Babies who spend time in the NICU are often born early (ie, premature), have health problems, had a difficult birth, or have some combination of these concerns. The NICU staff includes specialty-trained pediatricians called neonatologists, neonatal nurse practitioners, and nurses with special training to care for infants in the intensive care setting. Many NICUs also have social workers, nutritionists, therapy specialists, and pharmacists to help provide special care and to support parents. Many parents have questions about the experience they and their baby will have in the NICU.

One thing that many parents notice first in the NICU is that all health care professionals and family members in the NICU go through extensive hand washing any time they enter the patient care unit. This is to help prevent infection for the patients. Babies are at increased risk for infections as their immune systems may not be fully developed at birth, so all people in the NICU take extra care with hand washing to prevent any infections and health care professionals often wear gloves when caring for your baby.

One of the major goals of NICU care is to prevent painful experiences for babies and to enhance positive parent bonding. Nurses are specifically trained to minimize the pain experienced by babies when undergoing blood draws or procedures. Another important part of the baby’s experience in the NICU is to interact and be supported by the parents. One special way this happens is by parents touching and holding their baby, which is often called skin-to-skin care or kangaroo care. There are many benefits of skin-to-skin care for babies, including increasing breast milk production for the mother, better sleep for the baby, and decreased pain for babies during procedures.

During the stay in the NICU, the recommended nutrition for babies is breast milk. Breast milk has antibodies that help fight infection and is the best food for growth. Some babies may be able to breastfeed right away, while others may need to feed from a bottle or a tube at the start. Mothers who cannot directly breastfeed right away can still pump milk to feed their babies, and if there is a condition that prevents breast milk production, donor breast milk is frequently available.

One common question from parents is how long their baby will need to stay in the NICU. A full-term baby with minor breathing problems, jaundice, or an infection often will only need to stay for a few days to a week. Babies born very early, around 23 to 25 weeks’ gestation, stay in the NICU the longest and often until around their due date of 40 weeks. Babies born after 30 weeks’ gestation have a shorter stay and will often go home several (2 to 6) weeks before their due date.

After a stay in the NICU, many parents wonder what to expect when the baby comes home. It can be challenging or scary for parents to adjust from the highly monitored NICU environment to home. However, the use of home monitors or alarms is not typically recommended as safe or helpful. The NICU team will help parents understand how to keep their baby safe and healthy at home, including safe sleep practices such as sleeping on their back. Some babies may require special visits to monitor their development after leaving the NICU, and others will only require visits with their primary care physician. Ultimately, most babies admitted to the NICU will go on to experience rewarding, high-quality, and happy lives.

FOR MORE INFORMATION
Healthy Children
https://www.healthychildren.org/English/ages-stages/baby/preemie/Pages/default.aspx