About the NICU:

The Neonatal Intensive Care Unit (NICU) at The Morgan Stanley Children's Hospital of New York Presbyterian Hospital (MSCHONY) is a 58 bed level III regional referral center that cares for sick babies with medical or surgical needs. Each baby is different, so care is delivered based on each baby's unique needs.

Our NICU is one of the busiest and most highly regarded units in the country, caring for more than 1,000 critically ill infants each year with a variety of medical or surgical life-threatening conditions. Approximately 70% of our patients are born at the Morgan Stanley Children’s Hospital while about 30% of infants are transferred into our NICU from other NICU’s. As a leading referral center in the New York tri-state region, patients and families come for further care and management of their baby's medical and/or surgical needs.

Every year the doctors, scientists, and staff at the Morgan Stanley Children’s Hospital make large steps in patient care by contributing to significant research studies and evidence based medicine about newborn infants. We are committed to sharing this vital information with you, so you feel confident that you have chosen the very best in medical and surgical care for your baby.

Our NICU has many different areas, and every bed space is equipped with the most advanced equipment to accommodate babies with different medical and surgical conditions. Our medical staff has the expertise, compassion, and medical leadership that has labeled our institution one of the top hospitals. We know your baby is special, so we pride ourselves in delivering individual care that is essential to treating your baby.

1. **Being a Parent in the NICU**

   For many being a parent in the NICU is a challenging and emotionally difficult time. We recognize that for many, parenting in the NICU is a process moving from feeling like a visitor to feeling like the parent. Becoming an active part of your baby’s experience in the NICU is an important part of the parental
bonding process that naturally occurs between you and your baby, but we understand that for many parents this occurs gradually over time. Since the NICU can be a very intimidating and foreign environment, our staff is here to help you in supporting your baby's ongoing development and emotional well being. We encourage you to take an active role in their care. Depending on your infant's clinical status, a parent may be able to assist in some of the daily care routines of your baby, such as taking your baby's temperature, changing his or her diaper, feeding, or bathing. Check with your baby's nurse to see when the time is appropriate.

Because each baby is unique, there are also many other opportunities for you as a parent to care for your baby all while in this 'new environment'. In addition, always remember that there are many educational and emotional support resources that are available to you and your family through our NICU and from the larger MS-CHONY community that together strive to assist you through this challenging journey.

2. **Patient Care Services**

   The NICU at MS-CHONY has set in place interventions and services designed to provide maximal support to you and your growing newborn. Many of these services provide parents the opportunity to play a vital role in their child's ongoing care and development. In addition, this section also introduces parents and families to some of our NICU and Hospital family oriented services including Parent NICU orientation, Parenting skills workshops, NICU parent and sibling support groups, the MS-CHONY Family Advisory Council and MS-CHONY Pastoral care services.

**Patient Care Rounds**

Every morning the entire neonatal health care team rounds on all the babies in the NICU. This team is comprised of the attendings, residents, fellows, nurses, nurse practitioners, physician assistants, nutritionists, pharmacists, and medical students who all have a role in the care of your baby.
During patient care rounds, your child's medical condition, focusing on the events of the previous 24 hours is discussed in addition to any recent test results. This information is reviewed and a daily care plan is tailored to your baby's current condition.

We encourage parents to be present on rounds, as this is the time when your baby's overall medical condition is discussed and care plans and goals are formulated.

Keep in mind that at any point during your child's hospitalization your baby's attending Neonatologist is happy to meet with you and discuss your baby's medical condition and care plan with you and your family. Your baby's nurse or social worker can help facilitate a meeting if you have not already met with your baby's Neonatologist.

**Kangaroo Care**

Also called “skin-to-skin” care, Kangaroo Care is another way that you can bond with your baby. To do this, a parent or family member will hold your baby (in a diaper) against the bare skin of your chest, or between Mom's breasts, with a blanket over the baby's back to keep the baby warm. With skin to skin contact, babies can maintain a consistent temperature and heart rate. Kangaroo Care can be done while the baby is being monitored so it is important for you to relax and enjoy the experience. Studies show that skin contact help babies gain weight faster, reduces maternal depression and even further develops a mother-baby relationship. In addition, a number of studies have also shown that parents who routinely provide kangaroo care are more comfortable caring for their infants and are more prepared to take them home when the baby is ready to be discharged.

**Some Common Questions about Kangaroo Care:**

A. **WHAT IS KANGAROO CARE?**

   Kangaroo Care is the practice of providing infants with skin-to-skin contact from their parents, enabling them to share warmth and
natural closeness. It was developed in Bogotá, Colombia, and has been widely practiced successfully in South America, Europe, and now the U.S.

A. WHY KANGAROO CARE?
Due to the critical medical condition of some infants in the NICU, parents naturally face many barriers that appear to keep them separated from their premature infants. Some obstacles may include the critical medical status of their child, their child’s ongoing medical needs, the need for constant monitoring, the plastic walls of the incubator, the many different nurses and doctors that visit the baby and the wires connecting infants to the monitors. Kangaroo Care provides parents with an opportunity to ease the ache of separation, lessen the effects of these barriers and spend quality time with their fragile infant.

B. WHAT ARE ITS BENEFITS?
Kangaroo Care has been shown to help premature infants grow, graduate from their incubators sooner, and achieve deeper, more restful sleep. Researchers have found that breastfeeding mothers who practice Kangaroo Care produce more milk. A number of studies have also shown that parents who routinely provide this care are more comfortable and prepared to care for their infant and taking them home when they are ready for discharge.

C. HOW IS KANGAROO CARE PROVIDED?
A nurse or doctor will plan how your baby will be transferred from the incubator and they will support you each time. Parents sit in
comfortable recliners next to their infant’s incubator and are advised to wear a loose-fitting top. The baby is typically dressed in a hat and diaper and placed on the parent’s chest and a blanket is placed over the infant. Kangaroo Care visits usually correspond to feeding times, and are offered in a dimly lit, quiet environment with screens for added privacy. Both mothers and fathers may provide Kangaroo Care.

D. **HOW WILL MY BABY REACT?**

Your baby’s reaction to Kangaroo Care may vary from visit to visit. Once in your arms and resting on your chest, your baby may fall asleep or remain awake in a calm, quiet-alert state. Nurses in the Newborn Intensive Care Unit will help you to understand your baby’s behavior and responses. Understanding your infant’s behavior and responses will allow you and your infant the most benefit from Kangaroo Care. It is also recommended that a mirror be used so that you can watch how your baby is responding to your positive touch.

E. **WHY does MS-CHONY NICU offer Kangaroo Care?**

Kangaroo Care is an intervention that is special to your role as mother or father. Your baby’s health and well being is the priority and that includes a partnership with you, the parent. We know that we can do a better job meeting your baby’s needs and goals if we also meet your needs as parents. We believe that Kangaroo Care offers you an opportunity to support your parenting experience in the often stressful environment of the NICU.
F. WHEN CAN I START KANGAROO CARE VISITS WITH MY BABY?

The nurses and physicians who are caring for your baby will work with you to decide the appropriate time to begin these special visits. For each baby this time may be different depending on your infant’s clinical status and level of stability.

**Physical/Occupational therapy (PT/OT)**

The NICU utilizes both physical and occupational therapists who specialize in the care of sick newborns and prematurely born infants. The therapist’s works with the nurses and doctors in developing a care plan to support your baby’s muscle development. Usually, the therapist works with babies once the doctor and nurse deem that the infant is medically stable to be handled for therapy. Your baby’s therapist will work with your baby and you and can teach you exercises that you can do for your baby.

**Feeding Therapy**

Many premature infants and other newborn infants with medical conditions may have difficulty in drinking from a bottle. Often infants will start receiving milk through a feeding tube and when they are able to tolerate drinking some milk, breast feeding or bottle feedings can begin. Feeding therapy is a specialty of the Occupational and Physical Therapists in the NICU and they help infants with a wide range of feeding difficulties improve their feeding ability. We encourage you to work with your baby's feeding therapist in learning how to best support your baby’s feeding.

**Lactation Services**

Our NICU nurses are experienced in facilitating lactation and supporting breastfeeding. They help mothers and
families initiate and maintain successful breastfeeding. Certified lactation consultants have advanced training in breastfeeding support. They primarily help mothers overcome obstacles to breast feeding or provide emotional and educational support to ensure breast feeding. This support role is meant to enhance maternal satisfaction and answer questions and concerns of parents who are struggling with breastfeeding. Several of our NICU nurses are experienced in lactation services. Ask your baby's nurse more about breastfeeding and lactation support.

**Neonatal Nutrition**
The NICU is staffed with a Licensed/Registered Dietitian who has specialized training in neonatal nutrition. They participate in teaching rounds, collaborate with the interdisciplinary medical team to develop nutrition care plans for each infant, monitor growth progress, and provide parent education.

**Social Services**
Our NICU is staffed with three social workers. Each one works with our families to help families adjust to the NICU and with many other personal and social needs that a family may have.

Your baby may be eligible for additional benefits based on his or her medical condition and family income level. Please see your social worker to learn more about these programs. You can contact the NICU social workers at: 212-342-8594, 212-342-8661 and/or 212-305-1532.

**Psychologists**
Having your baby admitted to the NICU is not an event that families can ever be fully prepared for. A baby's hospitalization results in intense stress for families. There are fears, uncertainties and an unfamiliar environment that you as a parent are facing. Our NICU has two psychologists on staff who are available to our families. Each is here to
provide professional support, counseling and guidance to you during this understandably challenging time. Our psychologists take part in our Parent orientation classes, and this is one way to meet them. In addition they often make rounds in the NICU introducing themselves to families. If you have not met with one of our psychologists and you are interested in doing so, please notify your baby’s nurse, physician or social worker and they will assist in arranging a meeting.

**Meditation Room**
This room, available to families of NICU babies, provides a quiet environment that is free of interruptions for parents and other family members. This room is located on the 7th floor adjacent to the family lounge.

**Parenting Skills Workshops:**
Since it is important to us to provide families with as much information as possible during their NICU stay, we provide classes at scheduled times. These classes are available and organized by our NICU nursing staff in order to educate and train parents about specific medical conditions and developmental needs of your baby. Some class topics include: Feeding and Nutrition, Developmental Care, Kangaroo Care, Infant CPR and Infant Car seat basics. Please ask your nurse for more information on the parenting skills workshops.

**Parent Orientation**
We realize that this is a difficult time for your family and we aim to welcome each parent in a personal way. Parent orientation meetings are scheduled every two weeks and are organized by the NICU social workers and psychologists. These meetings serve to orient parents and other family members to the NICU, the staff members, its general policies and what to expect as a parent of an infant in the NICU. Please contact the social workers in order to get more information about meeting times. Of course, some of
this information is also provided when you and your baby arrive at the NICU. The social workers contact numbers are: 212-342-8594, 212-342-8661 and 212-305-1532.

b. Parent Support Groups and Sibling Support Groups

Our NICU social workers and psychologists organize parent support groups for our NICU parents while your baby is in the NICU. Parents that are interested are always welcome. In addition, our social workers also organize sibling support groups for brothers and sisters of our NICU babies. Please contact the NICU social workers in order to get more information on these meeting times. The social workers contact numbers are: 212-342-8594, 212-342-8661 and 212-305-1532.

Family Advisory Council: 'Patients, Families and Staff Working Together'

The Family Advisory Council, comprised of family members and hospital staff, was created in 2005. This council works together to make the hospital a better place for children and families. The Family Advisory Council has three main goals: To promote family centered care, encourage family and staff to work together and to help families get all the information that they need to care for their children with confidence. The council members work on many projects in order to meet these goals. The council meets once a month from September through June. If you are interested in learning more about the Family Advisory council please contact the Membership Officer at 212-305-0709 or via e-mail at: familyfaculty@yahoo.com

Some of the Projects currently organized by the Family Advisory Council:

Family Faculty

This program allows parents to be a part of the health care process. Parents can join hospital groups where decisions are being made. You can help change hospital policies.
The Parent-to-Parent Support Network
This is a group of parents who have children with chronic illness. These parents give support and guidance to other parents to help them to cope with their child’s illness. These parent volunteers are specially trained for this program. They are matched with families who request support. They use their own experiences and knowledge to offer support and guidance with compassion and with understanding for a family’s cultural needs.

Project DOCC
This project trains parents of children with special needs to teach pediatric residents through the Community Pediatrics program. The pediatric residents learn what it is like to raise a child with special health care needs. Volunteer families talk about their families’ struggles. They discuss education, social, financial and emotional issues. This program gives the pediatric residents a full picture about caring for these special children.

Pastoral Care Services
The Morgan Stanley Children’s Hospital of New York-Presbyterian attends to the spiritual needs of children and their families through its Pastoral Care and Education Department. The Department’s ecumenical chaplains make rounds on all of our units and floors to meet patients and families. Chaplains of many faiths are available for counseling, professional guidance and to help maintain religious practices, rituals and observances during hospitalization. The Hospital’s non-denominational chapels are open to all patients and visitors and provide a quiet place for meditation. The hospital chapel is located on the main floor of Presbyterian Hospital, please see the Hospital Layout to locate the chapel and note that some service times are subject to change.
i. The Pauline A. Hartford Memorial Chapel is located on the first floor of the Presbyterian Hospital Building (622 West 168th Street). It is open 24 hours a day and offers a wide range of weekly services.

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ii. A small chapel, located on the 2nd floor, is open from 8:30 a.m. to 5:00 p.m. and may be reserved for additional private services by contacting the Pastoral Care office at 212-305-5817.

iii. A chaplain is available on request 24 hours a day for prayer and counsel or administration of sacraments or ritual observance. Chaplains may be contacted by phoning the Department of Pastoral Care during regular working hours at 212-305-5817 or after working hours and on weekends through the page operator at 212-305-2323.

iv. The Roman Catholic Church provides pastoral services 24 hours a day, including weekends and holidays. To contact a priest, call the page operator at 212-305-2323 (internal number 5-2323) and instruct the operator to page the priest on duty.

v. The Department of Pastoral Care and Education is open Monday through Friday from 8:30 a.m. to 5 p.m. and the
telephone number is 212-305-5817 (internal number: 5-5817).

vi. If you prefer a religious representative from your own faith or hometown, please notify your baby’s nurse so that we may include your guest on your infant’s approved visitors list.

3. **The NICU Experience**

The NICU can be a frightening place for families to experience. There are monitors, medical equipment, specialists, technical medical vocabulary and new rules that need to be considered when entering. Your baby is being well taken care of, but it is hard to process all of the NICU activities sometimes. This section will introduce you to some common NICU equipment and touch on some important things that you can do for your baby.

a. **Hand Hygiene**

All staff, parents and visitors MUST wash their hands upon entering the unit, prior to handling each baby, and after touching any dirty surfaces or items to help prevent the spread of infection. Either soap and water or Purell may be used to wash your hands.

b. **Monitoring**

We monitor your baby’s health at all times. Your baby’s heart rate, respiration or breathing, blood pressure and oxygen level are monitored on a screen above the baby’s bed and on the monitors throughout the NICU. There will be three electrodes or small circular patches placed on your baby’s chest and belly which feeds important information to the monitors. A sensor is also placed on your baby’s hand or foot to measure the oxygen level. All monitors are non-invasive and do not cause your baby pain. If you have any questions about what the numbers mean, just ask your nurse.

c. **Your baby’s environment**
There are 3 types of beds your baby may use while in the NICU. Your infant’s size and condition will determine which type of bed he/she will be placed in.

1. **Radiant Warmer**
   This bed is also referred to as an open warmer and has an overhead heat source that keeps your baby warm while healing from a surgery or procedure. A sensor placed on the baby’s skin controls the temperature automatically, thus the baby cannot wear a shirt or be placed in a blanket at this time. This bed is open on all sides which allows for easy access to your baby. Remember that washing hands is important when your baby is in radiant warmer to avoid the spread of germs.

2. **Incubators**
   This is an enclosed bed. The plastic walls of this bed allow us to maintain a constant warm environment for your baby. This is important because many premature babies have difficulty maintaining their temperatures. Again, a sensor may be placed on the baby’s skin for temperature control depending on the baby’s size and temperature stability. The clear plastic walls of this bed also provide easy observation of your baby and can muffle the noises in the busy NICU.

3. **Crib/Bassinettes**
   This type of bed is used for bigger, more stable babies who can maintain their temperature with blankets/clothing alone. You may see your baby using a crib as they prepare to go home.

d. **Respiratory Care**
Most of the babies admitted to the NICU need respiratory evaluation and support. Sometimes you will notice that by providing respiratory care, your baby may need frequent chest physiotherapy and suctioning, a stomach tube to remove air and mucus that builds up in the stomach and a feeding tube placed into the stomach from the nose or mouth. This can frightening to see, but it is important for overall healing.

1. **Blow By Oxygen**
   Sometimes called ‘whiffs’. This is given to babies as an immediate and temporary response to desaturations or low oxygen level.

2. **Nasal Canula**
   Tiny plastic prongs are placed into each nostril and gives the baby a continuous low pressure flow of oxygen. Babies breathe on their own with this type of respiratory support.

3. **Nasal – Continuous Positive Airway Pressure (N-CPAP)**
   Continuous pressure is the key for this type of breathing support. N-CPAP provides a small amount of continuous pressure to help keep his/her lungs expanded. With N-CPAP your baby is doing all of the breathing. A head cap or band is placed anchoring the tubing on the baby’s head area with the nasal prongs placed snugly into the baby’s nostrils. The pressure and oxygen is delivered through this tubing.

4. **Respirator/Ventilator**
   A special tube (Endotracheal tube/breathing tube) is placed in the baby’s nose or mouth and passed down to the trachea (windpipe), the passageway that leads to the lungs. The respirator/ventilator pushes air with pressure and oxygen into the lungs. The respirator is
doing some or most of the work of breathing for your baby. This helps the baby so that he or she can focus on healing.

e. Blood Transfusion
   i. Many sick babies, especially premature babies, require blood transfusions. If a blood transfusion is needed, a doctor, nurse or nurse practitioner will discuss this with you. The baby’s parent or guardian must give written consent that is placed in the baby’s chart. This signed consent form lasts for the baby’s entire hospital stay at MS-CHONY. For information regarding directed donor transfusion, please ask your baby’s doctor or visit room #765. You can contact this office by calling 212-342-8591.

f. Nutrition
   i. From the moment that they are born, babies need fluid and nutrition to grow. There are several different ways that your baby’s caregivers will provide nutrition during the hospital stay.

1. Intravenous (IV) Fluids
   There are two types of intravenous fluids that your baby may receive while in the NICU. One is a clear mixture of sugar, water and salts (electrolytes) that is used for short term nutritional needs of your baby. For infants who will need intravenous nutrition for more than two or three days, we provide a type of intravenous fluid called Hyperalimentation (also called TPN). This IV fluid has sugar, water and salts but also has added protein, vitamins and minerals. The hyperalimentation fluid often has a yellow color to it due to the important vitamins included in the mixture. Many infants getting hyperalimentation also receive a white fluid called intralipids. Intralipids contain fat
which is also very important for the growing baby.

Intravenous fluids are given to your baby in the following ways:
a. PIV (peripheral Intravenous line)
   - A short catheter is placed into the vein in a hand, arm, foot, leg or scalp.
b. UAC (Umbilical Arterial Catheter) or UVC (Umbilical Venous Catheter)
   - A catheter is placed in the baby's belly button, either into the umbilical artery or vein. These catheters are also used to draw blood without having to repeatedly stick the baby.
c. PCVL (Percutaneous Catheter Venous Line) or PDL (Percutaneous Deep Line), also called a PICC line
   - A long catheter is placed into a larger vein. This line is used for a longer period of time and can deliver special high calorie/concentrated nutrition.

2. **Oral Feedings**
   Once your baby is medically ready for oral feedings there are several factors that will determine how these feedings will begin. The degree of your baby's prematurity, the age of your baby and your baby's medical condition will all determine when oral feedings are started and how they will be given. Typically there are three ways that feedings can be given: by gavage, by breast or by bottle.
   (Mouse over the following for more information)
   a. **Gavage (Tube Feeding)**
      A small plastic tube is inserted through the baby's nose or mouth and passed down into the stomach. A syringe is
attached to the end of the tube and breast milk or formula is transferred into the baby’s stomach through this tube. The tube is small enough that it can be left in place between feedings without bothering the baby. Premature babies require tube feedings since they are unable to coordinate sucking, swallowing, and breathing. Offering your infant a pacifier at this time helps them begin to associate a full belly with sucking.

b. Breastfeeding
We strongly encourage mothers to provide breast milk for their infants for both the bonding and the nutritional value. If you wish to breast feed your baby, or provide breast milk for your baby please inform your baby’s nurse. He/She will instruct you on how to collect your milk, store it and maintain an adequate supply. Breast milk is the best milk for your baby and everyone is encouraged to breastfeed their infant once the baby is ready. Please see section on Breastfeeding information for NICU Mothers for more information.

c. Bottle Feeding
Many premature babies are able to begin sucking from a bottle between 32 and 35 weeks. During this time they can usually begin nippling their feedings. Depending on the baby’s weight and the ability to coordinate sucking, swallowing and breathing some babies will progress
very quickly to nipple or bottle feedings while others move slowly. Every baby is treated as an individual and will only be encouraged to do the best he or she can. Babies with cardiac conditions may need more feeding encouragement and assistance. A feeding developmental specialist is on staff in the NICU and is here to help you and your baby.

g. **Phototherapy (Bili-lights)**
   i. Some babies in the NICU develop jaundice and appear yellow or orange in color. This very common condition occurs because of the natural build-up of bilirubin (substance that causes the yellow color) in the baby’s blood and usually lasts only a few days. Phototherapy lights are used to breakdown and eliminate the yellow color (bilirubin) from your baby’s skin. While under the lights, your baby’s eyes will be covered with patches to protect him/her from the bright lights. This intervention does not hurt your baby and typically they will sleep right through!

h. **Eye Exam**
Premature infants are at risk for developing a conditioned called Retinopathy of Prematurity (ROP). Since the blood vessels that supply parts of the eye are still developing, the long term use of oxygen – especially in premature babies – may affect the way these vessels form and may lead to damage in the eye. For this reason, premature babies born before 32 weeks and under 1500 grams at birth are examined by a specialized eye doctor when they are 4-6 weeks old in order to follow the development of these blood vessels.

i. **Hearing Screening**
The Infant Hearing Screening Program was established to identify hearing loss in newborns as early as possible. All infants born in a hospital in the state of New York are
screened for hearing loss. The screening is performed while your baby is at MS-CHONY or at the baby's discharge hospital if your baby is transferred. The hearing screen is done the day or two prior to discharge.

j. **Car Seat Testing**

Car seat testing is performed on preterm infants who were born at 34 weeks or earlier and is done in the days before the baby is discharged home. Infants who were born at these gestations, regardless of how old they are when they are discharged home, may have slight changes in their breathing and oxygen levels when in the sitting position of a car seat. For this reason these infants are monitored while in the car seat for 45-60 minutes in order to ensure that the baby's breathing and oxygen levels stay within the normal range.

If an infant has difficulty with the car seat test your baby's doctors and nurses will discuss with you how this is managed.

k. **New York Newborn Screening Program**

New York has a newborn screening program that tests for blood, genetic and metabolic disorders. All babies have a small sample of blood taken, usually on the third day of life. If detected early, some of these conditions can be treated. You and your baby's doctor will be contacted directly by the state if any results are abnormal.

l. **The Launch Pad**

We want you to feel prepared and confident taking your baby home. In order to help you feel comfortable, you may choose to spend the 24 hours before your baby's discharge day alone with your infant in a room called the Launch Pad. Your baby's nurse is still available to you but, your time is more private. Please speak to your baby's doctor or nurse if you would like to stay in the Launch Pad.
4. **Medical Interventions**

There are many routine medical procedures that need to take place to help your baby. Each of these helps the doctors and nurses assess what the best course of treatment will be for your baby. You are encouraged to ask questions of your nurse but this section will help you to understand why these necessary tests must be done.

a. **Heel Stick**

A heel stick is a pin prick to the infant’s heel in order to obtain blood samples for routine laboratory testing. Heel sticks are usually done by the baby’s nurse.

Heel sticks are also the way in which blood is evaluated for the presence of high bilirubin (jaundice) and for the New York State Newborn Screening testing is obtained.

b. **Peripheral intra-venous line (PIV)**

A baby may have an IV (intravenous) line placed in his/her hand, foot or scalp, where veins are easily accessed during his or her NICU stay. Clear plastic tubing connects the IV to a bag containing medications such as antibiotics and/or fluids that provide all nutrition, including carbohydrates, proteins, fats and vitamins that are carefully delivered by a pump.

c. **Arterial Lines**

This is a catheter that is placed into a small artery and is used for two main things: (1) the medical/nursing team will monitor an infant’s blood pressure continuously and (2) the team may take frequent blood samples for laboratory testing. An arterial line looks similar to a PIV but it is placed into the artery not the vein.

d. **Intubation**
This is the process where a breathing tube is placed into the infant’s main airway (windpipe) from the nose or mouth. The nurse and doctor prepare the infant for the intubation by positioning the infant so that the airway can be more easily seen. A laryngoscope, which has a light at its tip, is used to help keep the baby’s mouth open so that the doctor or nurse inserting the tube can see the airway (windpipe). The breathing tube is connected to a ventilator/respirator. Remember that this helps the baby heal by doing the breathing for him or her.

e. **PICC/PCVL/Long Line/ Percutaneous line**
   If a baby is going to be in the NICU for a little while, and need prolonged intravenous medications and or nutrition, a catheter may be placed in a deep vein in the baby’s arm, leg or scalp. This is better for the baby because the PCVL is designed to stay in place for days or weeks at a time. This eliminates the need for repeated PIV insertions to deliver medications and/or IV nutrition/fluids.

   Once a baby is well enough to take breast milk or formula feedings and is gaining weight, PCVL lines can often be removed. Sometimes a PCVL may be needed for giving a baby antibiotics or other medications, even when the baby can be fed normally.

   **f. Nasal- CPAP (Continuous Positive Airway Pressure)**
   Pressure is the key word to this form of breathing support. Your baby needs a small amount of continuous positive pressure to help keep his/her lungs expanded. With nasal-CPP, your baby is doing all the breathing on his or her own. A head cap is placed to anchor the tubing on the baby’s head area with nasal prongs placed snugly on the baby’s nostril. The pressure and oxygen is delivered through this tubing. CPAP is usually considered when a baby no longer needs the full support of a ventilator.
g. **Nasal Canula**
   A tiny prong is placed into each of the baby’s nostrils to deliver oxygen. The infant breathes on his/her own with minimal support from machines. Nasal canula provides a continuous flow of oxygen/air into the baby’s nose but generates a very small amount of pressure.

h. **Umbilical Arterial/Venous Catheter (UAC or UVC)**
   After the umbilical cord is cut at birth, newborn babies have the short stumps of the cord remaining on their bellies for a week. Because the umbilical cord stump is still connected to their blood and circulatory system, a catheter (small flexible tube) can be inserted into one of the two arteries or the vein of the umbilical cord. This is an effective way to give the baby medications and fluids. After placement of the umbilical catheter, x-rays are taken to check the location in the baby’s body.

5. **General Information**

   a. **Safety**
   Each baby has two ID bands in place for identification. Each ID band has the baby’s medical record number, last name, sex, mother’s first name and the time and date the baby was born. When parents do not have the same last names, the mother’s last name is used. This name will be used for the baby’s entire hospital stay.

   Parents whose babies were born in the Children’s Hospital or transferred from another hospital will also be issued ID bracelets with the baby’s identification upon their arrival into the NICU. This and the ID badge issued by the Welcome Center will help us identify the baby’s parents/guardians.
All Children's Hospital staff wear hospital identification badges at all times. You should only provide information to individuals who are wearing hospital employee identification. We are committed to the safety and well being of everyone in our hospital.

b. Visitation

Parents:

Parents may enter the NICU and call for information 24 hours a day, seven days a week.

If parents are non-English speaking, they may leave the name and phone number of a special family member who can communicate for the parents and receive important updates about the baby. During weekday hours (Monday-Friday 9am-5pm) there are hospital based interpreters also available to support families. ATT telephone interpreter services are also available 24 hours a day 7 days a week. We want families to receive all of this important news and information about their baby's condition in their own language so that they can make decisions and answer questions more confidently.

Parents may participate in nurses' and doctors' rounds only when their own baby's information and daily course of treatment is being discussed. Doctors make these daily rounds on all babies in the NICU usually in the morning. The hospital has very strict confidentiality rules which protect these private conversations so we ask that you respect this important instruction. When questions arise and private conferences with the medical team are necessary, individualized updates and conferences will be scheduled after rounds in the afternoon. You will meet with the attending physician caring for your baby within 24 hours of your baby's admission. Your
nurse or social worker can help set up any conferences and meetings.

We ask that you manage the number of guests at your child’s bedside in order to speed up the healing process and in consideration of other patient’s families. Your baby’s nurse will help you to decide how many visitors may be too many. However you can help by suggesting that everyone holds quiet conversations to let your baby sleep.

Please spend time at your baby’s bedside only and do not walk around looking at other babies. Safety is important for all of our families in the NICU and we hope that you will support privacy for everyone. Please do not touch any of the medical equipment unless you are taught and given permission by your baby’s nurse and/or doctor.

Grandparents:
Grandparents may visit without parents if they have proper identification and are recorded on the visitor list.

No patient information is given to grandparents at any time.

Guests:
To ensure safety for all of our babies, guests must come with parents and check in with our unit assistant before entering the unit.

In some instances, parents may designate significant others to visit by themselves; parents should discuss these arrangements with the baby’s nurse or social worker so that each visit is smooth.
Nurses will post all visitor lists at the baby’s bedside. Parents can feel free to add or delete from that list as they see fit – but please inform the front desk when you make a change.

Siblings
We welcome all new brothers and sisters of your baby, but Parents of children under 12 years of age will be asked to complete the infectious disease clearance form and accompany their children while in the NICU. All visiting siblings must be supervised by an adult at all times. Please see the unit assistant or social worker for more information.

Other
We want your baby to get well quickly, so please note that visitors who are sick with a cold, fever, rash, or other contagious disease should not visit because it puts everyone, including your baby’s health, at risk.

We ask that families and guests do not bring plants and balloons into the building. The hospital must prohibit these items due to the potential for allergic reactions and environmental hazards.

c. Cameras and Toys
We encourage you to take pictures and videos of your baby only.

You may tape family pictures to the baby’s bed but please ask your nurse for assistance.

Feel free to bring small toys, a music box, or tape player to your baby’s bedside, but ask your nurse or doctor if it will be appropriate to have any of these items in the bedspace.

d. Telephones
There are two public (pay) phones located in the family and visitor lounge/waiting area. Phones in the consultation rooms are also available for families to place local calls. Please see your baby’s nurse if you need to use a telephone.

Cellular phones are NOT permitted in the NICU at any time and should be turned off once you pass the receptionists desk in the main lobby. Cellular phones may interfere with monitoring devices for patients.

e. Clothing and Blankets
   Please bring blankets, socks and shirts for your baby if you want. The nurse will tell you when your baby is ready to wear clothes. We recommend that you bring non-white shirts with snaps or ties. You will be responsible for washing the items you bring from home.

f. Food and Beverages
   No food or drinks except water are allowed inside the unit or beyond the receptionist’s desk.

   If you would like to eat on the unit, there is a large and comfortable family lounge/waiting area where you can relax and enjoy your meal.

g. Entrances and Doors
   The unit assistant will direct you to your baby’s room when you arrive. For safety reasons, some designated hallways are for hospital staff use only.

   Doors with combination locks are for hospital staff use only.

h. Smoking
   Smoking is not permitted anywhere in the hospital.
i. **Consultation Rooms**

These rooms are primarily used for parent-medical/support staff private conferences and are located in the patient care areas. These rooms can be used for short waiting periods and meetings with your baby's medical team.

Absolutely no food, drinks or cellular phones are permitted in these areas.

Please remember that these rooms are for all of our families to use, so please be considerate.

j. **Overnight Stays**

Parents are encouraged to stay with their babies at any time during their stay. While there are no showers available on the 7th floor, there are two bathrooms directly adjacent to the visitor lounge that are available for parents to use. Chairs and pull out beds are at each baby’s bedside but there may be times when pull out beds are not available. During the day when doctors come to examine the baby, access around the area is a necessity and parents' beds should be removed or converted back to chairs. We ask that parents who use the chair beds after 9:00pm restore them by 6:00am to prepare for the medical professionals morning rounds.

As part of our commitment to Family Centered Care, parents who stay overnight will be expected to actively participate in their baby's care. Depending on the infant’s medical condition, parents may be involved in diaper care, temperature taking, feeding, bathing and all other child care necessities.

Aside from one parent who can stay at the infant’s bedside overnight; there are some hospital based/affiliated accommodations that may be available to families who travel long distances. There are also several area hotels which may
be more amenable to parents and other family members and friends. Please see your Social worker for more information about the availability of these resources.

k. **Local restaurants**

For a full list of local places to eat around the hospital:

Please Click on the website link which is located on the bottom left corner of the map below.

[http://www.cumc.columbia.edu/about/guide/dining.html](http://www.cumc.columbia.edu/about/guide/dining.html)

Listed here are just a few options, there are many more than what we have listed. Also note that restaurants can come and go, as a result some of these restaurants may change over time.

1. **The Jou Jou Café**; located in the main lobby of the Children's Hospital is open from 6:30am-4:00pm, 4:30pm-7:30pm on weekdays and from 8:00am-3:30pm on Weekends.

2. **CrossRoads/The Garden Cafe** is located on the first floor of Presbyterian Hospital. It is open M-F 6:30 am to 9:30 am, 11 am to 3:30 am, and 4 PM to 7:30 PM. On Saturday it is open 6:30 am to 9 am, 11 PM to 2pm, and 4 PM to 7:30 PM. Sundays and holidays lunches are served from 11 am to 2 PM and dinner from 4 PM to 7:30 PM.

3. **The Streets of New York** is located on the second floor of the Milstein Hospital Building. It is open M-F only from 7 am to 10 am, 11 PM to 2 PM, 3pm to 4 PM, and 5 PM to 7:30 PM.

4. **Top of the Nines** restaurant is located on the ninth floor of the Milstein Hospital Building. It is open M-F 11:30 am to 2 PM and 5:30 PM to 7 PM. Reservations may be made by calling x64242.

5. **Autumn Leaf cafe** is located in the main lobby of the Milstein Hospital Building, and is open M-F 6:00 am to 3 PM for snacks and beverages.
6. **Wendy’s** (Corner of 165th street and Broadway)  
Open daily from 10am to 10pm. 212-928-0321

7. **Dallas BBQ** (Between 165th and 166th streets on Broadway – Across the street from the Hospital).  
Open 7 days a week from 11:00am – Midnight. 212-568-3700

8. **Carrot Top Restaurant** (between 165th and 164th streets on the west side of Broadway). Open Monday-Saturday from 6:00am-9:30pm and Sunday from 7:00am to 4:00 pm; 212-927-4800.

9. **Coogans Restaurant and Pub**: Located on Broadway at 169th street. Open 7 days a week from 11:00am and the kitchen closes at midnight. 212-928-1234

10. **Reme Restaurant**, on Broadway and 169th Street.  
Open daily from 6am to 9pm. 212-923-5452

11. **Famiglia**, Broadway between 168th and 169th Street, makes great pizza and offers lunch specials.

**Billing**

i. While your baby is in the hospital, it is important that you contact the NICU insurance registration office in room #765. The office is open Monday-Friday, 9:00am to 5:00pm. They can help answer any questions that you may have regarding billing. This office also has information regarding providing directed donor blood for your baby. You can contact the office by calling 212-342-8591.

**m. Directions to Morgan Stanley Children’s Hospital**

Morgan Stanley Children’s Hospital is located on Broadway between 165th and 167th Streets in Washington Heights, near the New York side of the George Washington Bridge. It is easily accessible by car, bus, and subway.

There are two entrances to Morgan Stanley Children’s Hospital. The main entrance is located on Broadway near 166th Street. The glass atrium entrance, allowing wheel
chair and stroller accessibility, is located at 167th Street and Broadway. Valet parking available at 166th entrance.

For security reasons you will have to stop at the Welcome Center in the main lobby to show proper identification. The Welcome Center will issue you a hospital visitor’s ID badge, which must be worn at all times that you are in the hospital.

1. **By Subway**
   Take the A (express) or C (local) or the #1 IRT (local) subway train to 168th Street and Broadway.

2. **By Bus**
   Take the M-2, 3, 4, 5 or M-100 bus to the Hospital stop.

3. **By Car**
   **From Upstate New York and New Jersey:** After crossing the George Washington Bridge, follow signs to the Henry Hudson Parkway (also called the West Side Highway). Take the Riverside Drive exit and proceed south to 165th Street (the first left). Take 165th Street one block to Fort Washington Avenue. Take a left at Fort Washington Avenue to 168th Street. At 168th Street, make a right and proceed to Broadway. Take a right on Broadway. The Hospital will be on your right. Valet parking available at 166th entrance.

   **From Riverdale and Westchester via the Saw Mill River Parkway:** Exit the Henry Hudson Parkway at Riverside Drive immediately past the George Washington Bridge. Follow directions above from Riverside Drive.

   **From Westchester, Connecticut, or the East Side of Manhattan, via the Major Deegan, Cross Bronx Expressway, or Harlem River Drive:** Approaching the George Washington Bridge, take the Henry Hudson Parkway, stay to the left and
follow signs to Riverside Drive. Follow directions above from Riverside Drive.

*From the West Side of Manhattan:* Take the Henry Hudson Parkway to Exit 15-Riverside Drive South. Follow directions above from Riverside Drive.

n. **Parking**

Valet parking is available for patients’ families and visitors from 6:00 a.m. to 10:00 p.m., Monday through Friday, in front of the entrance at Broadway and 166th Street. For all other parking, use the 165th Street and Fort Washington parking garage. If you have an anticipated stay of five days or more, you can purchase discount coupons at our parking office in order to save money. A referral letter for discount parking is provided in your billing packet. You will need to present this letter to the parking office for the discount. The parking office number is: 212-305-4903. Parking is free on the day of discharge. Please speak with your social worker for more information.

6. **The NICU Tour**

The addition of the Tower building to the Children's Hospital has allowed for a tremendous expansion of patient care facilities including the NICU.

The 50 bed NICU is located on the 7th floor of the Tower building. The smaller 8-10 bed NICU satellite unit is located on the 8th floor of the Central Building. The Transitional Nursery which holds up to 4 beds, is located on the 10th floor adjacent to all of the labor and delivery rooms and labor and delivery operating suites. The 50 bed NICU, the smaller NICU satellite and the Transitional Nursery (TN) are staffed by NICU nurses, Neonatal Attendings and Fellows as well as pediatric residents, nurse practitioners and House doctors 24 hours a day. To help familiarize you with the different locations in the hospital we have provided a floor by floor breakdown that should help navigate your way through the hospital.
Due to large area of patient care space between the Tower building and the Central building in the Children's Hospital, we are always concerned about the safety of our patients and families. Therefore the only way to cross from the Tower building to the Central building is by going back to the ground floor/Lobby level. The lobby/Glass Atrium area of the hospital allows for access to the Tower building elevators and to the Central building elevators.

a. Floor by floor breakdown of MS-CHONY

i. Lobby/1st floor:
   1. Main Entrance - Open 24 hours a day
   2. Gift Shop - Open 7 days a week from 8:30am-9pm. Telephone number 212-342-8487
   3. Welcome Center - Issues identification cards to parents.
   4. Glass Atrium
   5. Access to the outside courtyard and Olivia’s Garden
   6. Jou-Jou Café - Open Monday-Friday 6:30am-7:30pm and Saturday and Sunday from 8:00am-3:00pm

ii. 3rd floor:
   1. Radiology;
      a. Where most of the special radiographical studies (X-rays), MRI’s and CT scans are performed.

iii. 4th Floor:
   1. Tower Building: Pediatric Inpatient Unit
   2. Central Building: Surgical Suits

iv. 5th Floor:
   1. Tower building: Pediatrics Inpatient Unit
   2. Central Building: Post-partum patient care

v. 6th Floor:
   1. Tower Building:
      a. Pediatrics Inpatient Unit
      b. Jewish resource center
      c. Family washer and dryers
d. Family showers

2. Central Building:
   a. Newborn Nursery
   b. Post-Partum Patient Care

vi. 7th floor: NICU (Tower Building)

1. Family Lounge and Waiting Area: Room 760
   a. Bathroom
   b. Mediation/personal reflection Room
   c. Microwave
   d. Plasma Television
   e. Public Phone
   f. Refrigerator
   g. Vending Machines

2. Family Resource Center
   a. Provides computer access with internet connection and other parental educational items.

3. Family Consultation Rooms (FCR)
   a. FCR #1 Room 711
   b. FCR #2 Room 716
   c. FCR #3 Room 723

4. Breast feeding (Pumping) Rooms (BFR)
   a. BFR #1 Room 764
   b. BFR #2 Room 756

5. Restrooms
   a. RR #1 room 745
   b. RR #2 room 747
   c. RR #3 room 783
   d. RR #4 room 761

6. Family Lockers
   a. Room 755

7. Mediation Room
   a. Room 763

8. Storage Area
   a. Located at each baby's bedside

9. Launch Pad
   a. Room 711
b. This special space offers families the opportunity to spend the 12-24 hours with their infant before your baby's discharge day. Families have access to a double bed and a television, while the baby can sleep by your bed while still being monitored by the staff. This area prepares and helps some parents feel confident that they are ready to care for their baby. Please speak to your baby's doctor or nurse if you are interested in staying in the launch pad prior to discharge and if it is available.

10. **Washer, Dryer and Shower Facilities:**
a. Available on the 4th, 5th and 6th Floors (Tower 624)

11. **Jewish Resource Room**
a. On the 6th Floor. A Kosher refrigerator is available.

vii. 8th floor: (Central Building)
1. **NICU Satellite Unit** - This is an 8-10 bed extension to the NICU. This unit is fully staffed 24 hours a day by NICU nurses and entire NICU medical team. Most infants will spend some part of their NICU stay in the 8th floor satellite unit. This is often the step that signals your baby is one step closer to coming home. The nurses in the NICU 8th floor satellite unit focus on feeding therapy and increasing parental involvement in the daily care needs of their infants as these are important steps in preparing your baby for home.

2. **General Pediatrics Unit**

viii. 9th Floor
1. Pediatric Intensive Care Unit (PICU)

ix. 10th Floor (Tower building)
1. Labor and Delivery Unit
2. **Transitional Nursery (TN)**
a. The Transitional Nursery (TN) is located on the labor and delivery unit. This allows for immediate access to NICU care for high risk newborns. Infants who are known to have medical or surgical conditions before birth and infants born prematurely are brought to the TN so that all their immediate care needs can be provided. The TN is staffed by the NICU nursing and medical team 24 hours a day. Once all the care needs of the infant have been stabilized, your baby will then be brought to the NICU (either the 7th floor or the 8th floor).

7. **Breastfeeding Information for NICU Mothers**

All members of the medical support team caring for your baby want to support you in supplying breast milk for your baby. Even though your baby is small and sick, you are nurturing your infant and continuing the unique bond that began with pregnancy by deciding to breastfeed. We understand how difficult this time is for you, but we are here to help and guide you through this rewarding process.

Breast milk is the best food for your baby during the first year of life. It is easy to digest and it helps babies fight infections. It supports the growth of their digestive and nervous systems and can make them less likely to develop allergies later in life. Colostrum, the first milk, provides your baby with powerful protection against infection. It helps clean out your baby’s bowels and helps prevent jaundice. During the first week, the colostrum changes to the more mature milk and the amount of milk increases.

As soon as your baby is born, your body begins making milk, even if your baby was born prematurely. We recommend that moms begin preparing to breastfeed by pumping within the first six hours after delivery. During these early days the amount of milk you produce may vary compared to other new mother’s milk production.
Breast milk production is stimulated by expressing or pumping and will increase over time. The keys to success when pumping are:

i. Pumping for 15-20 minutes at least eight times a day
ii. Using a hospital grade electric breast pump that pumps both breasts at the same time.
iii. Trying to pump at your baby's bedside or having something with you to remind you of your baby. Photographs, blankets, or clothing items all help stimulate your milk production.

We have several breast pumps available for use in the NICU. The pumps are portable and may be wheeled to your baby's bedside so you can be with your baby while you pump. Studies have shown that moms produce more milk when they can see or hear their baby while pumping. Just check with your nurse to be sure that no procedures or rounds are planned (either for your baby or nearby babies) that may require you to leave the bedside. If you prefer, you may also use one of our two lactation rooms (Room 764 and 756) for private, quiet pumping time. Disposable pump kits and sealed containers for storing your milk are available at the front desk. Your baby's nurse will discuss with you the best methods to store breast milk according to your baby's feeding schedule. As always, please feel free to ask your baby's nurse for lactation support.

Your baby's nurse will tell you when your baby is ready to feed at the breast and will guide you through the breastfeeding process. We are committed to supporting you through the breastfeeding process so we also have Lactation Consultants to assist you in learning the necessary skills to establish and maintain your milk supply and help you overcome obstacles to breastfeeding. Ask your baby's nurse or doctor about the best way to contact Lactation Consultants. The Breastfeeding Help and Referral Center (part of New York Presbyterian WIC program) can help you with many of your breastfeeding questions as well. You may contact them at 212-928-0182.
8. **Clinical Trials and Research**
   
a. The Morgan Stanley Children's Hospital of New York Presbyterian is a world renowned, teaching hospital. We are committed to the continued growth and development of infants and children. As part of this commitment, there are different types of clinical research that our unit is involved in. As a parent or guardian of an infant being cared for in our unit, you may be approached by doctors or nurses about becoming involved in such research. No child can become involved without the written and verbal consent of their parents or guardians. If you have any questions about on-going research projects, please speak with your doctor.