



REGIONE AUTONOMA DELLA SARDEGNA



Operative unit of neonatal intensive care
UNIVERSITY HOSPITAL OF SASSARI, ITALY

Guide for parents

From birth to the time of hospital discharge

Introduction

The birth of a child is considered a wonderful and a happy event. Very rarely parents are prepared for the birth of a premature or ill baby, and never had the thought of their babies being admitted to a neonatal intensive care unit.

It is quite normal in these cases, instead of feeling happy about maternity, to be sad and anxious. Admission to Neonatal Pathology, an operating unit (OU) with a highly specialized Intensive Care, contributes to exacerbate this state of impotence and confusion, especially if the baby's condition is not that great. We are projected into a new reality, not previously imagined and often difficult to understand.



This small guide is designed with the intention of helping you to better understand how our operating unit works. A pragmatic guide that does not replace the direct human relationship between healthcare providers, you and your baby.

What is Neonatal Intensive Care Unit? (NICU)

It is a highly specialized ward that uses modern technology to help premature or sick babies to complete the process of adaptation to life outside the womb.

Advances in medical technology nowadays allow many neonatal diseases to be treated, which in the past was not possible.

However, some of these technologies are invasive and, even though been used for treatment, can be a source of suffering for the baby.

The presence of both parents comforts the baby and helps him bear the discomfort and pain associated with intensive care treatment.

Soon after delivery, nurses and doctors will accompany the premature or sick baby to the intensive care ward. Once the baby has been washed, weighed and examined, he or she will be placed in an incubator if necessary.

Inside his/her new “nest”, the baby will be wearing only nappies (possibly a little cap and/or socks): do not worry, the temperature inside the incubator guarantees the continuity of life as in the mother’s womb.

Your babies, depending on their needs, may have wires attached to their feet or chest. Please do not be alarmed if sometimes the devices to which they are connected sound; it is quite annoying but they help us to keep an eye on the cardiac and respiratory activities of your babies.

Moreover, due to the immaturity of the lungs or respiratory difficulties, some babies are helped, through cannulas inserted in the nose or directly into the trachea through the mouth, to breathe in order not to fatigue their weak lungs.

Often, in the first days, the newborn baby may present jaundice, thus, a yellowish colouring of the skin due to accumulation of a substance called bilirubin; in this case, if necessary, your baby will be placed under a lamp, with his/her eyes protected by a mask. Phototherapy will help to eliminate the excess of bilirubin.

Mothers and fathers please know that your presence is of extraordinary importance! Tactile and auditory stimulation helps your babies overcome moments of crisis and makes them feel protected and looked after.

Our Operating Unit (OU)

The Neonatology Clinic and NICU is located on the first floor of the Maternal Infant Pavilion, in Viale San Pietro nr. 12.

When you arrive at the floor, after the central access door, there is a parental rest area, proceeding along the corridor you will find another door that introduces you to the NICU. On the right there is a filter area, inside which there are lockers to deposit your personal belongings or clothing. This is also the area where you can wash your hands.

At the time of admission, you will be assigned a locker and a gown to wear every time you access the ward.

It is very important that, before putting on your personal gown, you **wash your hands thoroughly**, following the procedure that will be explained to you at the time of admission. **This is important because all newborn babies, especially premature babies, are susceptible to infections and hands are the main source of bacteria and viruses.**

For the same reason it is important that the overall gown remains personal; any other visitors will receive another gown.

Lockers are not guarded so do not leave valuables goods or bags.

The filter area, for hygiene and safety reasons, must not be a stopping area for relatives.



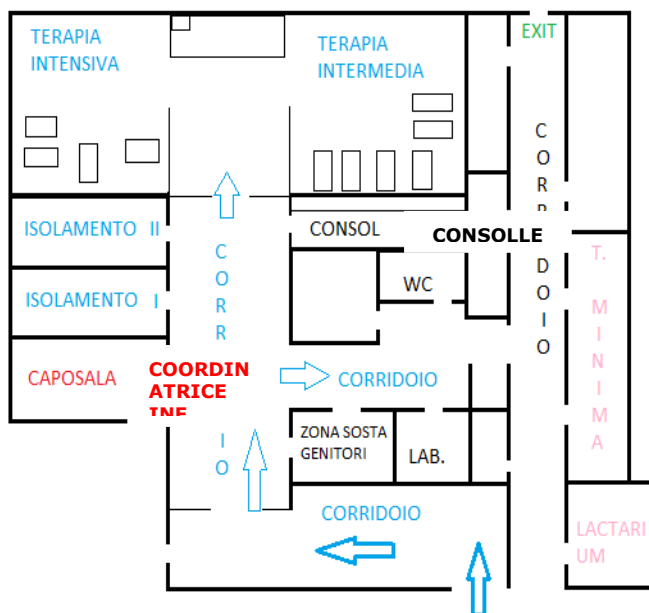
The ward is divided into 2 sections, depending on the type of care that is given to the baby: the first consists of Intensive and Sub Intensive Care, and the second is the Minimum Care.

- **Intensive Care Unit**: the newborn baby is admitted here until the improvement of the acute phase.

- **Sub-intensive Care Unit**: newborn babies who have passed the acute phase of their illness or those who are under observation can be found here.

- **Minimal Care Unit**: newborn babies are admitted here until the time of discharge.

There are also **two isolation rooms** and they used as shelter for newborn babies who could come directly from home and potentially have infectious diseases. The other rooms of the Operating Unit are the Coordinator's room; the Doctors' room; service rooms.



Entrance of the operating unit

The path of the admitted newborn baby usually starts with Intensive Care Unit, and then proceeds to the Sub-intensive area, finally finishing in the Minimal Care Unit. The parents in Minimum Care Unit (pre admission), can remain, depending on the needs of the operating unit, next to their babies as long as they wish; they will, in this way, be prepared to face the difficulties that may occur once discharged.

The work of the Staff and all activities of assistance are regulated taking into account the time for breast-feeding.

The parents of babies admitted to NICU and Sub-Intensive Care Unit usually enter the ward during the child's mealtime and stay next to their baby for the desired time.

However, because an emergency can occur at any time, parents may be invited to leave the ward temporarily even during the period of breast-feeding.

The visits of siblings and relatives must be agreed with the staff.

Any other visitor will not be allowed to enter.

In order to avoid overcrowding, you are not allowed to stay in the corridor of the ward, even during the time of feeding.

Mothers, fathers and relatives, in the interest of your babies, we ask you to cooperate by observing the rules of the ward!

Also, try to understand us and do not be resentful if, in an emergency, you are temporarily denied access to the ward due to difficult working conditions.

We believe that babies gain a lot from contact with parents, and this is why, in accordance with organizational requirements and appropriate precautions, we allow you to stay with your baby as much as possible.

The Staff

The healthcare professionals working in Neonatology and NICU are the following:

- Head of the OU: neonatologist.
- Coordinator: a graduate in nursing and midwifery with a master's degree in coordination functions.
- Neonatologists: paediatricians specialized in assisting newborn babies.
- Child Neuropsychiatrist: doctor specialized in neurology and child neuropsychiatry.
- Specialty registrar: doctors who are completing a specialty-training course in paediatrics and neonatology.
- Nurses: graduates in nursing or equivalent qualifications who have undergone preparatory training in neonatal pathology prior to entry into work shifts.
- Nurse involved in preparing meals and collecting breast milk.
- OSS: Social health workers with specific skills in the care of newborn babies.
- Auxiliary staff: operators with specific skills in cleaning and sanitizing environments and equipment.
- Radiology technicians and radiologists who perform radiological examinations at the patient's bed.
- Psychologist, rehabilitation therapists who collaborate with the OU when needed.

The layette

The babies are changed every morning after their bath; clothes must be worn in neonatology and should be delivered to the staff on duty. We recommend you to bring even bibs, and for children in incubator, some shirts.

Winter Layette.

Long sleeve body in wool or fleece cotton

Toddlers.

Sweaters in wool or plush cotton

Summer layette

Short sleeves body in cotton

Toddlers

Short sleeve cotton t-shirts

Spring or autumn layette

Short sleeves body in wool or fleece cotton.

Cotton or light chenille gaiters.

Cotton sweaters or light chenille

Other services

In addition to the ward, the operating unit includes the Lactarium, the accommodation for mothers and the follow-up clinics.

The Lactarium

Breast milk is the ideal food for all newborn babies, especially for premature babies because it is more digestible, it also contains all the necessary elements for growth and boosts the immune system thanks to the presence of antibodies and immunity cells.

If the baby is able to suck at the breast, his or her mother will receive from the staff all the necessary information to breastfeed the baby immediately, right from the first time she comes to the ward.

If the baby is not able to do so because he/she is premature or because poorer health conditions do not permit, the mother can collect the milk, which will be stored and given to the baby as soon as he/she can start eating.

A room specially equipped for this purpose is located at the entrance of the Minima Care Unit. There are breast pumps and all the necessary equipment for the collection and storage of breast milk. If the child is unable to drink all the milk collected, it can be stored and frozen, so as to be available when necessary. Frozen milk still retains most of its beneficial properties.

To maintain a good lactation it is necessary to start collecting the milk as early as possible after delivery. The staff of the OU and the nurses who take care of the Lactarium will give you all the necessary instructions to do so.

Accommodation for mothers

Nursing mothers, after being discharge from obstetric, may use some rooms located on the ground floor, adjacent to our OU so that they can be more easily close to their baby.

There are five rooms where 12 mothers can be hosted during the night and all mothers who require it during the day, with a room used as a living room-kitchen where there is also a relaxation area with dedicated armchairs. Meals are provided by the Hospital.

The proximity to the ward allows mothers to be able to breastfeed without having to be stressed.

For further enquiries regarding availability of beds or any other information, contact the Coordinator or the staff of the OU.



Neonatal follow-up

For some categories of babies, follow-up visits are scheduled after discharge by the neonatologist.

For premature babies with a birth weight of less than 1500g and newborn babies who have had problems during hospital admission, a series of periodic outpatient check-up is planned until the second year of life. The goal is to identify early conditions that may need intervention by specialists (neurologist, physiatrist, ophthalmologist, psychologist and speech therapist) to identify the most appropriate therapies for any problem.

This follow-up service is not in conflict with the role of the primary paediatrician who will still follow the children, but it will work as a support for their work and for parents, allowing for easier coordination of access to specialist controls.

The schedule of visits foreseen by our follow-up system is as follows:

1st visit within 1 month after discharge

2nd visit at 3 months of age

3rd visit between 5 and 6 months of age

4th visit at 9 months of age

5th visit at 12 months of age

6th visit between 16 and 18 months of age

7th visit at 24 months of age

Ophthalmology follow-up

All premature babies below 1500 gr, babies who have practiced oxygen therapy and those suspected of congenital infections that can impair their vision, after discharge, must be visited by the ophthalmologist with a calendar that varies according to the baby's problems.

Ultrasound follow-up

Cerebral ultrasonography is done to all premature babies and full-term neonates in the suspicion of neurological diseases.

Renal ultrasound is done to all newborn babies.

Ultrasound of the hips is done to newborn babies who have risk factors for hip dysplasia.

In special cases, ultrasound checks continue after discharge. The telephone number to call for all appointments is as follows: +39 079 228574 from Monday to Friday from 9 am to 2 pm

Useful phone numbers

Responsible	079 228320
Secretariat / Fax	079 228321
Coordinator	079 228087
NICU	079 228322
Minimal Care Unit	079 229171
Outpatient clinic 1	079 228574
Outpatient clinic 2	079 228123

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