no other parent/caregiver education classes at the same time.

The Parent Resource nurse leads most of these programs. Please refer to the “Parent Group Program” brochure in the pocket of this binder for more details.



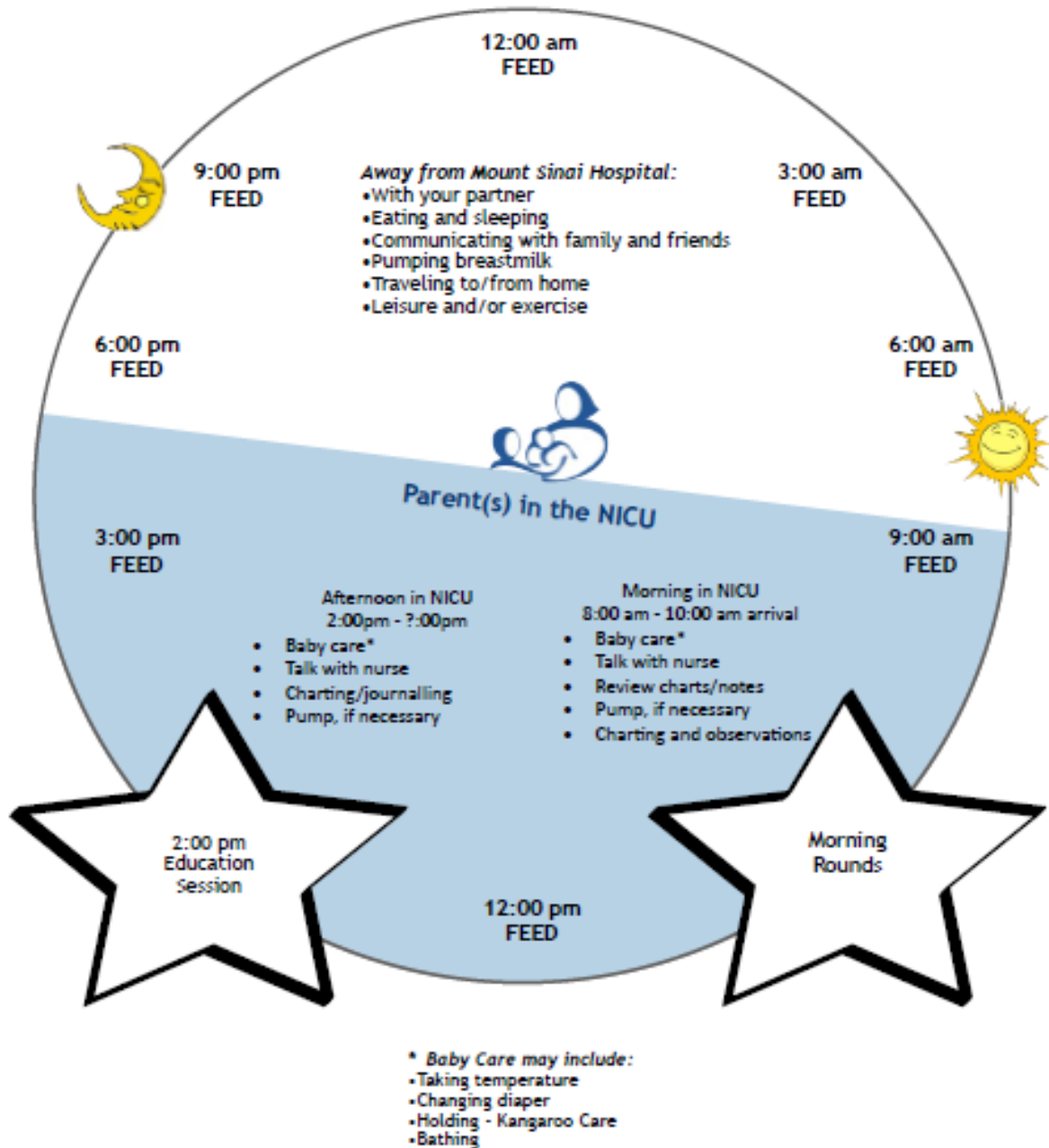
Family Integrated Care (FICare) Program Overview

All families are encouraged to participate in their baby's care to the best of their ability. The level of activity you can do at the bedside will in part depend on your baby's gestational age, current age and clinical status. You can find below a table reflecting some of the activities you will be able to do depending on your baby's clinical status.

	Ventilated/Unstable Baby	Stable baby on non-invasive ventilation
Rounds**	Parents encouraged to: <ul style="list-style-type: none"> • Get used to being present • Provide simple introduction 	Parents encouraged to: <ul style="list-style-type: none"> • Participate • Present introduction + work towards full report
Skin to Skin	<ul style="list-style-type: none"> • If at all possible 	<ul style="list-style-type: none"> • As long as possible
Charting	<ul style="list-style-type: none"> • Suggest daily journal 	<ul style="list-style-type: none"> • FICare chart available or own journal
Education Sessions	<ul style="list-style-type: none"> • Routine bedside teaching by nurses • Information given to parents on parent groups and education sessions 	<ul style="list-style-type: none"> • Education sessions are offered and posted in the unit
Time @ bedside	<ul style="list-style-type: none"> • Encouraged to be present at much as possible 	<ul style="list-style-type: none"> • Encouraged to be present as much as possible, especially for rounds

*** Please note that family questions not relating to immediate management should be deferred to after rounds.*

FICare – Parent Day At A Glance



** These are suggested times for families to be present in the NICU. Families may need to adjust the time spent in the NICU based on other demands (ie. young children in the household).

Parent and Nursing Responsibilities in FICare

Nurses will continue to provide care in accordance with established College of Nurses of Ontario (CNO) standards and Mount Sinai Hospital policies. The professional responsibility and accountability of nursing will remain the same as the current practice. The key difference will lie in the coaching and support provided to parents to take on a more active role as caregivers of their infants during their stay in the unit. Such an approach requires partnership between the nurse and parent characterized by cooperation and shared responsibilities. To help identify these shared responsibilities a detailed list of tasks and expectations are provided below for guidance.

Task	Parent responsibilities	Nursing responsibilities
Orientation to Family Integrated Care	<ul style="list-style-type: none"> • Receive orientation • Follow infection control precautions • Get familiar with the layout of the unit • Learn how to use basic equipment (thermometer, diaper scale, weigh scale, saturation probe and ECG) 	<ul style="list-style-type: none"> • Provide orientation • Teach Infection control precautions • Show layout of the unit • Teach how to use basic equipment (thermometer, diaper scale, weigh scale, saturation probe and ECG)
NG Feeds	<ul style="list-style-type: none"> • Second person to check non-barcoded milk with RN • Parent can hold the feed • Documentation of feeding in parent flow chart 	<ul style="list-style-type: none"> • Double check non-barcoded milk with parent • Double check volume of milk to be administered • Check position of NG/OG • Hang feed • Documentation of feeds in nursing flow sheet
Oral Feeds	<ul style="list-style-type: none"> • As above • Parent feeds 	<ul style="list-style-type: none"> • As above • Nurse feeds when parent unavailable

Task	Parent responsibilities	Nursing responsibilities
Medication	<ul style="list-style-type: none"> • Identify the purpose of routine medications • Administration of approved oral medications under nursing supervision. 	<ul style="list-style-type: none"> • Provide teaching on the indication of routine medications • For approved oral, check oral medication, dosage, patient, time and route • Supervise administration of medication • Record in MAR. On flowsheet, specify medication administration by parent • Medications that need independent Double Check – Double check with another RN/practitioner as per MSH policy and chart accordingly
Skin-to-Skin Care	As much as possible when in hospital	Assistance with preparation and learning of technique Adjustment of oxygen as required and charting
Bathing	Safe practices around bathing Parent charting	Teaching/Coaching and assisting Charting in nursing flow sheet
Dressing	Safe practices	Assistance
Spells	Recognition of spell Provide stimulation Call for assistance	Respond to monitor alarms and parent's call Assesses the situation and provides appropriate assistance to infant Document on nursing flow sheet

Task	Parent responsibilities	Nursing responsibilities
Monitors	Basic understanding of vital signs and alarm limits Reposition saturation probe and ECG probe No manipulation of alarm limits No silencing of alarms	Record hourly vital signs Ensure proper position of leads and sat probe Check tracking on monitor
Oxygen	Adjust low flow prongs on face No manipulation of oxygen	Manipulate oxygen concentration as indicated Record oxygen on nursing flow sheet
Weighing	Proper weighing procedure Double-check with nurse if out of keeping with usual measurements by more than 10% Document in parent chart	Provide supervision and assistance when needed Document on nursing flow sheet

NICU Parent Checklist

There are many things families can do with their baby at the bedside and the NICU clinicians will support you in this. A parent skill checklist is available to help the team get to know you better as you are becoming more comfortable with your skills at the bedside of your baby. Do not forget to ask for one if you do not see it at your whiteboard.

Mom/ Dad/ Caregiver - Please be sure to ask your bedside nurse, parent resource nurse or social worker if you have any questions.

NICU Nurse/Staff – Please ensure that you indicate when a skill has been achieved.

FICare – ABOUT US

Date:

Today's Date: _____

Parent (s) Name (s): _____

Baby Name: _____

My Baby's Facts:

The day you were born was _____, 20_____.

You were born at _____ weeks and _____ days.

You weighed _____ grams/kilograms = _____ lbs

When I first saw you, I thought you looked _____

What I think your medical team should know about you (or us) now:

FICare – JOURNAL (1)

Time I arrived at today:

Time I left:

The things I did today with my baby:

- Attended Education Session
- Attended Medical Rounds
- Skin-to-Skin
- NNS / Breastfeeding

Questions I may have for the doctor or nurse:

Today's Goal (s)

You may wish to include...

- Your goals for tomorrow
- What you are proud of today
- What you are worried about
- Interesting observations
- Names of visitors
- Description of what your baby looks like now (hair, eyes, clothes)
- How you felt when you cared for your baby today (skin-to-skin, bath, feeds)

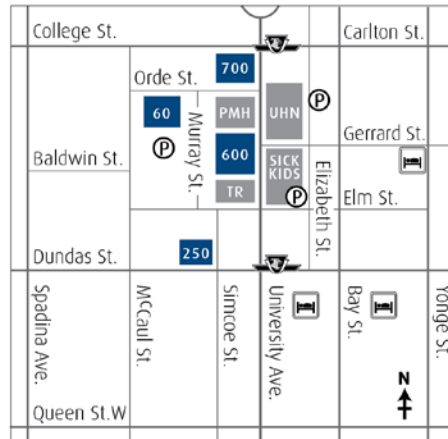
***This page is available separately as well. Please ask your bedside nurse, parent resource nurse or social worker for additional copies.*

Breast Feeding						
Time	S (Swallowing)	T (Time)	I (Infant state during the feed)	M (Milk Supply)	M (Mother's sense of how the baby fed)	S (Infant satisfaction after the feed)
Questions / Concerns:						

***This page is available separately as well. Please ask your bedside nurse, parent resource nurse or social worker for additional copies.*

FINDING YOUR WAY AROUND MOUNT SINAI HOSPITAL

Mount Sinai Hospital is located at 600 University Avenue, north of Dundas St. and south of College St, on the west side of University Avenue.







- TTC subway/streetcar access
- Elizabeth Street Bus Terminal; GO Transit and other carriers; Union Station is on Front Street
- Parking
- Hotel

Mount Sinai Hospital

- 700** Ontario Power Generation Building
700 University Avenue
- 600** 600 University Avenue
- 60** 60 Murray Street
- 250** Centre for Fertility & Reproductive Health
250 Dundas Street West
(Parking available underground)

Parking

Parking garages, owned and operated independently from Mount Sinai Hospital, are located across from the hospital's rear entrance, on Murray Street. Parking spaces for handicapped persons are next to the elevators on each level. The approximate cost for parking is \$19-20 a day. If you arrive before 9:00 a.m., many parking lots offer "early bird" specials. They are unable to offer in and out privileges. The garages offer limited monthly parking passes. Often it is more economical to purchase a monthly pass even if you expect your child to only be in the hospital for a couple of weeks.

	<p>If you don't mind a short walk, you can find some lower parking rates on St. Patrick Street. Also, limited meter parking exists on the streets around the hospital. Please pay strict attention to rush hour parking restrictions as vehicles will be tagged and towed away.</p>
<p>Transportation</p>  	<p><u>Public Transportation/TTC subway and streetcars</u></p> <p>If you take public transportation, The Toronto Transit Commission (TTC) has parking lots, called Park and Ride, at these subway stations: Kipling, Islington, Keele, Kennedy, Warden, Victoria Park, Finch, York Mills, Wilson, and Yorkdale.</p> <p>For bus and subway information, call the 24-hour TTC line at 416-393-4636 or visit their Web site www.ttc.ca. Take the Spadina-University subway line to Queen's Park Station (College Street). Alternatively, you can take the College / Carlton streetcar to University Avenue.</p>
	<p><u>Trains</u></p> <p>Take VIA Rail or GO Transit to Union Station. You can then walk up University Avenue (about 25 minutes at casual pace) or take the Spadina-University subway line north to Queen's Park Station (College Street).</p>
	<p><u>Car</u></p> <p>From west of Toronto: take the eastbound Queen Elizabeth Way (QEW) or southbound Highway 427 to the eastbound Gardiner Expressway. Exit the Gardiner Expressway at Bay/York St. Go north up York Street and past Front Street. Stay in the far left lane, which merges into University Avenue. Turn left onto Elm St., then right onto Murray St for parking lots.</p>

Please note: During morning and afternoon rush hours (7-10 a.m. and 3-7 p.m.) left turns onto Elm St. are not permitted. Continue north through the next set of lights where you can legally make a U-turn where University Avenue splits to circle around Queens Park, in order to get back to Elm St. Parking can be found behind the hospital on Murray St.

From east of Toronto: take the southbound Don Valley Parkway to the Gardiner Expressway. Exit the Gardiner Expressway at Bay/York St. Go north up York Street and past Front Street. Stay in the far left lane, which merges into University Avenue. Turn left onto Elm St., then right onto Murray St. for parking lots.

Please note: During morning and afternoon rush hours (7-10 a.m. and 3-7 p.m.) left turns onto Elm St. are not permitted. Continue north through the next set of lights where you can legally make a U-turn where University Avenue splits to circle around Queens Park, in order to get back to Elm St. Parking can be found behind the hospital on Murray St.

PLACES TO STAY

If your child is staying in the hospital, an option for out-of-town families with children being treated at Mount Sinai is to stay for a small cost at:

Ronald McDonald House.

240 McCaul Street

Toronto, ON M5T 1W5

You can call the house at 416-977-0458 or visit the website, www.rmhtoronto.org

Also, hotels close to the hospital offers special prices to families who have children staying at Mount Sinai. These rates are based upon availability

- Eaton Chelsea – 33 Gerrard Street, Tel 416-595-1975 or 1-800-CHELSEA
- Courtyard Marriott – 475 Yonge Street, Tel 416-924-0611
- Days Inn – 30 Carlton Street, Tel 416-977-6655 or 1-800-329-7466

For other ideas on where to stay, the Mount Sinai Hospital pamphlet “Accommodation Guide for Patients and Families” can provide you with other suggestions. You can also call Tourism Toronto at 1-800-499-2514 or visit the website, www.toronto.com.



PLACES TO EAT

At Mount Sinai Hospital, you can find the following restaurants:

<p>Second Cup</p>	<ul style="list-style-type: none"> • On the main floor, at the University entrance of the hospital • Selection of signature drinks and pastries • Specialize in coffee beans and gifts for all occasions • Hours of operation: <ul style="list-style-type: none"> ○ Monday to Sunday (Including Holidays): 6:00 am to 9:00 pm
<p>Tim Hortons</p>	<ul style="list-style-type: none"> • On the 2nd floor (one floor below the main floor) • Hours of operation: <ul style="list-style-type: none"> ○ Monday to Friday: 6:30 a.m. to 8:30 p.m. ○ Saturday & Sunday: Closed
<p>Hospital Cafeteria</p>	<ul style="list-style-type: none"> • On the 2nd floor (one floor below the main floor) • Hours of operation: <ul style="list-style-type: none"> ○ Monday to Friday: 6:30 a.m. to 8:30 p.m. ○ Saturday & Sunday: Closed



There are a handful of restaurants within walking distance from the hospital on Baldwin Street (please see map above). There are also food courts at the Ontario Power Generation Building (OPG) located at 700 University Avenue and at Toronto General Hospital located at 200 Elizabeth Street.

SHOPPING AT MOUNT SINAI HOSPITAL

Mount Sinai Hospital is continuously expanding and here are some of the retail options currently available:

Rexall Pharmacy	<ul style="list-style-type: none">• Main Floor• Hours of operation:<ul style="list-style-type: none">○ Monday to Friday: 8am-8pm○ Saturday & Sunday: 10am-6pm
Indigo Spirit	<ul style="list-style-type: none">• Main Floor• Hours of operation:<ul style="list-style-type: none">○ Monday to Friday: 9am-8pm○ Saturday & Sunday: 12 noon-8pm

TRANSFER TO OTHER LEVEL 2 NURSERIES

Babies whose clinical condition no longer requires Level 3 care (as provided in the NICU) will be transferred to a Level 2 unit (community level 2 hospital) if they still require care in a hospital. This is a sign that your baby is progressing well and it will bring your baby one step closer to discharge home. Your baby's staff neonatologist will decide when your baby is ready for transfer to a Level 2 nursery if indicated. The majority of babies will be transferred to a community hospital with a Level 2 Nursery. Although, we try to give you as much warning as possible, the transfer to Level 2 can happen very quickly, even for transfers to community hospitals. The criteria that are usually considered for transfer to a Level 2 nursery in the community are:

- Gestational age greater than 30 weeks
- Current weight greater than 1000g
- Transfer hospital can provide all the care your baby needs
- No frequent follow-up required at the Hospital for Sick Children

There are situations where babies may need to remain at Mount Sinai Hospital. The patients who will stay in NICU at Mount Sinai Hospital are:

- Baby's mother is still an inpatient at Mount Sinai Hospital or Princess Margaret Hospital
- Baby's mother requires close follow-up at Mount Sinai Hospital
- Baby waiting for a sibling (twin, triplet, etc..) who is still requiring NICU care
- Baby require close follow-up with consultants at the Hospital for Sick Children because of eye, heart and/or respiratory issues and the transfer hospital is unable to provide such follow-up
- Baby does not meet the gestational age requirement of the transfer hospital

If transfer to a Level 2 nursery is indicated, we will try to give you your choice of hospital by asking you for the names of two hospitals in your community. The NICU team will assess whether these hospitals are suitable for your baby's needs. You may meet the Nursing Flow Coordinator during this process as she/he is very involved with the discharge planning process.

Once the possible transfer hospitals are identified, the procedure is:

- Each morning, a call will be made to the hospital(s) to see if there is a bed available for your baby.
- Once the bed is confirmed, your baby's information will be transferred from nurse to nurse and doctor to doctor.
- Your baby will be transferred in a transport incubator with a cardiorespiratory monitor.
- Your baby will be transported by ambulance to the transfer hospital with a NICU and the ambulance attendants. Parents are usually not allowed in the ambulance.

There are several advantages to transfers such as:

- Baby is closer to home therefore there will be more opportunity to visit and care for your baby.
- You will get to know the hospital and doctors in your community that your baby can go to after discharge.
- Decreased parking costs and travel time



TRANSFER TO THE HOSPITAL FOR SICK CHILDREN

Some babies will require transfer to the Hospital for Sick Children shortly after birth for on-going care such as surgery or assessment by a consultant. For most of these babies, these medical issues were identified during the pregnancy and the families will have met a neonatologist to discuss the plan of care at birth. If you have just delivered, the NICU team will make every effort for you to see your baby prior to transfer.

Here are some contact telephone numbers for the Hospital for Sick Children which may be helpful:

NICU	(416) 813-6927 If calling from a Mount Sinai Hospital phone, please dial 9 prior to composing the number.
PICU CCU	(416) 813-6486 If calling from a Mount Sinai Hospital phone, please dial 9 prior to composing the number

GOING HOME

Some babies will be ready to go home from Mount Sinai Hospital. The discharge tool “Baby Steps to Discharge Checklist” will be used by your baby’s nurse to make sure that all steps necessary for discharge have been completed. “Baby Steps to discharge” check list in the pocket of this binder. Before your baby goes home, the clinical team will review with you the following:

- You understand the medical problems your baby had during his/her stay in hospital and any problems that still need to be followed.
- You are comfortable feeding your baby.
- You are comfortable giving your baby a bath.
- You are comfortable giving your baby his/her medications if required.
- The hearing test was done.
- You are comfortable using the car seat and your baby has passed the car seat probing test.
- You were offered a stay in the Care-by-Parent room in preparation for going home.
- You have identified a doctor in the community who will be responsible for your baby’s care after discharge from the hospital.
- You were given an appointment card with the list of follow-up appointment your baby will need.
- You know where to go if your baby is unwell after discharge from the hospital.

A written summary of your baby’s stay in hospital will be given to you before discharge. One copy is for you to keep and the other is for the doctor who will be taking care of your baby in the community.

REFERENCES

Your baby at Home:

Public Health Nurse Healthy babies, Healthy Children. Toronto Public Health Nurses

All families having a baby need some support. Healthy Babies, Healthy Children is an important new way to ensure that all children in Ontario get the best start in life.

Telehealth Ontario

Free telephone advice from a nurse, 24 hours/day, 7 days/week. 1-866-797-0000; they also provide 24 hours/day, 7 days/week breastfeeding support.

Ontario Early Learning Centres/Early Years Centres

Early Years Centres are places where parents are caregivers of children can participate in early learning activities and parenting programs, find information about programs that are available for young children, and have the opportunity to talk to early year's professionals, and other parents and caregivers in the community. www.ontarioearlyyears.ca 1-866-821-7770

E-parenting Network

E-Parenting Network is interactive web TV where you can watch programs about parenting issues, read and download valuable information, and e-mail in questions you have about issues that are important to you as a parents.

Infant Development Programs in Ontario

There are specialized programs that focus on infants and children who have a developmental delay or who risk delayed development. They provide a range of prevention and early intervention services and supports.

<http://www.cdrcp.com/oaicd/parent.html>

Some Useful Internet Addresses:

Safekids Canada

1-888-723-3847 provides information to the public about the steps they can take to keep children safe. www.safekidscanada.ca

Motherisk – www.motherisk.org

Evidence-based information about the safety or risk of drugs, chemicals and disease during pregnancy and lactation (breast feeding).

Mount Sinai Hospital www.mtsinai.on.ca

March of Dimes www.marchofdimes.com

The Hospital for Sick Children www.sickkids.on.ca

A national charitable organization dedicated to helping families make the most of the first five years of life.

General Resources

Canadian Association of Family Resource Programs

Provide resources to those who care for children and support families through projects, membership and publication. www.frp.ca

AboutKidsHealth: Trusted Answers from The Hospital for Sick Children

AboutKidsHealth provides families with current, evidence-based information about child **health**. Pictures and animations make it easy to understand.

www.aboutkidshealth.ca

Canadian Paediatric Association website for families

<http://www.caringforkids.cps.ca/index.htm>

About Injuries and Injury Topics

<http://www.parachutecanada.org/safekidscanada>

Information on:

Car Seat safety	Drowning Prevention	Scalds and burns
Product Safety	Pedestrian Safety	Wheeled Activities
Home Safety	Poison prevention	Winter Safety

Safe sleep:

Public Health Agency of Canada

www.publichealth.gc.ca

http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/index-eng.php

Canadian Foundation for the Study of Infant Deaths

www.babysbreathcanada.ca/

A Parent's Guide to Immunization

<http://www.phac-aspc.gc.ca/im/iyc-vve/pgi-gpv/index-eng.php>

RSV information:

1. RSV..."More than a cold"

www.rsvshield.ca

2. Caring for Kids web site

<http://www.caringforkids.cps.ca/whensick/RespiratorySyncytialVirus.htm>

Car seat information

http://www.toronto.ca/health/injuryprevention/tran_car_seat_safety.htm

Also in French, Hindi, Somali, Tamil, Urdu

Infant Safety Association: "Safe transportation of small or preterm infants"

519 570 0181

Toll free: 1-888-570-0181

www.infantandtoddlersafety.ca

Is your child safe: 3 booklets on Safe sleep, Safe Play and Being Safe

<http://www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/index-eng.php>

Canadian Babies Foundation

National Premie Parent Support Network

CPBF-FBPC is very excited to have started a facilitated, national Premie Parent Support Network. The group is a closed facebook group that is facilitated by parents from across Canada that have taken the peer support training during our national meeting in Calgary in October, 2014. It is a wonderful way to share, talk about experiences, ask questions, and feel understood in a safe environment. We welcome all families with preemies and NICU experience with their babies of all ages.

If you have any questions please contact us: info@cpbf-fbpc.org

<https://www.facebook.com/groups/CanadianPremieParentSupportNetwork>

Parents of Critically Ill Children

The first families are being approved for extended parental leave for the critically ill child benefit. This is great news! Please let Canadian Premature Babies Foundation know of families who have been approved or denied. We can then take action.

[Employment Insurance special benefits for Parents of Critically Ill Children](#)

[Guide to accessing PCIC benefits](#) (French version available)

Health Canada

To help people of Canada maintain health and improve health and improve health.

613-957-2991

www.hc-sc.gc.ca (consult section "Just for you")

Parent Help Line

1-888-603-9100

Parentsinfo@sympatico.ca

Postpartum Mood Disorders

Books

Postpartum Depression and Anxiety

A self Help Guide for Mothers. 1994. The Pacific Postpartum Support Society

NOTES