Special Care Nursery

Platte Valley Medical Center

In partnership with

The Children's Hospital
Welcome to the Special Care Nursery (SCN) at Platte Valley Medical Center. Our nursery is special and unique. We have eight private rooms for at-risk infants and those born up to eight weeks premature. Every private room also offers overnight accommodations for mom or another family member to allow parents to be comfortably present with their child on a 24-hour basis. We are in partnership with The Children’s Hospital of Denver to provide excellent care to our babies and their families.

From the moment your precious little one is admitted to the SCN, we are planning for the day you will be able to go home together. It is our desire that your time with us is as pleasant as possible and our goal is to provide your baby with the best possible care. We see parents as our partners and will include you in your infant’s daily plan of care.

The information in this booklet pertains to your baby’s admission and stay in the SCN. More details will be given throughout your stay and will be customized to your baby’s condition. We encourage you to store all of your material together in this folder for easy reference.

We are honored to care for you and your baby. Please let us know if there is anything we can do to make your stay more comfortable.

Sincerely,

Your Special Care Nursery Team
When can I be with my baby?

If you were not able to spend time with your baby after delivery, your nurse can bring you to the nursery when you are able. You and your family are welcome to be with your baby as often as you wish.

We know moms are often released from the hospital before their baby is ready to go home. While we want to make it possible for you to be with your baby often, we also realize you need time away from the hospital. It is important for you to balance your time here with your need to be home and resting. We also know you will have other responsibilities you will need to address.

Phone calls from parents are always welcomed and encouraged; however, please try to avoid calling during our nurse shift changes, which are between 7:00 and 7:30 (a.m. or p.m.). This is when nurses are in report.

When your baby is able to eat and a feeding schedule has been established, most families choose to be with their babies at feeding time. During these feeding times, we perform vital sign checks and diaper changes. Sick and premature babies need lots of undisturbed sleep time, so we try to minimize handling between feedings.

Can I stay with my baby?

Absolutely! Our special care nursery is one of a select few Level II Nurseries in Colorado where you can spend the night with your baby. We encourage you to spend as much time with your baby as you desire. The chair in your baby’s room turns into a bed for your comfort and we supply fresh linens. Restrooms are located outside the SCN by the elevators and we can make arrangements for you to take a shower.

In addition, you may order three meals a day from room service. The telephone number is 1111. Meals are provided for one boarding parent. Additional meals are available at a small cost.

The phone is available for your use. Please dial 8 to get an outside line.

Although we don’t have televisions in the SCN rooms to encourage a quiet environment for your infant, you are welcome to bring in a portable DVD player or your lap top computer. Complimentary wireless internet service is available throughout the hospital.

Are there restrictions on entering the SCN?

Please keep these guidelines in mind:

Everyone must wash their hands when they enter the unit to help us control infection. There is waterless foam available near the entrance and in each room. The sinks in the room operate by an electric eye—just wave your hands under the faucet. Please do not enter the SCN when you are ill.

Please limit the number of people in the room to two – four. We may ask that you further limit this number depending on the condition of your infant or other conditions in the SCN.

While in the SCN, all visitors need to remain in your infant’s room. Other visitors may wait outside the SCN in the seating area by the windows.

Your baby’s brothers and sisters are welcome to visit their sibling provided they are healthy. They must also wash their hands when they enter the SCN and prior to handling the baby. Please limit the amount of time a sibling visits to their level of tolerance. Generally, the younger the sibling the shorter the visit.

To protect your baby, no child under the age of 12, who is not your baby’s brother or sister, may visit.

All visitors must be accompanied by a parent or other authorized (banded) individual. A parent must always remain in the baby’s room when a visitor is present. Parents may give permission for up to four significant persons, such as grandparents, to visit without the presence of a parent. These individuals must provide a copy of their driver’s license.

From 7:00 – 7:30 a.m. and p.m., nurses are in the middle of shift changes and are giving report. We ask that you not arrive at the SCN during these times.

How do you assure my baby’s privacy?

We ask that parents and visitors not ask us about babies other than their own.

We will close patient room doors during scheduled shift change report times.

Only banded parents are given information over the phone.
If you have specific concerns, please discuss these with your baby's nurse.

**Can I use my cell phone in the SCN?**

Certainly. There is also a hospital phone provided for your use. Dial 8 to reach an outside line.

**Why does my baby need to be in the SCN?**

The reasons for admission to the SCN vary. Some of the common reasons include: premature birth, respiratory problems, infections, low blood sugar, jaundice, and birth abnormalities.

**Can my baby come out to Mom's room on post partum?**

Generally, babies admitted to the SCN need to remain in the SCN where they can be monitored by specially trained nurses. You are always welcome in the SCN and we encourage you to spend as much time with your infant as you want.

**Who will provide care for my baby?**

While your baby is in the SCN you may meet many different people who will care for your baby. Some of these include:

- **Pediatrician:** A physician who has special training in care for babies and children.
- **Family Practice Physician:** A physician who has training in caring for babies, children, and adults.
- **Neonatologist:** A pediatrician who has specialized training in caring for babies who are premature or ill.
- **Neonatal Nurse Practitioner (NNP):** A nurse who has specialized training and a Master's degree in caring for premature and ill babies.
- **Clinical Coordinator:** A nurse who oversees the management of nursing care in the SCN.
- **Staff Nurses:** Registered nurses who care for your baby.
- **Breast Feeding or Lactation Specialists:** Registered nurses who have specialized training in helping both mother and infant to succeed in breast feeding.
- **Developmental Care Team:** Consists of professionals (Physical Therapists, Speech Therapists, and Occupational Therapists) with special training to care for infants’ individual needs for development, positioning, feeding, and relating to their environment.
- **Social Worker:** Professionals who provide emotional support, information on community resources, and who may arrange for any special care needed upon your infant's discharge from the hospital. Please let your infant's nurse know if you would like to see a social worker.
- **Respiratory Therapist:** Professionals who have training specific to your baby's respiratory (breathing) needs.
- **Radiology Technologists:** Personnel who take x-rays, ultrasounds or echocardiograms (ultrasounds of the heart).

**What should we expect at the time of delivery?**

If we know in advance that your baby's birth may be difficult, that your baby is being born prematurely, or is likely to be sick, the Neonatal Nurse Practitioner (NNP) will attend your baby's birth. A pediatrician may also be in attendance as well as a neonatal nurse.

Afterward, your infant will be placed on a warmer (a type of bed that provides constant heat to keep your baby warm.) The baby will be dried and his airway cleared. Oxygen will be given if necessary.

If your baby is not able to breathe on her own, we will help her breathe with a mask and an oxygen bag called an “ambu-bag.” If extra support is needed, a tube will be placed down the baby's airway. This device is called an “ET tube” or “endotracheal” tube. This allows the baby to receive medicines that are sometimes needed during the resuscitation. The tube can also help maintain your baby’s breathing.

In very rare situations a baby’s heart may not beat fast enough. Usually, just breathing for the baby as mentioned above brings the baby’s heart rate up. If this is not enough, the team will provide additional measures as needed.

**What should we expect when our baby is admitted to the SCN?**

After the initial stabilization is completed, we will move your baby to the SCN. This is a very busy time. While you are welcome to be with your baby during this period, many families use this time to make phone calls or to be with the new mother.

**What kind of equipment will be used for my baby?**

Your baby will be placed on a monitor that gives a continuous reading of your baby's heart and breathing rate. In addition, it reads the level of oxygen in your baby's blood. You may hear this referred to as the baby’s “O2 sats.” This number helps determine how much oxygen your baby needs.
If your baby requires additional oxygen, it may be provided to him through an oxygen hood or cannula. The hood is a plastic bubble that goes over her head. The cannula is a tube that fits under his nose. The amount of oxygen being given to your baby is measured as a percent. Room air consists of 21% oxygen. You will hear that your baby is on perhaps 30% or 50% or even 100% oxygen.

If your baby requires more breathing support than can be provided by a hood or cannula, your baby may be placed on CPAP (Continuous Positive Airway Pressure). CPAP consists of prongs that fit into the opening of the nose and are connected to a machine that delivers oxygen to your baby and also provides a small amount of pressure in the airway to keep the tiny air sacs in the lungs open. The CPAP prongs are held in place with the help of a special hat.

If CPAP is not enough support for breathing, we may use a ventilator (or breathing machine). This allows us to give just the right amount of oxygen, pressure and breathing support required for your baby. When a ventilator is used, your baby will have an “ET tube” in his airway to deliver the breaths to his lungs.

In addition to providing respiratory support for your baby, we will also assess and stabilize blood pressure and perform some other tests which may include:

**Blood Work**

- CBC to measure the number of white and red blood cells in the baby’s blood
- Blood Sugar or Blood Glucose to measure the amount of sugar in the blood
- Blood Culture to look for possible infection in the blood (takes 2-3 days to complete)
- Blood gases to help us know how much help your baby needs with breathing

**X-Rays**—images that help evaluate your baby’s lungs, heart, bowel gas and bones

**How will I know if something is hurting my baby?**

We realize there is the potential that your infant may have some painful experiences while in our unit. We are continually trying to make everything less painful. This is very important to us. Please let the nurses or doctors know immediately if you think your baby’s pain is not being treated.

We will continually assess for signs of possible pain. However, sometimes it can be difficult to tell if a baby is having pain. Premature infants can have a more difficult time telling us when they are in pain. Signs that your baby may be in pain include crying, a worried face with a grimace or frown, tightly fisted hands and feet, a rigid or tense body and higher than normal heart rate and blood pressure.

Sometimes these behaviors mean that a baby is hungry. However, in these infants the crying and tense appearance will end when they are fed.

**What can I do to help my baby if I think she is feeling pain?**

In addition to medicine, there are many other things you or the nurses can do to relieve your baby’s pain.

- Keeping the area as dark and quiet as possible will help.
- Some babies like to be wrapped snugly.
- Some babies who cannot be swaddled or held like it when their parent cups them firmly in their hands—your nurse can show you how. Many babies don’t enjoy stroking.
- Your baby may calm to your quiet, soothing voice.
- On the other hand, some babies don’t like any stimulation and prefer to be left alone.

The nurse will continually assess your baby for pain, and working together we will decide what works best.

**If my baby is sick how will he eat?**

If your baby is sick or premature, he may not be able to have milk feedings at first. To assure he has adequate nutrition and stable blood sugar, we may place an IV. We can give glucose (sugar) water and electrolytes in the IV. We can also use it to give medicines.

Sometimes we place Umbilical Lines. These are tiny catheters (tubes) that can be threaded through the artery or vein of the baby’s umbilical cord. The umbilical cord does not have nerve endings so this does not hurt the baby. These tiny tubes allow us to give fluids and medicine directly to your baby. An umbilical artery line can also help us measure blood pressure and take blood samples without disturbing your baby.
During the time your baby is unable to take breast milk or formula, we may give your baby TPN (Total Parenteral Nutrition) through the IV line. TPN is a special mixture made to meet all your baby’s nutritional needs.

We encourage mothers to breast-feed and will supply you with breast pump parts to allow you to pump your milk until actual breastfeeding is established. While you are in the hospital, a breast pump will be provided for your use.

Before discharge, it is important to rent or purchase a breast pump if your baby is not feeding exclusively at the breast. Our Lactation consultants can assist you with a pump rental. By pumping on a regular schedule, eight times per 24 hours, you will be able to establish and maintain a milk supply until your baby is able to breast feed.

Should I give my baby breast milk or formula?

The decision to provide breast milk or formula for your baby is an important one. We encourage all mothers to breast feed. There are many benefits to providing your baby breast milk, especially if your baby is premature. Breast milk is:

• Easier for your baby to digest
• Helps your baby develop immunities to certain illnesses
• Decreases the chance of your baby having allergies and asthma later in childhood

However, if you choose for personal or medical reasons to feed your baby formula, there are very good formulas available to provide your baby with the proper nutrition.

We will make sure your baby receives the appropriate formula. We will also work closely with you to make sure you are comfortable with preparing the formula and feeding your baby before you go home.

Who will help me with breastfeeding questions and assistance?

A breastfeeding specialist will meet with you soon after you deliver your baby. She will answer questions, ensure that pumping gets started, and provide information on realistic expectations for breast feeding.

Throughout your baby’s hospital stay, the breastfeeding specialist will help evaluate milk supply, find solutions for problems, assist with difficult latch-on issues, and answer your questions.

How do I store my breast milk?

Your pumped breast milk will be stored in a designated refrigerator or freezer. We will provide you with appropriate containers. Breast milk should be stored in food grade plastic containers—not in breast milk storage bags. We will also give you ID labels for your baby’s bottles. Mark each label with the date and time it was pumped. When transporting your pumped breast milk from home, please use a small cooler with an ice pack.

We will give pumped colostrum (the first milk) for your baby’s initial feedings as soon as your baby is ready for it. However, prior to giving this milk, your baby may be receiving intravenous nutrition, as we previously discussed. The colostrum is rich in antibodies which help protect your baby from infection. After the colostrum is used, we prefer to give your baby fresh breast milk (as opposed to frozen).

Fresh breast milk can be stored in the refrigerator for 48 hours after pumping. If your baby will be getting your pumped milk within this 48 hour time frame, it is better to put your milk in the refrigerator and not in the freezer. If your baby is not yet taking breast milk or if you will be unable to get your pumped fresh breast milk to the SCN within 48 hours, place your breast milk in the freezer.

When does my baby get breast milk or formula?

If your baby is very premature, we will begin with “gavage” feedings. Gavage is used when the baby is too premature or not strong enough to take all of his feedings by bottle or at the breast. A small flexible tube is placed into the stomach through the nose or mouth. Breast milk or formula can then be dripped directly into the stomach without the baby expending energy to receive it.

The amount of milk given each feeding to a sick or premature baby is usually increased slowly. If your infant is very premature, he may not begin taking bottle or breast feedings for a few weeks.

Generally, premature babies are likely to be able to begin taking feeds from a bottle around 34 weeks gestation, although some may start earlier. Breastfeeding can begin earlier, especially when doing skin-to-skin holding. We call this nuzzling. Sometimes, the baby can nuzzle at your breast while getting a feeding through the gavage tube. When the baby is ready to start nuzzling or breastfeeding, we often start with just one or two times a day and will gradually increase as your baby builds stamina and coordination to handle more.
Breast milk and formula feedings by bottle will begin when your baby shows signs of readiness, usually between 33-34 weeks. Your baby’s nurse will assess the baby’s signs of readiness for oral feedings. Although your baby may suck well on a pacifier, this does not always transfer to having the ability to take a bottle or breast. Babies must be able to coordinate sucking, swallowing and breathing, and have the energy to do the hard work of nipping. No amount of practice will help your baby do this. Their brain must mature to the point where these skills come together. Initially, your baby may be offered just one oral (bottle) feeding a day and will slowly advance. We understand how hard it is to patiently wait for your baby to accomplish the enormous task of taking all feedings by mouth.

What is “Kangaroo Care”?

Kangaroo Care is something only a parent can provide for their baby. It means skin-to-skin holding of your baby. For many babies, this is a therapeutic way to be held. We have found that this close contact with parents frequently keeps babies warm, and helps them regulate their heart and breathing rates better. It may even increase the circulating oxygen in their blood.

This is a special time that both babies and parents seem to enjoy. Keep in mind, however, that occasionally a baby will not want to do kangaroo care when we think it is a good idea. In those cases, we may decide to put the baby back to bed. Your baby’s nurse will be able to help you get your baby into kangaroo care and provide any other assistance you may need.

Please talk with your baby’s nurse about when and how you can incorporate Kangaroo Care into your baby’s routine. A baby may initially be too sick for Kangaroo Care. When ready, your nurse can help you decide how often and for what duration Kangaroo Care can be provided.

What is Developmental Care?

Like you, we want to help your baby grow in an environment that is best for her development.

Babies born prematurely miss out on weeks or months of growth in the womb. Our goal is to provide an environment that protects your baby with love and care. Some routine things we do include:

- Keeping the lights and noise levels low
- Handling the baby gently and slowly.
- Grouping care-giving activities at the same time
- Making sure your baby is tucked up as he or she would be in the womb
- Allowing plenty of time for undisturbed rest

The Developmental Care Team may be consulted to observe your baby especially during care giving and feeding times. We have found that premature and sick infants cannot handle the same kinds of stimulation or interaction that a well full-term baby can, but there are many soothing ways that you can help your baby feel loved.

When will my baby be ready for discharge?

In general, we know your infant is ready to go home when:

- He progresses to bottle feeding or breast feeding for all of his feedings and is gaining weight consistently every day.
- She is stable on a small amount of oxygen or doesn’t need it anymore.
- You feel comfortable you can take care of him at home.
- She maintains her body temperature without an isolette.
- He no longer has apnea, bradycardia or desaturation spells.

If your baby was born prematurely, this often comes together around 37 -39 weeks gestation. We will review your baby’s plan of care and condition with you on a daily basis so you are aware of the discharge plan. Please be aware as we discuss possible dates of discharge with you, that we can never be certain of the day of discharge until the day is here.

Special Discharge Teaching for SCN Parents

There is a lot to learn about taking care of any newborn. Sometimes, there is a little more to learn for the parent of a SCN baby. The more time you spend with your baby while she is in the SCN, the more comfortable you will feel when it is time to go home. We encourage you to participate in your baby’s care—feedings, diaper changes, bathing, and dressing.

Your baby’s nurse will teach you the basics of how to take care of a newborn as well as any special teaching pertaining to your baby’s needs. If your baby is going home on medications, you
will receive prescriptions to fill prior to the day of discharge so we can demonstrate correct dosages.

Please talk to your nurse about arranging a time for reviewing infant CPR and dealing with infant emergencies.

Please obtain an infant car seat and familiarize yourself with how it adjusts and how it is secured into the car.

**Special Discharge Tests for SCN Babies**

Shortly before discharge, we sometimes perform extra tests. Most SCN babies will have a car seat challenge, so we may ask you to bring in your car seat. During this test, your baby is placed in the car seat and his vital signs are monitored. Depending on the results of the test, we may recommend a special type of car seat or bed. Most babies can go home in a regular infant car seat.

If your baby is going home on oxygen, we will do a “Room Air Challenge.” This test helps us determine how an infant responds to breathing without oxygen.

**Discharge Day!**

When the day of your baby’s planned discharge is finally here, please be sure and call the SCN to make sure there have not been any last minute changes. Please bring appropriate clothing for the weather and bring the car seat, if it is not already here.

Your nurse may go over last-minute teaching and instructions prior to your baby’s discharge.

This is the day we have been working towards since your baby’s admission. We are honored to have participated with you in caring for the miracle of your baby.

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**Questions and Answers**

Having a baby in the Special Care Nursery is usually a new experience for parents. We know you will have many questions. This booklet is our attempt to provide you with much of the information you will need; however, you may have many additional questions pertaining specifically to your baby. Please don’t hesitate to ask your baby’s primary care doctor, the Neonatal Nurse Practitioners or your baby’s nurse any questions you have. The internet is another helpful source many parents use to look for answers to questions. Please keep in mind that anyone can publish information on the internet. We can help you evaluate the validity of information you find on the internet.

**Important Numbers:**

Special Care Nursery  
303.498.3460  
Lactation & Education  
303.498.3415

Women’s & Newborn Center  
303.498.3400  
Main Hospital  
303.498.1600