

WOMEN'S SERVICES

NICU and Intermediate Care Nursery





Dear Family,

Congratulations on the birth of your baby. A baby's arrival can be both exciting and stressful. The events surrounding your baby's birth have made it necessary for him or her to be admitted to the Neonatal Intensive Care Unit (NICU).

Our NICU team is here to assist you during your baby's hospital stay. This team of healthcare professionals will take excellent care of your baby and help you as parents to care for and bond with your baby.

We have prepared this booklet to orient you to our unit and our team. You are an important part of that team.

We care for our patients and their families with respect, compassion, and exceptional care. On behalf of the entire team, we welcome you to the NICU.

Piedmont Atlanta NICU/Intermediate Staff

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Chapter 1: Getting Acquainted

- NICU/INT parents are essential members of the healthcare team. We encourage parents to be with their babies as much as possible. The unit is open for visitation 8:00 a.m. - 3:30 p.m., 5:00 p.m. - 6:30 p.m. and 8:00 p.m. - 6:30 a.m. We appreciate you allowing staff uninterrupted time to discuss the plan of care for your baby and ensure privacy during report; therefore, we request that parents not stop by or call outside these times.
- For the safety and privacy of our patients, visitation will be limited during:
 - o **Admission of a new baby**
 - o **Special procedures**
 - o **Patient care rounds on Wednesdays from 3:30 to 4:30 p.m.**Please call ahead to be sure the unit is open to visitors.
- The best time to visit your baby is during his/her “touch time.” Touch time is when your nurse is providing hands-on care. This is usually when your baby is most alert and will enjoy your company. Between touch times your baby needs to rest.
- Hand hygiene is very important in the NICU/INT. Every time you come to visit your baby, you must “scrub in.” Wash your hands using the provided scrub brush for a full three minutes. Detailed instructions on this important practice are placed by the sinks. The staff is available to assist you as needed. Hand hygiene is the single most effective means of preventing your baby from getting an infection.

Helpful Tip: If you have multiples and one has an infection, it is advised that you visit the baby without the infection first, and then wash your hands with soap and water before and after visiting the baby who has an infection.

- Because of the limited space in the NICU/INT, only two people may be at the baby’s bedside at one time. This includes the parent.
- Grandparents may come see the baby without the parents; however, are not permitted to bring additional visitors.
- We welcome brothers and sisters to visit the baby. There are specific requirements that siblings must meet before they can be at the baby’s bedside. These requirements are listed on the sibling visitation checklist.
- When your baby is born, the baby, mom, and support person are matched by identification bracelets. It is important for you to keep these bracelets so that we can match you to your baby when you come to visit and when the baby is discharged to go home.
- To protect you and your baby’s privacy, medical information will only be given to parents. When you call the NICU at 404.605.2390 or INT at 404.605.4405, a pass code will be required before information is given.
- The banded support person has visitation privileges and may bring in one visitor when coming to see the baby.
- Visitors with any contagious illness should not visit the NICU/INT. Premature and low birth weight babies have weakened immune systems and are very susceptible to catching infections. During flu season all visitors who have not had a flu shot will be required to wear a mask prior to entering the NICU/INT. We encourage all family members to get the flu shot.
- The NICU/INT staff strives to keep all information private; however, because of the open design of the unit, it may be impossible to keep conversations from being overheard. We request that you respect the privacy of other families and stay at your baby’s bedside. Thank you for not asking the staff questions about other babies.

General NICU Information

We understand that you want to use your phone to take pictures of your baby and to keep in contact with family and friends while you are visiting your baby in the NICU/INT. Please do so with the following rules in mind:

- For cleanliness and infection prevention, we ask you to wash your hands each time you touch your cell phone.
- The NICU/INT is a quiet environment to allow our babies to rest and grow. We ask that you place your phone on silent or vibrate and only answer calls outside the NICU/INT.
- When you are holding your baby, please spend that valuable time with your baby and refrain from texting.
- Cameras and video recorders are welcomed in the units. You may take as many pictures of your baby as you like.
- You may bring in blankets for your baby's bed. Your nurse will let you know when your baby is ready to wear clothing. Please wash your baby's outfits in gentle detergent before the first use and between each use. Blankets and clothing should be labeled with your baby's first and last name.
- Daily parking passes are available for our NICU/INT parents only. Please ask your nurse for your parking pass when you are leaving the unit.

Thank you so much for cooperating with our high standards of care.

Chapter 2: The NICU

- Piedmont Atlanta Hospital NICU/INT provides very high levels of care and is equipped to take care of babies with a full range of serious medical conditions. The NICU/INT provides specialized, 24 hour care for premature and sick babies. The babies in the NICU/INT are cared for by a highly trained team of neonatologists and neonatal intensive care nurses.
- Babies are admitted to the NICU/INT for a number of reasons. Some of these reasons might be prematurity, low Apgar scores, breathing problems, low blood sugar levels, jaundice, or infection. We provide parents with pamphlets to explain some of these diagnoses. Please ask your nurse or doctor for more information.



The Team

Who are all the different people taking care of my baby?

Neonatologist

A neonatologist is a physician who specializes in the development, care, and diseases of newborns. This medical doctor has special training and expertise in treating newborns with different types of medical conditions. The neonatologist will examine your baby each day.

Neonatal Nurse Practitioner

The neonatal nurse practitioner (NNP) is a registered nurse who has received additional training and is specialized in neonatology. They are part of the medical staff and will examine your baby along with the physician.

Physician Assistant

A physician assistant (PA) is a medical professional who works as part of a team with a doctor. A PA is a graduate of an accredited PA educational program who is nationally certified and state-licensed to practice medicine under the supervision of a physician.

Charge Nurse

The charge nurse oversees the daily care and operations of the unit on their shift. The charge nurse can assist you with any questions or concerns you may have while you are visiting your baby.

NICU Nurse

The neonatal nurses are responsible for your baby's minute-to-minute, individualized care. These nurses have training in and experience with the special needs of premature babies and full term babies with complications. They can reach a neonatologist any time of the day or night to discuss your baby's care. It's very likely that your baby's nurses are the people you will see and talk to the most in the NICU/INT. They spend most of their time at your baby's bedside and are a vital source of information.

Unit Secretary

The unit secretary is generally the person who greets you when you enter the NICU/INT. She will welcome you and assist you with any questions you may have including questions about hand washing, cell phone cleaning, where to store your belongings and breastmilk storage.

Nurse Manager

The nurse manager is responsible for the overall operations of the unit. This includes overseeing the nursing staff and all of the processes of the unit. You will frequently see her walking through the unit speaking with staff, physicians and parents.

Clinical Educator

The clinical educator spends time with staff ensuring all patients receive the best quality care. She also assists in the development of patient care standards, orientation of new staff and continuing staff education.

Respiratory Therapy

Respiratory therapists (RT) are focused on your baby's breathing and the equipment being used to assist your baby. The NICU/INT therapists have additional training to be qualified to work with the special needs of babies.

Other Departmental Support

Lactation Consultant

Lactation consultants are specially trained in assisting moms with breast pumping and breast feeding. They will visit you after the baby is born and continue to assist you as long as your baby is in the NICU/INT. They are also available on our antepartum units and on an outpatient basis.

Physical/Occupational Therapist

Physical and occupational therapists focus on the developmental care of your baby. They assist nurses with positioning, containment and comfort care. They also assist by educating you on your baby's developmental progress.

Speech Therapist

Speech therapy may be asked to see your baby if any feeding difficulties have been identified. They assist nurses and parents in feeding techniques specific to your baby.

Case Manager

Case managers are available to provide supportive counseling and assistance to you during your baby's stay in the NICU/INT. Typically you will meet the case manager within the first few days of admission. He or she will be available to assist you with the supplemental security income (SSI) application, insurance questions, discharge planning and any other support you may need.

The Equipment

Helpful Tip: Anytime you are uncertain about what particular equipment does or what an alarm means, feel free to ask as many questions as you need.

Why is my baby surrounded by so much equipment?

Equipment in the NICU is used to keep your baby warm and deliver oxygen, nutrition, fluids and medicine. It also helps the doctors and nurses monitor your baby's weight, heart rate, breathing rate, blood pressure and oxygen saturation. Alarms are an important part of NICU care. All of the equipment has alarms to alert the staff of changes in your baby. Do not be concerned when you hear various alarms sounding in the NICU.



Giraffe® Bed/Isolette

A Giraffe® bed is a specially designed, high-tech bed that provides a womb-like environment for your premature baby as he or she grows and develops.



Radiant Warmer

This bed has an overhead heater to regulate body temperature. It is open on all sides to allow the nurses and doctors easy access to care for babies while keeping them warm.



Isohumidity Hood

This device provides a moist environment for our tiniest patients. This is used for the first three days of life.



Open Crib

Babies are placed in an open crib once they are able to regulate their temperature without assistance.



Bili Lights

Bili Lights is a mode of treatment for jaundice in which the infant is placed under special bright lights (phototherapy).



CPAP/SiPap

CPAP provides a continuous flow of oxygen and air into the lungs and gently keeps the air sacs open to help babies breathe easier and more effectively. A baby on CPAP receives oxygen from a special mask or prongs that cover the nose and is secured by a soft positioning aid.



IV Pump

This device is used to deliver and measure intravenous (IV) fluids and medications.



Syringe Pump

This computerized pump delivers feedings, medications and blood products.



Cardiac Monitor

The cardiac monitor is the most commonly used piece of equipment in the NICU. It measures the baby's heartbeat, respirations, oxygen saturations and blood pressure.



Ventilator

A ventilator is a type of respiratory equipment used to help babies breathe or to breathe for them. It is used when infants are not able to breathe effectively on their own.



High-Frequency Ventilator (Oscillator)

The oscillator is a specialized ventilator that gives smaller breaths at a very fast rate. If your baby is on this type of ventilator, you may notice that their chest vibrates or jiggles.

Glossary of Terms

Anemia: A decrease in the number of red blood cells or of hemoglobin in the blood.

Antibiotics: Medications given to treat a possible or definite bacterial infection

Apgar Score: A score ranging from 0 to 10 indicating a baby's physical condition immediately after birth.

Apnea: A pause in breathing lasting 20 seconds or longer.

Apnea Monitor: A device that is used at home to monitor for events of apnea or bradycardia.

Bilirubin: A breakdown product of red blood cells that causes yellowing of the skin.

Blood Culture: A blood sample to determine if bacteria are present in the blood.

Blood Gas (ABG): A blood sample which helps determine current respiratory and metabolic status of the baby.

Blood Transfusion: The administration of a blood product through an IV line.

Bradycardia (brady): A slower than normal heart rate.

Caffeine: A drug which is often used to treat apnea in premature babies.

Colostrum: The thick, yellowish breastmilk produced in the first few days after delivery. This milk is especially rich in nutrients and antibodies.

Cyanosis: A blue coloring of the skin caused by a low level of oxygen in the blood.

Desaturation (desat): A drop in the blood oxygen level.

ECHO (Echocardiogram): A non-invasive procedure that uses an ultrasound to take pictures of the structures and function of the heart.

EKG (Electrocardiogram): A non-invasive, painless study that records the electrical activity of the heart.

EEG (Electroencephalogram): A non-invasive, painless study that records the electrical activity of the brain.

Electrolytes (lytes): A component of blood chemistry that includes things such as sodium, potassium, calcium, and others.

ETT (Endotracheal Tube): A tube that is inserted into the airway for the primary purpose of establishing and maintaining a patent airway and to ensure the adequate exchange of oxygen and carbon dioxide.

Extubation: Removal of the ETT.

Gavage Feedings: Feedings given through a tube passed through the nose or mouth into the stomach.

Hearing Screen: A routine test to examine the hearing of a newborn. A computer monitors brainwaves in response to clicking sounds.

Heart Murmur: An abnormal heart sound heard while listening to the heartbeat with a stethoscope.

Heel Stick: A sample of blood for testing taken by pricking an infant's heel.

Hematocrit: Measures the number and size of red blood cells in the blood.

Human Milk Fortifier: A liquid substance added to breastmilk in order to provide additional calories and nutrients.

Intralipids (lipids): Fats that are given via IV to babies who are not receiving full feedings. Lipids are white in color.

IV (intravenous): A catheter placed directly through the skin into a vein. IVs can be placed in many locations. Due to the fragility of the baby's veins, IV location may need to be changed frequently.

Intubation: Insertion of an ETT.

Jaundice: A common condition in newborns, jaundice refers to the yellow color of the skin and whites of the eyes caused by excess bilirubin in the blood.

Kangaroo Care: Skin-to-skin contact between parent and baby where the baby is placed directly on the parent's chest.

Lumbar Puncture: A procedure to collect and test the fluid surrounding the brain and spinal cord for infection.

Meconium: A dark, black thick substance present in the baby's intestinal tract before birth. It is the first stool passed by the newborn.

Minimal Stimulation: Practices that decrease stress in the baby. Examples are: Sound is kept to a minimum especially at the bed side, lights are dimmed, eyes are covered during procedures, and infants care is clustered.

Nasal Cannula: A nasal cannula gives oxygen and/or air flow through small prongs placed in the baby's nose.

NG/OG Tube: Flexible, silicone tube inserted through either the nose or mouth into the stomach. It is used to give food, to remove fluid or air from the stomach and medication administration.

NEC (necrotizing enterocolitis): A condition where the intestine becomes necrotic and can begin to necrose or die. Treatment of NEC can vary.

Oxyhood: A method to provide humidified oxygen through a hood or tent that is placed over the baby.

PAL: Peripheral Arterial Line. IV inserted into a peripheral artery in leg or wrist. Used for blood sampling and monitoring of blood pressure.

PDA (patent ductus arteriosus): Before the baby is born there is a normal vessel, the ductus arteriosus, to allow blood to bypass the lungs. The ductus arteriosus should close shortly after birth. If it does not close, it is called a PDA and may require treatment with medication or surgery.

PICC line (peripherally inserted central catheter): A deeper, more invasive type of IV line that can be used for longer periods of time. They are inserted through a peripheral vein such as the arm or leg, head, or neck.

Pulse Ox (pulse oximeter): A machine that uses a special light source to measure the oxygen getting to the baby's tissues and organs.

Residual: The amount of undigested milk left in the stomach. It is a measure of how well baby is tolerating feedings.

RDS (respiratory distress syndrome): A respiratory disease due to lung immaturity.

Room Air: The air we breathe, contains 21% oxygen.

Sepsis: Blood stream infection. Treatment is IV antibiotics.

Suctioning: Removal of mucous or other fluid from the nose, mouth or endotracheal tube using a plastic tube attached to a suction device. This keeps your baby's breathing passages clear and makes him or her more comfortable.

Tachycardia: A faster than normal heart rate.

Tachypnea: A faster than normal breathing rate.

TPN (total parenteral nutrition): This is an IV solution given to your baby before they are able to tolerate full feedings. It is a mixture of calories, vitamins, protein and minerals.

Ultrasound: Imaging of body parts using sound waves.

Umbilical Catheters (UAC/UVC): A small silicone tube put into one of the arteries or the vein of the umbilical cord. **UAC** can be used for blood sampling and monitoring of blood pressure. **UVC** is used to give fluids, medications and blood transfusions.

Chapter 3: Parenting in the NICU/INT

You are an important part of your baby's life and a valuable member of your baby's healthcare team. It is easy to lose sight of this when there are so many people taking care of your baby. However, most babies, even very premature babies, begin their interactions with their parents early on. If you are not able to hold your baby right away, do not shy away from parenting him or her.

There are many things you can do to get to know your baby, to soothe and comfort and to stay actively involved in your baby's care. It is important to keep the lines of communication open with your baby's nurses. They will help you figure out the best ways to interact with your baby. Sometimes they will suggest that you let your baby sleep when you are there because they know he or she has not slept well prior to your arrival. Sometimes they will suggest that you hold your baby because they know that is what you both need. After some time, you will begin to know what your baby needs. Try to be patient. Watch and listen to your baby's cues and remember that your role as a parent is essential.



Bonding with your baby in the NICU

All you need to start interacting with your NICU baby is your touch, your voice and your face. Research shows that bonding is not something that only happens in the first few days after birth, but is ongoing. Although your baby may not be stable enough to be held initially, bonding can start with your presence at the bedside.

- You may place your warm hand softly and firmly around your baby's feet, back or head. This is called containment.
- You may also gently place a finger in your baby's palm so he or she can curl his or her fingers around it.
- As your baby grows and gets stronger, you will be encouraged to have more hands-on involvement in your baby's care.

Pain management

We are dedicated to assessing your baby's pain throughout the NICU stay. Sometimes a simple diaper change or position change can comfort your baby. Other times, your baby may need pain medication that has been ordered by the doctor.

Kangaroo care

Kangaroo care or skin-to-skin care is a special technique for parents to hold their baby up against their bare chest. During the visit, the baby will be placed in an upright position on the parent's bare chest with his or her head over your heart so he or she can listen to your heartbeat. The baby will be covered with blankets for additional warmth. Ask your nurse when kangaroo care will be appropriate for your baby.

Coping

- Many parents of NICU/INT babies are surprised by how upset they are by the admission of their baby to the NICU/INT. It is important to know right away that it is normal to experience a confusing mix of feelings while your infant is in the NICU/INT.
 - The joy of having a newborn may be coupled with anger, guilt, fear and sadness that your baby is in the NICU/INT.
 - Emotions change dramatically from day to day, hour to hour, and even minute to minute.
 - If you feel like your baby's journey is like an emotional roller coaster ride, you are not alone.
 - In general, it will be important to give yourself time to process information and emotions.

Going home without your baby

- The act of leaving the hospital without your baby in your arms is a very emotional step.
- The staff understands this difficult time for you and they are ready to assist you with any needs you may have.
- **Tips to get through this:**
 - Stay connected to the NICU/INT as much as you can.
 - Visit as frequently as possible.
 - If you can't visit, call often and speak to the nurse taking care of your baby.

Parenting your NICU baby

- It can be helpful to find ways to feel close to your baby.
- Early on you may be frightened by all the medical equipment surrounding your baby.
- You may feel intimidated by the knowledgeable hospital staff that are caring for your baby and you may feel unsure about your role.
- It is even normal to be a little afraid to let yourself get close to a baby you fear may not survive.
- No matter what the future brings, letting yourself feel close to your baby will be helpful to you both. It will also help you build your confidence as a parent.
- Nurturing your baby can be a way to do something positive in a difficult situation.

Taking care of yourself

- Remember that even though your pregnancy has ended, during the first six weeks after you deliver, you are a postpartum mother whose body is going through all the normal physical and emotional changes that occur at the end of all pregnancies.
- You are likely to be very focused on your NICU/INT baby; however, you must make sure to take care of yourself and any other children you have as well.
- **Tips:**
 - Get as much rest as possible.
 - Eat nutritious meals.



- In the early weeks, friends and family can help with shopping or bringing prepared meals.
 - Make sure to drink enough fluids, especially water.
 - Accept practical offers of help from others.
 - Limit the number of phone calls and visitors you accept.
 - Make the most of your hospital visits.
- Plan your hospital visits around the time your baby is awake and alert (touch time).
- Above all, be patient with yourself.
- You will heal in your own way in your own time.

Taking care of your other children

- Try to spend some alone time with each of your other children during the week. Even if it's just for a few minutes, they will know they are still important to you too.
- Read them books for children that explain NICU/INT babies.
- Short visits to the NICU/INT depending on the sibling's age may help them bond with the baby.
- Get siblings involved by having them pose for pictures and make decorations for the baby's bed.



Helpful tips

- Ask a lot of questions.
- Talk to the doctors and nurses about your baby's condition and expectations.
- Write down questions and seek answers.
- Watch your baby. Notice how he or she sleeps and acts towards stimuli. Observing these patterns will let you know your baby's signals.
- Take notes on your baby's behavior, likes and dislikes.
- You may want to keep a journal.
- Get informed and learn about your baby's condition.
- Take things one day at a time.

Chapter 4: Breastmilk and feeding

Your baby needs your milk. Our NICU/INT team and Lactation Services encourage you to provide breast milk for your baby. Mother's breast milk is recommended as the best source of nutrition for all newborns. Your baby will benefit from receiving your milk in many ways. The Donor Milk Program is available for qualified candidates (by physician discretion).

Benefits include:

- Lower risk of infection
- Lower risk of Necrotizing Enterocolitis (NEC)
- Improved feeding tolerance
- Lower risk of allergies
- Improved brain and eye development
- Lower risk of RSV

Pumping in the NICU/INT

Even if you were not planning on breastfeeding your baby, the NICU/INT team highly encourages you to provide breast milk for your baby while he or she remains in the NICU/INT. We thank you for making this sacrifice for your baby. You won't regret giving your baby the best start. Our lactation specialists and nursing staff will provide you with the tools and information you need to supply your baby with breast milk. Because your baby is in the NICU, you should plan to obtain a breast pump for use at home to avoid interruption while pumping. Below are some helpful tips on obtaining a breast pump.

- Call your insurance provider and see if they cover the purchase of a breast pump.
- If you were enrolled in the Women, Infant, and Children program (WIC) prior to delivery, contact them to make an appointment to receive a pump. When you call, make sure to mention that your baby is in the NICU/INT.
- There are several pharmacies and equipment rental shops that will rent pumps for a monthly fee.
- You may decide you want to purchase a pump for use with future pregnancies.

Tips for Pumping

Placing yourself on a pumping schedule is helpful in establishing a good milk supply.

- Always wash your hands prior to pumping.
- Pump every two to three hours during the day, using an electric double pump for 10-15 minutes per session (eight to 12 times in 24 hours).
- Pump at least one time during the night, allowing no more than five hours to pass without pumping.
- Keep a log of when you pump.
- In the beginning, drops of colostrum are normal. Celebrate any amount of breast milk you make. Even the smallest amount will help your baby stay healthy.
- Pump at your baby's bedside if appropriate.
- Tell your doctor, midwife, or nurse practitioner you are pumping before getting any prescriptions.
- Don't be afraid to ask for help. Call lactation services 24 hours a day at **404.605.3240**.



Storage & Transportation of Breast Milk

- The NICU/INT staff will provide you with sterile bottles and labels to properly identify your milk. Each time you pump remember to put your baby's label with name, date and time of collection.
- Breastmilk should be stored in the sterile bottles provided by the NICU/INT staff. These bottles are BPA free.
- Notify your baby's nurse if you are taking any medication.
- Please bring milk in on ice in an appropriate container/cooler that prevents thawing.

Storage Type	Storage Time
Freshly pumped	Refrigerate as soon as possible if not used within four hours
Refrigerated:	
• Fresh Milk	48 hours
• Thawed Milk	24 hours
Frozen Milk	Three to four months frost free freezer
	Six months in deep freezer



How will my baby be fed in the NICU/INT?

Most babies born less than 34 weeks (and some babies born more than 34 weeks) cannot coordinate sucking with swallowing and breathing. In the NICU, you may hear the staff refer to this as “suck, swallow, and breathe.”

When your baby is ready to receive your milk, it can either be given through an NGT/OGT or will be bottle fed. The doctor may order something called human milk fortifier to be added to your breastmilk. Human milk fortifier gives your baby a little “extra boost” by providing extra calories, iron, and vitamins that your baby needs.

There may be times when it becomes necessary to supplement your breastmilk with formula. Your baby will still receive the benefits of breastmilk even if they get formula supplementation.

If you plan to breastfeed, the nurses and lactation specialists will assist you in transitioning between bottle feeding and breastfeeding. Learning to breastfeed effectively is a process that may take days or weeks. You and your baby have a better chance of becoming a breastfeeding team if you are patient, persistent and maintain a positive attitude.

Chapter 5: Discharge Planning

Before you can take your baby home there are some goals that you and the baby must achieve. Use the chart below as a checklist to keep track of your progress. The more goals met, the closer he or she is to being discharged.

Discharge Goal*	Goal Met
Baby is off all respiratory support	
On full feeds: IV fluids have been stopped and baby receives all calories by breast milk or formula	
Infant is able to maintain temperature in an open crib	
Baby is able to complete all bottle feedings	
Baby shows consistent weight gain	
No longer requires antibiotics to fight infection	
Apnea and bradycardia episodes have resolved	
Parents have attended Friends & Family CPR class**	
Medication teaching completed	
Hepatitis B Vaccine administered	
Synagis (RSV prevention) administered	
Other vaccinations administered	
State metabolic screen completed	
Hearing screen completed	
Hospital keepsake photographs taken	
Circumcision performed (<i>if desired</i>)	
Car seat test completed	
Prescriptions received	
Discharge teaching completed	
Special discharge teaching completed (i.e. monitor training, home health)	

*Goals can be achieved in any order.

** Please sign up for Friends and Family CPR when your infant is transferred to the Intermediate Nursery.

The following resources may be helpful to you for further information during your baby's hospital stay.

Recommended reading:

Premies: The Essential Guide for Parents of Premature Babies

By authors Dana Weschler Linden, Emma Trenti Paroli and Mia Weschler Doron M.D.

The following contact numbers and websites may also be helpful with accessing information:

- **AAP.org** (American Academy of Pediatrics)
- **marchofdimes.com/home** or call **800.367.6630**. This website provides parent support information.
- **piedmonthospital.org/medical services/Women's Services/maternity**. The NICU Parent Guide can also be found here along with other helpful information.
- **p2pga.org**. This site provides financial resources and parent support information.
- **socialsecurity.gov** or call **800.772.1213**. Provides access to Supplemental Security Income Benefits for disabled children.

Other resources:

- **NICU Parent Room** — A place to relax, watch TV and view the TIGR Educational Video System. There is a private space for pumping. Cups, water and ice are available along with a place to hang your coat or jacket. The code to open the door is 2390#.
- **Piedmont Guest Center** — The Guest Center is located on the Piedmont campus in the 1984 building on the fourth floor. There are 12 rooms and each unit has one bedroom with a twin pull out sofa and a full bath. The cost is currently \$64.80 per night and reservations are strongly encouraged as these rooms fill up quickly. Please call 404.605.3800 for availability as soon as possible.

Notes:

WOMEN'S SERVICES

