Congratulations on the birth of your baby

Having a baby can be a wonderful time in your life. But if your baby needs medical attention, it can be hard. Your baby may need to be in the hospital neonatal or newborn intensive care unit, also called the NICU. The information here is for families with a baby who needs to stay in a NICU for about 2 weeks or less. This is called a shorter NICU stay.

Why some babies need to stay in the NICU

Your baby may look healthy. You may not be sure why he needs to go to the NICU. Here are some reasons your baby may need medical care in the NICU:

• Premature birth — When a baby is born too early, before 37 weeks of pregnancy
• Birth defects — Health conditions that are present at birth and change the shape or function of one or more parts of the body. Birth defects can cause problems in overall health, how the body develops or how the body works.
• Jaundice — When a baby’s kidneys are not working well; it causes the baby’s eyes and skin to look yellow.
• Feeding problems — Babies who are born early or who are sick may not be able to breastfeed or bottlefeed right away.
• Breathing problems — When a baby may not be able to get enough oxygen on his own
• Infections — Illnesses a baby gets from a virus, bacteria and other germs
• Temperature problems — Problems keeping a baby’s body temperature within a normal range

How to be a part of your baby’s care in the NICU

Having a baby with a shorter NICU stay is hard because you are recovering from the birth of your baby, trying to understand your baby’s medical needs and preparing to go home in a short amount of time. One of the best ways to learn about your baby and prepare to take him home is to be involved in his care in the NICU, even if it’s only for a few days. Here are some ways to get involved:

Ask questions. Ask your baby’s health care provider questions about anything you don’t understand. You can ask questions when the provider visits your baby or when you call the NICU for an update. Here are some questions you may want to ask:

• Can I hold my baby?
• What can I do to help take care of my baby?
• How is my baby doing today?
• How does this medicine or medical equipment help my baby?
• What tests are you doing, and what will you learn from the tests?
• Who should I talk to or call if I have questions about my baby’s condition?
• When do you think my baby will go home?
• What do I need to learn about my baby before we go home?

Be an active member of your baby’s care team. You can do many things to be involved in the care of your newborn during his NICU stay. You can ask to help change your baby’s clothes or diaper, take his temperature and help the nurse weigh him. If you see something that makes you uncomfortable, share your concerns with the medical team.

Start a folder of health information about your baby. Be sure to bring this file with you when you see your baby’s health care provider after he goes home.

Protect your baby from infection. One way to protect your baby and other babies in the NICU from infections is to wash your hands.

Leaving my baby in the hospital after I was discharged was so hard. I felt so many emotions, but mostly I felt guilty. It felt wrong to be at home, pumping breast milk at my kitchen table at 3 a.m., knowing someone else was caring for and feeding my baby.

When my little guy came home, I snuggled with him and held his body close to mine. Nothing felt better than being together under the same roof.

— Meghan, mom to a 35-week baby boy

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Bond with your baby

Many parents feel very alone when their baby goes to the NICU. Bonding with your baby may help you feel better, and it’s good for both of you. Two ways you can bond with your baby are doing skin-to-skin care and feeding her.

Skin-to-skin care

Skin-to-skin care (also called kangaroo care) is great for all babies. It means putting your baby, dressed only in a diaper, on your bare chest. Be sure to put a blanket over his back to keep him warm. You can do skin-to-skin in the NICU and after you go home.

Skin-to-skin care may help your baby:
• Keep his body warm
• Keep his heart rate and breathing regular
• Gain weight
• Spend more time in deep sleep
• Spend more awake time being quiet and less time crying
• Breastfeed

Skin-to-skin care may help you:
• Reduce your stress
• Feel close to your baby
• Make more breast milk

Feeding in the NICU

Before your baby was born, you may have decided to breastfeed or bottlefeed. But now that your baby’s in the NICU, you may need to change your plans. This can be hard. If your NICU offers a feeding or nutrition class, this can be a great source of information and support.

The way your baby is fed depends on his medical condition and his ability to suck and swallow. In the NICU, babies can breastfeed or they can take breast milk or formula through a tube or bottle. Your baby’s health care team works with you on the best way to feed your baby. Ask them if you can go back to your original feeding plan and when this may happen.

Your baby is still growing and recovering from a NICU stay. Your baby may sleep through a scheduled feeding. Ask your baby’s health care provider if you need to wake your baby for feedings.

Prepare to take your baby home

• Talk to the NICU staff about how you can help take care of your baby. Holding and feeding your baby are great ways to take care of her.
• Get all your questions answered before your baby is discharged. It’s OK for you to ask questions and share concerns. Write down the answers so you have them when you are home.
• Make an appointment to follow up with your baby’s health care provider once you are home.

Information that can help you once you get home

• It’s OK to ask for help after you take your baby home. Call your baby’s provider with questions. And ask family members, friends and neighbors for help.
• It may take time for your family to adjust to your baby being home after a NICU stay.
• Watch for signs of illness. All babies get sick, but babies who were in the NICU have a higher chance of getting infections.

When to call your baby’s health care provider:

Call your baby’s provider if your baby:
• Looks blue around the nose or lips or on the skin
• Is paler than usual
• Refuses to eat or eats too little
• Is more fussy than usual
• Is less active than usual
• Throws up — This is more serious than spitting up
• Has trouble breathing or a change in his breathing pattern
• Has fewer than five wet diapers in a 24-hour period
• Has diarrhea for more than a day or has a change in bowel habits
• Has a temperature higher than 100.4 F or lower than 97 F
• Has apnea. This is when the baby stops breathing for 15 seconds or more
• Just doesn’t seem right or well to you

If you think your baby needs emergency care go to the hospital or call 911. You know your baby best. If you think something is wrong get him checked out.

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