

Your Baby's Care Team

For parents of NICU infants

Parents and Family

You and your baby are the center of the NICU care team. As parents, you will give input and take part in your baby's care during your time in the NICU.

Medical Rounds

- Every morning, the NICU attending doctor, resident doctors, nurse practitioners, your baby's nurse, and other staff involved in your baby's care meet. They review what has happened with your baby in the past 24 hours and decide on the plan of care for the next day. These meetings are called "rounds."
- As an important member of your baby's care team, you are welcome to join rounds. Talk with your baby's nurse to find out when the team will be "rounding" to talk about your baby's plan. If you are not able to be here during rounds, ask to talk with a care provider for an update on your baby's current status and plan.
- We have two teams caring for your baby. The first team begins their rounds at 8 a.m. The second team's rounds begin at 9:30 a.m. Be sure to ask your nurse when to expect medical rounds to occur.

Nursing Report (Change of Shift)

- During "nursing report," nursing staff review your baby's history and plan of care at the bedside. This occurs when nurses are changing shifts. Usual times for nursing report are from 7 to 7:30 a.m. and from 7 to 7:30 p.m. Nursing report may also occur at 3 p.m. and 11 p.m.



A neonatal nurse is an RN who has special training in caring for NICU babies and their families.



“Although having a baby in the NICU was emotionally taxing, we found the staff at UWMC absolutely incredible. They became people we could lean on and trust, an extension of our family. They cared for my heart, and helped support me emotionally through the toughest time in my life.”

-- Kylie's Mom

- Parents are welcome during nursing report. If you arrive after report has started, please enter the room quietly.
- The nursing report on each baby usually lasts 5 to 15 minutes. Please save your questions until the nurses finish their report. If you have more input or questions than time allows, a nurse will return to talk with you about your concerns after they finish their reports on the other NICU babies.
- During nursing report, the nurses must pay close attention. To avoid interruption, we ask that siblings not be in the room during the report.

Nurses

Highly skilled nurses care for the babies in the NICU 24 hours a day:

- A *neonatal nurse* is a registered nurse (RN) who has special training in caring for newborns and their families.
- The nurse caring for your baby was carefully trained in the specific skills needed for caring for NICU babies.
- You may see an RN with the credentials *RNC-NIC*. This means the RN has passed a national specialty exam in neonatal intensive care nursing.

Your baby's nurses will:

- Assess your baby's current condition and progress
- Carry out the care provider's orders
- Tell the doctor or neonatal nurse practitioner of any changes in your baby's status

The RNs also:

- Advise the care team based on their assessment of your baby
- Plan and carry out all nursing care, including bathing, feeding, positioning, giving prescribed medicines, and managing medical equipment
- Are very involved in parent education and discharge planning

The nursing team is supported and led by a *charge nurse* who oversees the work of the nursing team for each nursing shift. Behind the scenes, there are assistant nurse managers and a NICU nurse manager who supervise all of the nursing staff and provide leadership for the unit.

Nurses in the NICU also take on roles outside of directly caring for babies (see “Nursing Specialty Teams” on page 22). Most importantly, they provide support to parents in the NICU. The nurses also stay updated on new care methods in order to improve their nursing practice, maintain standards of care, and provide updated education to other nurses.



"It helped to see Frankie every day and call the nurses every night. I never missed rounds with all of her doctors. I needed to hear from them!"

-- Frankie's Mom

Neonatal Nurse Practitioners

Neonatal nurse practitioners (NNPs) have attended graduate school to learn how to be a primary care provider for premature and sick newborns. NNPs specialize in managing the medical care for your baby.

NNPs are part of the medical staff. They offer expert medical advice to the entire NICU care team and do many of the medical procedures that may be needed. The NNP/*hospitalist* team works with an *attending neonatologist* to direct and provide your baby's care (see "Doctors" below).

Doctors

A team of *pediatricians* (doctors who specialize in caring for children) will care for your baby. This team is supervised by an attending pediatrician or *neonatologist* (a pediatrician who specializes in caring for babies).

Your baby's attending doctor:

- Oversees all aspects of your baby's medical care
- Supervises other providers on your baby's care team
- Orders tests, medicines, and treatments
- Is a faculty member of University of Washington School of Medicine
- Serves a 1- to 2-week shift in the NICU (see "Staff Rotation" on page 18)

Other providers on your baby's care team include *fellows* and *residents*. They are in the NICU 24 hours a day.

Residents

A resident is a doctor who has graduated from medical school and is in a 3-year training program to become a pediatrician. Residents in their first year of training are called *interns*. *Senior residents* are in their 2nd or 3rd year of pediatric residency.

Each resident is in the NICU for 4 weeks (see "Staff Rotation" on page 18).

Fellows

A NICU fellow has completed 3 years of training to become a pediatrician, and has chosen to specialize in neonatology. This special training also lasts 3 years.

Hospitalists

A hospitalist is a pediatrician who has finished their residency and provides care in a hospital setting. Hospitalists work with our neonatal nurse practitioners (NNPs).



“While Lucy’s stay was fairly uneventful, we struggled greatly with feeding issues. I wanted to breastfeed, but it was so hard for Lucy and we had very discouraging days. But we felt supported by the nurses and lactation consultants. I encourage moms who want to breastfeed to let NICU staff know – they are an amazing resource!”

-- Lucy’s Mom

Staff Rotation

UWMC is a *teaching hospital*. This means that some of the providers who work in the NICU are receiving training in special areas of medicine. These providers “rotate” through the unit as part of their training program. They will be on your baby’s care team for a set length of time.

When your baby is admitted to the NICU, a care team will be assigned to your baby’s care. If your baby is on the:

- **Resident team:**

- You will work with a new attending doctor every week.
- You will work with a new resident every month.

- **NNP/hospitalist team:**

- You will work with a new attending doctor every week.
- There is a core group of NNPs and hospitalists who will provide ongoing care to your baby. They do not rotate regularly.

The rest of your baby’s care team do not rotate. They help provide continuity for you, your family, and your infant.

Rounds

As an important member of your baby’s care team, you are invited to join in *rounds*. This is when your baby’s care team meets to talk about your baby’s progress and plan of care. (Also see “Medical Rounds” on page 15.)

During rounds, if your baby is on the:

- **NNP/hospitalist team**, an NNP will explain your baby’s progress and propose a plan of care
- **Resident team**, the intern will explain your baby’s progress and propose a plan of care

Your nurses, attending doctor, residents, fellow, pharmacist, dietitian, and respiratory therapist will then offer input, if needed. The care team will also ask for your input. Our goal is to have everyone agree with and support the plan of care.

At the end of rounds, the attending doctor will state your baby’s plan of care for the next day. This plan will be carried out by the entire care team.

Social Worker

All NICU parents can get help from a social worker with special training and experience working with parents of premature or sick infants. Your social worker can provide support and help you and your family cope with having a premature or sick baby:

- Worry about your baby's health
- Confusion about how the hospital works
- Emotions around having delivered early and having to leave the hospital without your baby
- Frustration over not always being able to be with your baby
- Financial concerns

Your social worker can also:

- Provide information on local housing and transportation
- Help you communicate with employers, schools, the Department of Social and Health Services (DSHS), public health nurses, the courts, community agencies, and others, as needed
- Provide information on community resources such as DSHS; Women, Infants, and Children (WIC); counseling services; help with buying gas and food; public transportation; Social Security services; and more
- Provide information, educational materials, and referrals for issues such as post-partum mood disorders and domestic violence

If you would like meet with a social worker, please call 206.598.4629 or ask your baby's nurse to page the social worker for you.

Consultants

Breastfeeding Support

- **Certified lactation consultants** can answer your questions about breastfeeding, breast pumps, storing your milk, and other concerns. Call Lactation Services at 206.598.4628. If you reach voicemail, leave a message. Or, tell your nurse that you want to talk with a lactation consultant.
- Please read the **handout on lactation** you were given.
- A **breastfeeding resource team** made up of NICU nurses visits the NICU on Tuesdays, Fridays, and Sundays. Call 206.598.2609 if you would like to meet with one of these nurses.
- You may use one of our **electric breast pumps** at your baby's bedside while your baby is in the NICU.
- To **rent an electric breast pump** to use at home, call your insurance company and ask about getting a pump. All insurance companies pay for either buying or renting a breast pump. We can provide you with a prescription for a breast pump if your insurance requires one. If you have questions, ask your baby's nurse, the breastfeeding resource nurse, or the lactation consultant.

Neonatal Dietitian

This dietitian has special training in the nutritional needs of newborn babies, including premature infants. The neonatal dietitian will assess your baby's growth and nutritional status, and attend rounds.

Neonatal Pharmacists

Neonatal pharmacists have specific knowledge about the medicines used to treat conditions that often affect newborn and premature babies. They monitor medicine therapy and talk with other care team members to help choose the best medicines and doses for your baby.

If your baby needs medicines for a while after discharge from the NICU, the neonatal pharmacists will help you understand what the medicines are for, their possible side effects, how they are given, and what to do about storing the medicine and getting prescription refills.

Palliative Care Services

Even when everything goes as smoothly as it can, being in the NICU is a difficult time for families. Palliative care offers extra support for your family to help you during this stressful time.

Palliative care includes supporting you and your family emotionally, psychologically, practically, and spiritually. It includes talking about what's most important to your family, and about your hopes and concerns as parents. We also support your family when it's time to make important care decisions.

In the NICU, palliative care is provided by a doctor or other medical provider who has been specially trained in palliative care for NICU families. You can ask for palliative care at any stage of your baby's NICU journey.

Spiritual Care Services

Having a baby in the NICU can be a time of concern and uncertainty. Many parents find it helpful to talk with a Spiritual Care provider during this time. As an important part of your care team, our Spiritual Care providers are available 24 hours a day. They provide a caring presence, offer spiritual and emotional support, and listen with openness and understanding.

Spiritual Care respects each person's spiritual, cultural, and personal perspectives and does not impose any religious beliefs. Spiritual Care providers may offer a compassionate presence during a stressful time, even for those who have no spiritual beliefs. Others may feel supported through prayer or a baby blessing.

If you wish to talk with a Spiritual Care provider, please ask your nurse.

Special Therapists

Child Life Specialist

Our Certified Child Life Specialist is Erika Beckstrom. She has a background in Child Psychology and Child Development and has worked with patients both in hospital and clinic settings. In 2011, Erika founded the ISEEU (“I See You”) Sibling Support Program at UWMC. The program is designed to help children cope with having a sibling in the NICU.

When siblings do not have support, it can lead to acting out, regressing to a younger age, and withdrawal. These symptoms can get worse when NICU parents have to be away from their families for long periods.

Our Sibling Support Program can help resolve some of the issues that can occur when siblings visit the NICU, and help them cope with the stress of having a sibling in the hospital. Erika has also been very helpful when parents must explain death to a NICU sibling.

Respiratory Therapists

Respiratory therapists (RTs) have special training in treating breathing problems, including how to use oxygen delivery systems and mechanical ventilators. An RT who has special training in caring for infants is available 24 hours a day for NICU patients.

Neurodevelopmental Therapist

NICU neurodevelopmental therapists are physical and occupational therapists with special training in the motor and cognitive development of newborns and medically fragile infants.

Neurodevelopmental therapists will:

- Look at how the NICU environment affects your baby’s development
- Help change the environment to help your baby’s brain and body grow
- Help your baby stay calm and ready for caring interactions
- Help your baby learn to move in ways that will help development
- Help you understand how to support your baby’s development over the first years

Feeding Therapist

NICU feeding therapists are speech language pathologists (SLPs) and occupational therapists (OTs). They have special training in helping develop sucking and swallowing in newborns and medically fragile infants.

Feeding therapists will:

- Look at how your baby is learning to suck and swallow

- Help your baby learn to suck to prepare for eating
- Help your baby learn to coordinate sucking and swallowing
- Help problem solve if learning to eat is hard for your baby
- Explain how you can support your baby's eating over the first years

Other Support Staff

Patient Services Specialists (PSS)

Patient Services Specialists are at the front desk of the NICU. They greet visitors and take care of office work.

Discharge Coordinator

A discharge coordinator is a nurse who helps families and caregivers learn about caring for their baby after discharge. This nurse will coordinate your baby's care needs with providers both here in the hospital and in the community to help your transition to community care be safe and smooth.

After you go home, your discharge coordinator will continue to follow your baby's course of care through follow-up phone calls. If you would like to talk with our unit's discharge coordinator, please ask your nurse.

NICU Family Advisory Council

We want to learn from our NICU families. We invite former NICU family members to become Advisors on our NICU Patient and Family Advisory Council.

The NICU Council meets monthly to provide input on NICU programs and policies. Many of our programs, including the Parent Mentor Program, Pizza Night, and Resident Orientation, started as ideas from NICU parents.

If you would like to apply to become a Patient and Family Advisor or have questions about the council, please email UWMC's Coordinator of Patient and Family Centered Care, at pfcc@uw.edu.

Nursing Specialty Teams

NICU nurses also work on specialty teams. These groups provide education to other nurses on staff. They also develop and put into effect policies to keep care in the NICU at the highest quality. They include:

- **Feeding Committee:** Eating is essential to a baby's growth and health. The feeding committee provides education to nursing staff about the latest developments in feeding. This committee also puts changes into effect in NICU feeding practices as needed.

