Neonatal Intensive Care Unit
Discharge Guide
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Safety

Use a Car Seat for Baby

- The law requires that all children be “buckled-up” while in a car.
- Use the car seat to take your baby home from the hospital.
- Check that the car seat is right for the age, height, and weight for your baby.
- Follow the manufacturer’s directions exactly to install the car seat.
- Place the car seat in the back seat.
- Never put a rear facing car seat in front of an activated airbag - it could result in severe injury or death.
- Keep the manufacturer’s information booklet and write down the date of purchase and serial number in case of manufacturer recall. Send in your registration card to the manufacturer to receive all recalls.

Car Seats Must Meet Canadian Safety Standards

- Are you the first owner of the car seat - it may not be safe to use if you do not know the history of the seat. If it is used, make sure it is not missing any parts.
- All car seats manufactured for use in Canada must show the National Safety Mark. This means that the car seat meets Canadian Motor Vehicle Safety Standards (CMVSS).
- Do not use the car seat if it has been in a crash, even if your baby was not in the car seat at the time.
Make Sure the Car Seats Fits Baby

It is important that your baby’s car seat meets these requirements:

- It should be a rear facing car seat.
- It must be used in the rear facing position until your child is at least 1 year of age and 10 kg (22 pounds) and can walk by himself.
- It is recommended to leave your child in the rear facing position until age 2.
- Make sure it has a harness restraint only and no shield.
- If your baby is small, you need a car seat with shoulder strap slots at a distance of less than 25 cm (10 inches) from the seat bottom.
- The best crotch strap to seat back distance for a small baby is 14 cm (5 1/2 inches).
- The car seat must be able to recline at a 45° angle.
- Use the car seat as it comes out of the box. Do not add anything purchased separately - that includes bunting bags, and cuddle bags.
- Car seat being used fits weight and height guidelines.
- Harness straps lie flat and you can only get 1 finger between the strap and baby’s collarbone.
- Harness straps come from a slot at or slightly below baby’s shoulder.
- Harness straps are routed correctly through the chest clip
- The top of the chest clip is level with baby’s armpits.
- Lap/shoulder belt or UAS (universal anchorage system) is routed correctly and is tight.
- If using an infant-only car seat, the carrying handle is in the right position as recommended by the manufacturer.

If your baby is very small, get the smallest car seat possible. Small babies need extra support to stop them from falling to the side or sliding forward in the car seat. Place a small rolled up towel on each side of your baby and another between his legs. After every 90 to 120 minutes of travel, stop the car and take the baby out of car seat to let him move around.

A car seat challenge has been done on your baby if he was born at less than 37 weeks or weighs less than 2300 grams (5 lbs.) at discharge. If your child has a history of breathing problems or medical problems the doctors or NNPs may order a car seat challenge be done on your baby. If your baby did not pass the challenge you may need a car bed. You are taught how to use it before your baby’s discharge.

Make sure your baby is not slouched forward, as this makes breathing difficult.

You are responsible for keeping your baby safe.
Keeping Your Baby Warm

There should only be essential clothing between your baby, the harness of the car seat, and the car seat itself. “Essential clothing” means well fitting sleepers or pants and a shirt - not bulky snowsuits, swaddling, cuddle bags, or blankets behind your baby’s back and under your baby’s bum.

<table>
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<td>Dress your baby in warm clothes: a long sleeve undershirt and warm sleeper or long sleeve shirt with pants. 1 to 2 pairs of socks.</td>
<td>Place your baby securely in their car seat. Make the harness snug, chest clip at armpits and bum firmly back against the back of the car seat.</td>
<td>Take a receiving blanket and tuck it around baby’s chest, hips and feet. Put a toque on baby’s head.</td>
<td>Take a warmer blanket and repeat Step 3. Take baby out to a pre-warmed vehicle and secure the car seat safely in the back seat.</td>
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Cardiopulmonary Resuscitation (CPR)

CPR is what you can do if your baby stops breathing and you can not wake him up.

The Parent Education Program suggests that all parents who have babies in the Neonatal Intensive Care Unit (NICU) take a CPR class before taking their baby home. This class includes car seat and home safety information. Ask the NICU staff for information.

Home Baby Monitors

If your baby is still having episodes of not breathing (apnea) or heart rate dropping below normal (bradycardia) when he is ready to go home your baby’s doctor or NNP (neonatal nurse practitioner) may order a special monitor for use at home. You are given instructions in how to use the monitor.

The class teaches you about:

- home monitoring - what parents should expect
- operating an infant monitor
- monitoring the baby
- CPR training
- the Infant Home Monitoring Follow-up Program
- safety concerns
- mechanical problems and repairs.
Babies’ Irregular Breathing

Babies have irregular breathing. Babies often breathe rapidly for a couple of minutes and then pause (have no breaths) for up to 20 seconds. It is normal for babies to take an extra deep breath following this pause.

20 seconds can seem like a long time, so check the length of the pause. Use a clock with a second hand or count the time, saying “one-one-thousand, two-one-thousand, three-one-thousand, until the baby takes another breath. If you reach 20-one-thousand, the time between breaths was about 20 seconds.

Look at the colour of your baby for paleness or blueness. If your baby is pale or blue, or if there is more than 20 seconds between breaths stimulate the baby to breathe. You are taught how to do this by your baby’s nurse. If this does not work, follow the CPR guidelines that you learned in your CPR class.

Decrease the Risk of Sudden Infant Death Syndrome (SIDS)

SIDS is the sudden, unexplained death of a baby less than 1 year old.

It is strongly recommended that babies:

- be placed on their back for sleeping for every sleep.
- sleep without soft materials their bed.

Items that should not be in the crib include:

- quilts
- comforters
- stuffed animals
- pillows and pillow-like items
- bumper pad

- not be overheated during sleep by the use of too many clothes or blankets. If used, blankets should be tucked around the crib mattress and should not reach any higher than baby’s chest. Keep baby’s crib free of loose blankets and bedding.

Keep your baby warm, not hot.

- not be exposed to smoke from any source.
- not sleep in same bed as parents - the safest place to sleep is alone, in a cradle or crib that meets Canadian regulations.
Baby Care

House Temperature for Baby
Recommended room temperature is 20° C (68 to 70° F). If you are comfortable in a short sleeved shirt, your baby is warm enough in a shirt, diaper, sleeper, and covered with a light blanket that has been tucked in. When your baby is overdressed, he may become uncomfortable, fussy, and could become fevered. Your baby may need an extra blanket at night when your house temperature is lowered.

Baby's Own Room
If you have a separate room for your baby, he may use it right away or you may wish to keep him in a bassinet or crib in your own room. You decide what is best for your family.

What I Can do to Help Baby Sleep
All babies need different amounts of sleep. The key to good sleep patterns is to establish a bedtime routine. Habits formed now are going to last, so establish patterns not only for today, but for the future.

Some hints that may help:
- Put your baby to sleep at about the same time each evening.
- Some babies settle and sleep better if swaddled (bundled).
- Allow your baby to go to sleep in his crib rather than in your arms.

Bed Sharing
Bed Sharing is not safe.
- Babies can become trapped between a space between the mattress and wall or bed frame.
- The baby can fall off the bed.
- You could roll over and suffocate your baby.
- Soft bedding can cover the baby and cause overheating.
- Babies are at increased risk for SIDS.
- The safest place for your baby to sleep is in their own crib.
**Immunization**

Babies usually receive their first immunization at 2 months of age regardless of prematurity. Talk to your health care provider and Public Health nurse about an immunization plan.

**Visitors**

It is alright to have visitors. Make sure that you and your baby are getting enough rest. Ask visitors to schedule their visit with you in advance if possible so that you and baby can set up a routine.

**Protect Your Baby’s Health**

- Observe how your baby responds to the extra noise and handling. Some babies cannot tolerate this until they are older. Handle and hug your baby gently. You may want to avoid large groups of people such as daycare, shopping centres, large family gatherings, until your baby can tolerate the extra noise and handling.

- Wash your hands with soap and water or use hand sanitizer every time before holding or touching your baby.

- Keep adults and other children with cold symptoms or fever away from your child.

- If you have a cold or a fever, stroke your baby’s head instead of cuddling or kissing your baby.

- Insist that no one smoke inside your home.

**Taking Baby Outside**

It is alright to take your baby outside. It is wise to stay away from crowds and places where you have little control over his exposure to germs and smoke. Protect his face from strong winds and cold by covering his face lightly with a blanket. **Always remove the blanket from his face as soon as you get indoors.**

**Never drape a blanket over the car seat or over strollers during the hot summer months.** Even thin blankets can create dangerously hot temperatures inside the blanket due to the bad air circulation. **Your baby can overheat very fast.** Instead use an umbrella or a canopy that rests off the stroller or car seat to shade your baby from the sun.
Feeding

Feeding Your Baby at Home

Breast milk provides the best food for your baby during the first 6 months. Breast feeding may continue up to 2 years and beyond.

Preterm Infants

Compared to term infants, preterm infants need more calories, protein, fat, minerals, and vitamins to grow. Breast milk, fortified breast milk and/or post discharge preterm formula are the only milk that your baby needs until 12 months adjusted age (the age of the baby if the pregnancy had gone to term). Post discharge formulas that are suitable for your preterm baby are: Similac Advance Neosure® (Abbott) and Enfamil Enfacare A+® (Mead Johnson Nutritionals).

Term Infants

Breast milk is the only milk that your baby needs. If you choose not to breast feed or are unable to, an iron fortified formula for term infants is recommended until 12 months of age.
How to Feed Baby

- Feed your baby in a relaxed atmosphere.
- Limit excessive stimulation, such as loud noises and bright lights.
- Study your baby’s cues to learn when your baby is hungry, tired, or simply just being sociable.
- Feed your baby when he is alert and hungry.
- If your baby is too fussy and/or crying he may have difficulty feeding.
- Limit breast/bottle feeding to no more than 30 minutes each feed to prevent tiring your baby.
- Burp your baby frequently during feedings.
- Ask your friends and family for help so you get the rest you need.

Preterm babies may take longer to feed because they need practice to learn how to suck and breathe at the same time. Help your baby pace himself when feeding so that sucking, swallowing, and breathing can be coordinated. Letting the nipple rest on your baby’s lips gives your baby a break and allows your baby to take several swallows to clear the milk from the mouth. Your baby lets you know when he is ready to continue to feed.

Do not rush feeding time or feed more than your baby needs.
Preparing and Storing Milk

Prepare fortified breast milk and formula exactly as prescribed by the dietitian.

- Thaw frozen milk overnight in refrigerator or with warm water.
- Warm prepared breast milk or formula by leaving under warm running water or put bottle in a container of warm water for no more than 10 minutes.
- Store prepared breast milk/formula in a tightly closed container in the refrigerator until you are ready to use it.
- If you have excess breast milk, you can express your milk and refrigerate or freeze it for future use.
- It is best to put breast milk in a glass bottle, hard plastic bottle, or in a plastic bag made especially for storing milk.
- Fresh breast milk may be refrigerated for up to 8 days. Frozen breast milk may be stored in a refrigerator freezer for 6 months or in a chest type freezer for up to 12 months.
- It is best to store milk in small amounts 60 to 120 mls (2 to 4 oz.)
- Leave at least 2.5 cm (1 inch) of space from the top to allow milk to expand as it freezes.
- Mark the dates on each container and use the oldest first.

Do Not

- Store milk (frozen breast milk or formula) longer than 24 hours after it is made or thawed.
- Save any milk that is left in the bottle for the next feed.
- Prop a bottle for your baby.
- Warm milk in a microwave oven as uneven heating makes some parts of the food hotter than others. It may burn your baby’s mouth.
- Thaw frozen breast milk in a microwave. Valuable nutrients in the breast milk can be destroyed if heated in a microwave.

Always test the temperature of the formula before feeding by shaking a few drops on the inside of your wrist.

The milk should feel warm and not hot.
How Much I Should Feed My Baby

- Most babies take 60 to 120 mL (2 to 4 oz.) of milk at each feed.
- The amount your baby takes at each feed may vary.
- As your baby grows, he starts to drink more at each feeding. Gradually increase the amount of milk offered to your baby. Watch your baby’s cues. Baby will let you know when more or less milk is needed.
- As your baby is able to take larger amounts of milk, the time between feeds will be longer.

How Often I Should Breast Feed My Baby

You may demand feed your baby when you take him home from the hospital. Demand feeding means letting your baby guide how often and how long he feeds. Initially, preterm babies may need to be fed every 3 hours as they may not be able to let you know when they are hungry.

Breast milk is easily digested, so babies may feed as often as every 2 to 3 hours during the day and 1 to 2 times at night (8 to 12 times in 24 hours). Frequent feedings at the breast not only stimulate milk production, but help to establish and maintain an adequate milk supply. Formula fed babies may want to feed every 2 to 4 hours.

Babies often cluster feed. This means that there may be times that your baby wishes to feed more often during parts of the day or evening. It is important to listen to your baby’s cues so you can respond to your baby’s needs.

At first, never let your baby go longer than 5 hours between feedings, especially at night. When your baby is able to take enough milk during the day to grow well, it is not necessary to wake your baby at night, unless your doctor, NP (nurse practitioner) or dietitian asks you to.
How I Know if My Baby is Getting Enough Milk

Weight gain is the best way to tell if your baby is getting enough milk.
You will know that your baby is getting enough milk if your baby has:

- 8 to 12 feedings in 24 hours
- 6 to 10 wet diapers in 24 hours
- soft, easily passed stools.

During growth spurts, your baby may feed more frequently. Talk to your baby’s doctor, NP or dietitian if you have concerns that your baby is not settling with feeds or not gaining weight as suggested by the doctor, NP or dietitian.

Weight Baby Should Gain

At first you can expect your baby to gain 140 to 210 grams (4.5 to 7 oz.) each week, or 20 to 30 grams (3/4 to 1 oz) per day. Your baby goes through many growth spurts during the first year of life and growth rates slow as your baby gets older.

Growth is measured as weight, length, and head circumference. Adjusted age is used to plot growth measurements up to 2 years of age for preterm infants. Adjusted age is not the same as actual age. Adjusted age is your baby’s age counted from their original due date (the date your baby was supposed to be born). Actual age is your baby’s age from the actual day they were born. Feeding recommendations for babies born less than 37 weeks should be based on adjusted age.

Growth is one of the best ways to know if your baby is getting enough to eat. You may wish to have your baby weighed at a community health centre or health care provider’s office once a week when he first goes home and then once a month. Try to have your baby weighed on the same scale as the weights may differ depending on the scale used.

Your baby’s doctor, NP and dietitian often refer to growth as “catch-up growth”. This means a higher than expected weight gain following a slow period of growth. Goals for catch-up growth is determined by your baby’s dietitian who monitors your baby’s growth. Breast milk or formula recipes are provided by your baby’s dietitian before discharge and as changes are needed. If you have concerns regarding your baby’s growth, contact your baby’s dietitian.
Diapers

Babies wet their diapers about 6 to 10 times each day. Urine should be pale yellow and barely show on the diaper.

There is a wide range of normal patterns for babies’ bowel movements. Every baby is different. Babies may have several bowel movements each day or may go several days without one, especially breast fed babies. Bowel movements can change depending on your baby’s diet. Bowel movements are usually mushy and yellowish brown. If bowel movements are hard and dry, call your doctor, NP for advice.

Vitamins and Iron Supplements for Baby

Term infants
- Multi-vitamin and mineral supplements are generally not required for term babies with the exception of vitamin D.

If your baby is breastfed
- Vitamin D is needed until your baby is getting Vitamin D from other sources.

If your baby is formula fed
- Vitamin D if your baby is drinking less than 1000 mL (33.81 oz) of formula daily.
Preterm Infants
All preterm babies require vitamin and iron supplements through their first year of life.

If your baby is breastfed, he needs
- Vitamin D (as Poly-Vi-Sol ® or D-Vi-Sol®) as long as your baby is exclusively breast feeding or receiving less than half of their feeds from fortified breast milk.
- Iron supplementation (as Fer-In-Sol®) until 12 months adjusted age.

If your baby is formula fed, he needs
- Post discharge preterm formula until at least 3 months adjusted age up to 12 months adjusted age.
- Vitamin D (as Poly-Vi-Sol ® or D-Vi-Sol®) if drinking less than 750 mL (25.36 oz.) of formula per day.
- Iron supplementation until 12 months adjusted age.

When giving vitamins/minerals
- Mix with a small amount of formula or breast milk.
- Give by nipple, dropper, or syringe. If you use a dropper or syringe, carefully place the medicine to the side of your baby’s mouth so he can swallow without choking.
- Always read medication labels carefully and follow all instructions given by the doctor, NP, or dietitian.
- Keep all medications out of reach of children.

Water
Your baby does not need extra water if breastfeeding well or bottle feeding adequate amounts of formula. Small amounts of water can be offered between 9 to 12 months actual/adjusted age. If your baby has a fever, diarrhea, or hard bowel movements check with your baby’s doctor, NP, nurse, or dietitian as extra fluid may be needed.
Baby Foods

At about 6 months (adjusted age) your baby is ready for solid foods. Solid foods provide extra calories, iron and other nutrients needed for healthy growth. Solid foods give your baby a chance to learn about new flavours and textures.

Introducing complementary foods is an exciting step for you and your baby. In addition to being the right age, your baby is ready for solids when he:

- sits up, with minimal support
- has good control of his/her head and neck muscles
- reaches for solid food
- opens his mouth when food is near and can turn his head to accept or refuse food.

Babies that get solid foods too early may:

- overeat
- develop digestive problems
- develop food sensitivities or allergies.

Talk with your Public Health nurse, dietitian, or doctor, NP to see if your baby is ready to start solid foods.
My Nutrition

Following a healthy and balanced diet helps you get all the calories and nutrients you need while breastfeeding your baby or pumping expressed breast milk.

Follow “Eating Well with Canada’s Food Guide” as a basic healthy eating pattern. Include foods from all four food groups. You may need more calories while breastfeeding. Add an extra 2 to 3 food guide servings a day from any food group.

When planning balanced meals and snacks, choose foods from at least 3 food groups for a meal and 1 to 2 food groups for a snack.

Continue to take your prenatal vitamins and mineral supplement.

Meet your omega-3 fatty acid needs with 2 servings of fatty fish per week (salmon, Atlantic mackerel, herring, whitefish, trout.) If you do not eat 2 servings a week consider foods fortified with omega-3 such as eggs, dairy, algae, or sea vegetables. You can also take a supplement. Meats high in mercury, such as swordfish, are best avoided as they may promote high exposure to mercury from certain types of fish. www.healthcanada.gc.ca

How Much Fluid Should I Drink While Breastfeeding

Dehydration and over hydration can affect your milk supply. If you feel thirsty, drink more fluid. Drink more during hot weather. Fluid includes water, milk, and juice.

Caffeine passes into your breast milk. Limit coffee, tea, cola, and other caffeine containing beverages to 500 mL (2 cups) per day.

Alcohol passes into your breast milk. It is best to avoid alcohol. However, there is no need to stop breastfeeding with an occasional drink. It takes about 2 to 3 hours for the alcohol from one drink to leave your breast milk. One drink is 341 mL (12 oz) bottle of 5% beer, 142 mL (5 oz) glass of 12% wine, 43 mL (1½ oz) shot of 40% liquor. Consider feeding your baby right before consuming a drink.

Smoking and Taking Medications While Breastfeeding

Smoking is not recommended. It is best not to smoke.

Most medications are safe for breastfeeding babies. If you take medications, including over the counter medications, check with your public health nurse, lactation consultant, doctor, NP, or pharmacist to make sure that the medication is safe for nursing babies.

Do not take illegal/street drugs.
Make each Food Guide Serving count...
wherever you are – at home, at school, at work or when eating out!

› Eat at least one dark green and one orange vegetable each day.
  Go for dark green vegetables such as broccoli, romaine lettuce and spinach.
  Go for orange vegetables such as carrots, sweet potatoes and winter squash.

› Choose vegetables and fruit prepared with little or no added fat, sugar or salt.
  Enjoy vegetables steamed, baked or stir-fried instead of deep-fried.

› Have vegetables and fruit more often than juice.

› Make at least half of your grain products whole grain each day.
  Eat a variety of whole grains such as barley, brown rice, oats, quinoa and wild rice.
  Enjoy whole grain breads, oatmeal or whole wheat pasta.

› Choose grain products that are lower in fat, sugar or salt.
  Compare the Nutrition Facts table on labels to make wise choices.
  Enjoy the true taste of grain products. When adding sauces or spreads, use small amounts.

› Drink skim, 1%, or 2% milk each day.
  Have 500 mL (2 cups) of milk every day for adequate vitamin D.
  Drink fortified soy beverages if you do not drink milk.

› Select lower fat milk alternatives.
  Compare the Nutrition Facts table on yogurts or cheeses to make wise choices.

› Have meat alternatives such as beans, lentils and tofu often.

› Eat at least two Food Guide Servings of fish each week.*
  Choose fish such as char, herring, mackerel, salmon, sardines and trout.

› Select lean meat and alternatives prepared with little or no added fat or salt.
  Trim the visible fat from meats. Remove the skin on poultry.
  Use cooking methods such as roasting, baking or poaching that require little or no added fat.
  If you eat luncheon meats, sausages or prepackaged meats, choose those lower in salt (sodium) and fat.

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Enjoy a variety of foods from the four food groups.

Satisfy your thirst with water!

Drink water regularly. It’s a calorie-free way to quench your thirst. Drink more water in hot weather or when you are very active.

* Health Canada provides advice for limiting exposure to mercury from certain types of fish. Refer to www.healthcanada.gc.ca for the latest information.

www.healthcanada.gc.ca/foodguide
Concerns

How to Take Baby’s Temperature

We suggest that you buy a digital thermometer. The safest way to take your baby’s temperature is to place the tip of the thermometer under his arm.

- Remove his shirt so that clothing is not in the way.
- Make sure the armpit is dry.
- Place the thermometer under his arm.
- Hold his arm close to his chest and hold the thermometer in place until the temperature is indicated.

If Baby Has a Fever

The best thing for your baby is to keep him cool. Here are tips for cooling your feverish baby. Follow any specific directions given by your doctor or NP.

Do

✓ Dress the baby in as few clothes as possible.
✓ Give lots of cool clear liquids - not formula (example: water that has been boiled and then cooled).
✓ Give acetaminophen preparations to help treat fever.

Do Not

✗ Give acetylsalicylic acid (ASA) for fever - use only if your doctor or NP says it is okay to use. ASA increases the risk for Reye’s syndrome, a serious illness that may cause liver or brain damage.
    Do not give ASA to babies, children, or teenagers.
✗ Sponge bath or give an alcohol bath.
✗ Cover baby with heavy blankets.
✗ Cover baby with wet towels or sheets.
Baby’s Cry

Your baby could be:

- hungry
- too hot or cold
- needing his diaper changed
- lonely or bored
- gassy
- teething
- over stimulated.

All babies cry and have fussy periods. It is their way to tell you what they want.

Colic

“Colic” is a misunderstood and over used term. Most doctors and NPs consider a baby to have colic if they cry or scream continuously for 3 or more hours every day. Colicky babies have long crying bouts every day, which is no surprise. The baby may draw up their legs, pass gas, and seem to have stomach pains.

Colic affects about 10 to 15% of all newborn babies. It begins during the second or third week of life and in premature babies, 2 to 3 weeks after the mother’s due date and is usually over by 3 to 6 months of age. The crying episodes often occur from 6 p.m. to midnight. Unfortunately, this is a time when parents are tired and least able to cope with this behaviour.

Colicky babies are hard to soothe. **There are no quick fixes for colic.**

Colicky infants are otherwise healthy. They gain weight well and are often exceptionally alert and active. Babies who have had colic do not show long term effects from this early experience.
If your baby has crying behaviour and is difficult to console you may try The 5 S’s. They can be used alone or together.

1. Swaddling baby tightly

2. Side/stomach position while holding your baby.

3. “Shhh”- shhh-ing sounds close to baby’s ear.

4. Swinging-slings, carriers, rocking your baby.

5. Sucking-pacifier, finger to mouth.

You can try to:

- reduce noise levels
- bundle baby gently
- give the baby a warm bath
- turn on the radio or CD player, or tune in between radio stations for white noise
- take the baby for a walk or a ride in the car
- feed your baby slowly and burp them frequently - wait at least 2 hours between feeds.
- change your diet and limit caffeine and dairy products if you are breastfeeding
- take a break from your baby and ask someone you trust to care for your baby.
- talk to your doctor or NP or someone that you trust.

Remember, these tips will not work every time. Try other ideas and ask for help if you need it.
If your healthy baby cries a lot, it does not mean there is anything wrong with your baby or you. Remember, there will be times when you get frustrated. If you feel yourself getting angry, put the baby in a safe place and take a moment to deal with your own stress. No baby has ever died from crying, but they have died from being shaken. Look for information at www.dontshake.com.

**Never Shake A Baby**

**Call Your Doctor or Nurse Practitioner (NP) if Your Baby:**

- seems sick to you or has unusual irritable behaviour
- temperature is greater than 38.5°C or 101°F (fever)
- wakes often because of a bad cough
- has a change in the way she breathes
- has thick, bad smelling, or bloody mucous from his nose
- has a discharge from the eyes, or has eyes that tear
- has more than 5 loose, watery bowel movements (diarrhea) in the past 24 hours
- has blood or mucous in bowel movement
- shows signs of dryness (dehydration)
  - mouth and skin dry
  - eyes sunken
  - seldom has a wet diaper
  - sleepy.
- is repeatedly throwing up or is feeding poorly for 24 hours.
- is crying unusually - your baby continues to cry no matter what you do to settle him
- your baby has a weak cry or seldom cries.
When You Telephone Your Doctor or NP

You are asked your:

- name
- main concern
- telephone number
- name and the age of your baby.

Have this information ready:

- baby’s temperature
- approximate time your baby became ill
- signs such as:
  - throwing up
  - diarrhea
  - last time baby had a wet diaper
  - difficulty in breathing
  - unusual fussiness
  - signs of pain when you touch your baby
  - colour changes
  - rashes
  - sweating
- changes in usual sleeping habits
- changes in feeding habits
- amount of fluid taken in the past day
- what you have done for your baby so far and if it seems to help.
- telephone number of the drug store you use.

Other helpful information:

- usual number of bowel movements and wet diapers your baby has each day
- name and amount of any medication your baby is taking.

Remind the doctor or NP that your baby was in N.I.C.U.

In an emergency, get help immediately.
CALL 911
Social Media

No social networking site, virtual world, online game, or any other social media service can provide a guarantee of 100% safety.

How to Protect Children’s Photos Online

You may think nothing of posting pictures of your children on social media sites. This seemingly innocent habit may put your child at risk of being digitally kidnapped. Digital kidnapping is a form of identity theft. Photos of your child are “stolen” on social media and then that person claims your child as theirs. Stolen pictures can be sold to people or businesses. Protect photos of your child online by following these guidelines.

Privacy Settings - Set the privacy controls to custom and allow only those few family members and friends whom you pick to view them.

Use a Watermark - Watermark any photos you feel particularly strongly about to add an increased level of protection. Applications make it easy to watermark photos you take on your cell phone or you could use an editing program to create your own.

Lower Your Resolution - Make it difficult for people to use photos of your kids for their own advertising purposes by lowering the resolution of the photos you are posting online. This makes it harder to print and enlarge the pictures.

Turn off Location Services When Posting From Your Phone

Avoid Posting Photos With Telling Landmarks - If location is a concern, do not upload photos of your child with things in the background that indicate where the photo was taken. Be mindful of other children who may be in photos with yours. Just because you enjoy posting photos of your child does not mean the parents whose child is on a playdate with yours will enjoy it, too.

Tell Your Friends and Family Members - Ask them to follow your rules for posting your child’s photo so that they follow the same rules to protect your child.

Prevent Infant Abduction

- **Do not**
  - place a birth announcement in the newspaper or on the Internet.
  - give your address or telephone number to strangers.
  - put a sign announcing your baby’s birth on the front lawn.
  - leave your baby unattended.
  - let people you do not know well into your home.
- **Always** keep your doors locked.
- **Only** give information about you or your baby to people you know well and trust.
Internet Tips for Parents

Using the Internet is a great way to get up-to-date information about parenting and childcare. Some websites, however, can give confusing and old-fashioned information. So how do parents know which sites to trust? Here are some hints:

Check:
- **website’s purpose** - Is the information based on solid scientific research? Does it include many points of view or is it one person’s opinion?
- **website’s sponsors** - Are the sponsors easily identified?
- **organizations that support the website** - Is it endorsed by a health agency or association that you trust?
- **to see how the website is maintained** - When was the last time the website was updated?
- **for the author’s name(s) on the website** - The author’s name should be appearing on the site. What is their background and training?
- **who is making statements** - Information should be provided based on solid scientific research and not on opinion. Are there references and links to support the statements?

Recommended Websites

- [www.caringforkids.cps.ca](http://www.caringforkids.cps.ca) - Canadian Pediatric Society
- [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca) - Public Health Agency of Canada
- [www.canadian-health-network.ca](http://www.canadian-health-network.ca) - Canadian Health Network
- [www.motherisk.org](http://www.motherisk.org) - The Motherisk Program is based out of the ‘Hospital for Sick Children’ in Toronto, has information about medication, drug and chemical use in pregnancy and breastfeeding
- [www.lalecheleague.org](http://www.lalecheleague.org) - breastfeeding information
- [www.drjacknewman.com](http://www.drjacknewman.com) - breastfeeding support and information
- [www.aap.org](http://www.aap.org) - American Academy of Pediatrics
- [www.sidscanada.org](http://www.sidscanada.org) - Sudden Infant Death Syndrome information
- [www.nwtprenatal.com](http://www.nwtprenatal.com) - Canadian Prenatal Nutrition Program
- [www.breastfeedingnwt.ca](http://www.breastfeedingnwt.ca) - Health Promotion, Department of Health and Social Services, Government of the Northwest Territories
- [www.bcchildrens.ca/safestart.ca](http://www.bcchildrens.ca/safestart.ca) - Injury prevention information
Baby Development

Attachment
Your baby needs to have a strong close bond, emotionally, and physically with at least 1 person. As the parent, you are the person to give your child protection, comfort and support. This is called attachment and is the basis for each child’s learning and development. Your baby smiles, cries reaches out as a way to get and stay close to you.

How I Can Help With My Baby’s Development
Your baby learns from everything that happens to him and around him. How you care for and play with your baby helps with his development.

You can help your baby’s development through
- good handling (how you move him)
- good positioning (how you place him)
- play
- responding to his signs.

Signs I Will See From My Baby
Eye contact is important for your baby. As your baby learns to make eye contact, keep your face calm. You may add smiling, talking, and movement as your baby learns to look at you. You already know things that your baby likes and does not like. He lets you know through how he responds to you. When you get home you will be introducing him to new things. Some babies cannot handle as much noise, handling, and activity as others. Babies give us signs to let us know how they are feeling.

Signs of Stress
You may see:
- uneven breathing
- frantic or stiff movements of arms and legs
- gagging, spits-up or excessive gas
- sneezing, yawning, hiccups.
- frowning, panicked look, dull glazed look on face.
- no eye contact
- colour changes to pale and mottled
- fussing, crying.
**Comfort Signs**

You may see that

- his face is relaxed
- he is alert, looks at you
- his arms and legs are relaxed
- his breathing is regular and even (he is breathing normally for him)
- his skin colour is good.

Your baby soon learns to adapt to the world around him. You make it easier for him by watching for his signs and responding to them.

*If you see stress signs, slow down or stop what you are doing until he shows comfort signs.*

*When you see comfort signs you may keep going with your activity.*

**Neonatal Intensive Care Unit**

**Discharge Guide**

To care for your baby, you need to love, play, dress, and hold him. Your baby learns from these activities but may find them stressful some of the time.

If your baby is stressed during care giving:

- Let him know you are going to handle him by first quietly talking to him and gently touching him.
- Move slowly and move the baby’s body slowly too. This is very important for calming.
- Talk softly to your baby as you handle him.
- Handle him firmly but gently so that he feels secure.
- Gather everything you need for each activity before you begin.
- When your baby is telling you he needs a break (signs of stress) he probably needs your help to calm him down; picking up, bundling, holding, offering a pacifier, or being put down to sleep are all options.
- A preterm baby often needs to be held a lot so he can feel the comfort and support he needs.
How to Lift and Carry My Baby

A preterm baby often needs to be carried a lot so that he can feel the comfort that he needs. You can carry your baby in your arms, or in a sling, or in a front baby carrier. Make sure your baby’s head is well supported and his neck is in line with his body and he is not bent too far forward. The more you carry your baby and the more he feels you nearby, the less he may cry. Carrying helps you and your baby form a close bond. By carrying your baby they can learn from watching. They can make eye contact with you and have social contact with other people.

Some babies startle and jump every time they are moved. By providing proper support and control when you move your baby, you can change this response so that he is more comfortable and secure.

When carrying your baby their:
- hips are bent close to you
- head position is neutral (level chin)
- hands are close together.

When lifting your baby:
- provide enough support for comfort
- move your baby slowly.

Bend over your baby. Slide one hand under his bottom, the other under his head and shoulders. Bend over some more and curl your baby into your body and then slowly straighten up. By providing support you help to prepare him for the movement. By moving him slowly, you give him time to learn the feeling of the movement. Your baby will eventually not need as much support.
Carrying Positions
You can carry your baby in ways that help with his development. These pictures give examples of carrying your baby.

Positioning and Its Importance
Positioning is how we place the baby. A premature baby or a baby who has been ill may develop postures (how the baby holds himself) or habits, that could make movement difficult. Proper positioning can:

- make movement easier for your baby
- make your baby comfortable and more content
- make it easier for your baby to pay attention
- prevent irregular head shape.
- helps baby to calm with his hands close to his face and legs tucked up.
How I Should Place My Baby

- Gently move the head, arms, and legs of your baby into the desired position.
- During day time hours, while baby can be watched, use rolled towels or blankets as supports until your baby can hold the position himself. Place along the body at the side under his arms.
- Change the position of your baby often during the day.
- Use different positions when your baby is awake for example, either side, back or tummy.
- Place your baby on his back for sleeping. No supports should be used at this time.
- Use a gentle pressure that contains your baby’s arms and legs close to his trunk to help him settle.

Best Positioning for My Baby

- head in the middle
- chin tucked
- arms toward the body. Fingers close together.
- legs tucked close to the body.
Positions to Use:

On the Tummy (Prone)

When your baby is awake, put your baby on his tummy at least 3 times every day for a few minutes. This helps to strengthen the muscles of the neck, shoulders, and back.

- Place the arms close to the body.
- Place a toy in front to encourage him to lift his head.
- Use as a play position for short periods of time, as tolerated.
- Baby can lie on his tummy on your chest or across your lap.
- Baby should never be placed on a waterbed or air mattress.
- You may roll a receiving blanket and place it under his chest and arms to give him some support.

On the Back (Supine)

This helps to strengthen the tummy muscles as the baby looks at objects and people and tries to reach for both.

- Place arms close to the body.
- Tuck legs close to the body, knees in line with hips
- Use rolls to support the position or your hands, if playing with him. Rolls are not used while baby is sleeping
- Help baby’s head to be in the middle, or turn equally to right and left.
Lying on the Side

This helps to get the hands together and head midline.

- Bring the hands together.
- Tuck the legs up towards the body.
- Place a roll behind or in front of the body. This helps to keep him on his side.
- Put him on both his left and right side.

Sitting

This helps to get hands together and lets him see different things.

- Provide support in an infant seat.
- Use rolls to keep the arms forward.
- Place the chair on the floor so that the baby looks to both sides.
Crook Sitting

This makes a good play position.

- Baby is on your lap
- Head is midline
- Arms and legs are bent

Positioning and Preventing Flat Heads in Babies

Why my baby has a flat head

The safest position for your baby to sleep is on his back. Babies tend to turn their head to one side when they lay on their back. They do this because their neck muscles are weak. These babies may keep their heads in the same position when sitting in their car seat or swing. Babies' heads are very soft and the bones in their head can be affected by pressure. Always having their head turned one way puts pressure on their heads and this may cause your baby’s head to flatten. A little bit of flattening goes away on its own. More serious flattening of the head may become permanent if baby is left in one position when he is sleeping. Flattening of your baby’s head will not affect the brain’s growth or development. You may see flattening of the head when your baby is between 2 to 4 months old.
Prevent a Flat Area on Baby’s Head

Things you can do to prevent a flat area on the back of your baby’s head:

- Turn your baby’s head to a different position each time you handle your baby - side to back to side.
- Move your baby around in his crib - lay him with his head at the head of the bed one day and the next day lay him with his head toward the foot of the bed.
- Change toy and mobile positions regularly so the baby does not always look in one direction.
- Use toys designed for tummy and side lying play.
- Give your baby supervised “tummy time” often. Side lying playtime can help a lot when he is awake.

What I Can do if My Baby Already has a Flat Area

Note the times when your baby is on a flat area when:

- sleeping
- you are holding or carrying him
- your baby is in the car seat or swing
- your baby is playing
- your baby is on the change table.

Position your baby off the flat area. Call with questions about a review at Development Assessment Clinic (DAC) if you would like support.

- Limit the time your baby spends in the car seat, stroller, and baby seat.
- Place a small rolled up blanket under the shoulder on the same side as the flat area.
- When you hold baby’s head, avoid pressure on the flat area. Use your hand to support on the other ‘rounded’ side.
- “Tummy time” is a great way for your baby to be positioned when he is awake. Over your lap is just as effective.
- Side lying play time is important too. It may take time for your baby to get used to these different positions but keep trying. Many short sessions of tummy time or side lying play
time works best.
- Remember to tell your family members and babysitters about repositioning your baby frequently.

What Should My Baby be Doing in his Development

Each baby is different and develops at his own pace. Researchers have agreed on the average age that most babies can do a skill. If your baby was born prematurely, you need to correct his age for his prematurity. Think of his age from the time that he should have been born to decide what skills he should be doing.

These are some of the things babies are able to do in the first few months.

1st month

- sees things best when they are 20 to 26 cm (about 10 in) from his face
- tries to make eye contact with an adult
- responds to sounds
- likes rhythmic sounds such as voice or music.
- moves his arms and legs.
- lifts and turns his head off the support when on his tummy.

3 to 4 months

- coos and talks
- smiles
- holds your finger or a small toy
- shows some head control in an upright position
- lifts his head high when on his tummy and leans on his arms
- lifts his legs up when on his back
- gives direct eye contact
- turns toward a voice
- anticipates feeding.
5 to 6 Months

- reaches for objects
- takes toys to his mouth
- rolls
- holds head well when sitting
- supports weight through his legs
- laughs and babbles with vowel and consonant sounds (like ‘gaga’ and ‘mama’).

Have the baby checked by your doctor or NP if you notice that your baby:

- keeps pushing back with his head (arching) and is stiff
- is very floppy
- moves very little
- moves one side of his body more than the other
- is very irritable and difficult to comfort
- is very difficult to feed
- does not respond to your voice
- does not make good eye contact.
- does not laugh or squeal
- does not look toward new sounds.

Talk to your doctor or NP if you feel that your baby is not developing as you feel he should be.
How I Can Help With the Mental Development of My Baby

When you play with your baby you help him to learn. At times, babies seem to turn off when you try to play with them. This is their way of telling you to stop. Take your cues from your baby. If they are giving you signs that they are tired, give them a break and then start again when they are ready.

Play activities change as the baby grows.

Some activities to try:

- Talk and sing to your baby. Wait for your baby to ‘talk back’ to you.
- Repeat his sounds to him.
- Let him touch your face or soft toys.
- Show him bright coloured toys.
- Let him look in a mirror.
- Talk and sing to your baby while doing daily activities such as feeding, diapers, bathing, and traveling.
- Play nursery games such as pat-a-cake and peek-a-boo.
- Describe what is happening in his day.
- Read a picture book to him.
Kind of Toys I Should Buy

At first baby is most interested in you and in his own body. During the first year everything goes to his mouth. This is a normal and important part of development. His toys should be washable and big enough so that they will not get stuck in his mouth. Soft, lightweight rattles and squeeze toys are ideal first toys. Cradle gyms and activity centres encourage reaching.

How I Can Help With My Baby’s Motor Development

You can help with the motor development of your baby by giving him the opportunity (positioning) and the desire (stimulation) to move.

- Change the position of the baby frequently - remember tummy time when he is awake.
- Side lying helps baby to be aware of all sides of his body and learn to roll.
- As he gets older he needs more time on the floor to develop his motor skills.
- Make sure that his play area is safe.

You can also do play activities such as:

- Slowly moving the arms and legs.
- Gently stroke his arms, legs, and trunk with the palm of your hand.
- Moving a toy slowly towards the middle as he looks at it.
- Showing him his feet and helping him touch or grasp them.
Things Should I be Careful With

- playing for too long or when your baby is tired
- Jolly Jumpers and standing activity centres

Jolly jumpers do not help to strengthen leg muscles. Baby standing equipment and Jolly Jumpers may lead to toe standing postures in the baby. This may delay walking in some babies.

- Walkers

Walkers are dangerous because they let a child reach higher and move faster than he could on his own. Baby walkers are banned in Canada. If your baby falls while in a walker your baby could be severely injured. It is illegal to import, or sell baby walkers in Canada. If you have a walker, cut the seat and remove the wheels and throw it away so it can not be used again. Health Canada suggests using a stationary activity centre instead.
Reminders

- **Do not**
  - let too many people handle your baby - this protects him from too much stimulation, colds, and infections.
  - allow anyone to smoke in the same area as your baby - exposure to smoke increases the risk of chest infections and allergies.
  - allow anyone to drink or eat anything hot while holding your baby.
  - place your young baby on his tummy for sleep.

- **Parents need to take care of themselves**
  - Mothers and fathers may find that they are more tired than usual.
  - They may feel down. These feelings are normal. Help is available if you continue to feel down. Call your doctor or NP or Public Health nurse.
  - Try to use your baby’s nap time to rest.
  - Eat properly.
  - Take time out for yourselves and your other children.
Developmental Follow-Up

The Developmental Assessment Clinic (DAC) is a pediatric outpatient clinic at the Regina General Hospital that follows babies who were in the NICU, or had other problems, to make sure they are growing well and doing as expected for their age. The Clinic gives support and information to families. This gives families an opportunity to have questions answered, and gives a good beginning to children who are graduates of NICU.

You get a questionnaire about your baby in the mail every 4 months until they are 2 years old. It asks how your baby is moving, talking and learning. Fill them in and return to DAC. Your NICU doctor decides if you need an appointment to be seen in the Clinic. At the Clinic you are seen by a nurse, doctor, physical therapist, family support worker, and a nutritionist. Other staff that are available include a speech pathologist and a neonatal therapist. All Clinic staff work with you and provide suggestions to help your baby’s growth and development. If there is anything that needs to be checked again, you are asked to come for another visit.

If you have questions before you get your letter, please call DAC (306) 766-4634

For 24 hour professional health advice and information, call

HealthLine 811

Neonatal Intensive Care Unit
(306) 766-6161
Special Care Nursery
(306) 766-6657
Regina General Hospital
1440 14th Avenue
Resources

Books on Infant and Child Development are Available at:

- book stores
- local library
- Wascana Rehabilitation Family Resource Centre
- Public Health Services.

Helpful Websites

- Parachute - preventing injuries, saving lives: Safety tips to keep kids safe
  Car seat installation guides - www.youtube.com/
  In the search box Type: Canadian car seat installation guides (by parachutecanada)
- Can 1 in Paediatric Society - www.caringforkids.ca
- BC Children’s Hospital - www.bcchildrens.ca
  Safe Start: The injury prevention program of BC Children’s Hospital
  www.bcchildrens.ca/safestart
- Transport Canada - road transportation-motor vehicle safety-child safety -child car seat defect investigations and recalls
- Public Health Canada - www.publichealth.gc.ca
- Regina Qu’Appelle Health Region - www.rqhealth.ca
- SGI car seat clinics; car seat safety technicians
  www.sgi.sk.ca/individuals/safety/carseats/index.html
- Saskatchewan Prevention Institute - http://www.skprevention.ca
- American Academy of Pediatrics - www.healthychildren.org

Information contained in these websites is presented solely for general public knowledge about health. It is not intended to be a substitute for professional medical advice. Always seek the advice of a physician or other qualified health care provider before changing or starting treatment, or with any questions you have regarding a medical condition. The Regina Qu’Appelle Health Region does not assume any responsibility for use of this website or other websites to which it is linked.