



Welcome to Salem Health's **Neonatal Intensive Care Unit (NICU)**





Salem Health Neonatal Intensive Care Unit (NICU)

939 Oak St. SE, Building D

Salem, OR 97301

503-814-3556

800-876-1718

salemhealth.org/NICU

To make a call within the hospital, dial the last five digits of the phone number.

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Welcome to the Neonatal Intensive Care Unit (NICU)

We understand this is a stressful and difficult time for your family. Together, we can give your infant every opportunity to thrive and grow during their stay with us. Have peace of mind knowing they're receiving the highest quality of care.

At Salem Health's NICU, we support newborns as early as 25 weeks and those who need advanced care. We have the best and brightest care team to ease your baby's transition from the hospital to your home.

We care for each baby in our NICU with advanced technology and the best medical care available. It's important to us to keep you informed of their progress while providing expert care around the clock.

Family integrated care

Our NICU works as a family integrated care environment. This encourages parents to care for their infant alongside our clinical staff. Your family plays an instrumental role in your infant's care and transition to home. During the planning and delivery of care, we take into account your family's values, beliefs and cultural background. We encourage your family to get to know your infant even in the early stages of care. Parents and siblings are welcome to visit as much as possible.



Our team of experts

Your NICU team will include:

- Neonatologist doctors who specialize in critical care for newborns.
- Neonatal nurse practitioners who are advanced practice nurses with expert clinical skills.
- Skilled and experienced nurses trained in family-centered neonatal intensive care.
- Respiratory therapists ready to help patients who are having trouble breathing.
- Registered dietitians who collaborate with you to help your baby's growth.
- Lactation specialists to help with breastfeeding support and education.
- Occupational therapists to support feeding and developmental care needs.
- Certified nursing assistants (CNA) to assist nurses in caring for your baby. They maintain your infant's chart, track visitors and monitor phone calls into the unit.

- A nurse manager and assistant nurse manager responsible for the unit and staff.
- Parent mentors available to provide comfort and peer support to current NICU parents.
- Care managers to support your family's needs.

I am confident that your infant is in the hands of the most qualified health care team available. If you have questions or concerns, we are happy to assist you. We look forward to supporting your baby's growth and successful transition home.

Sincerely,

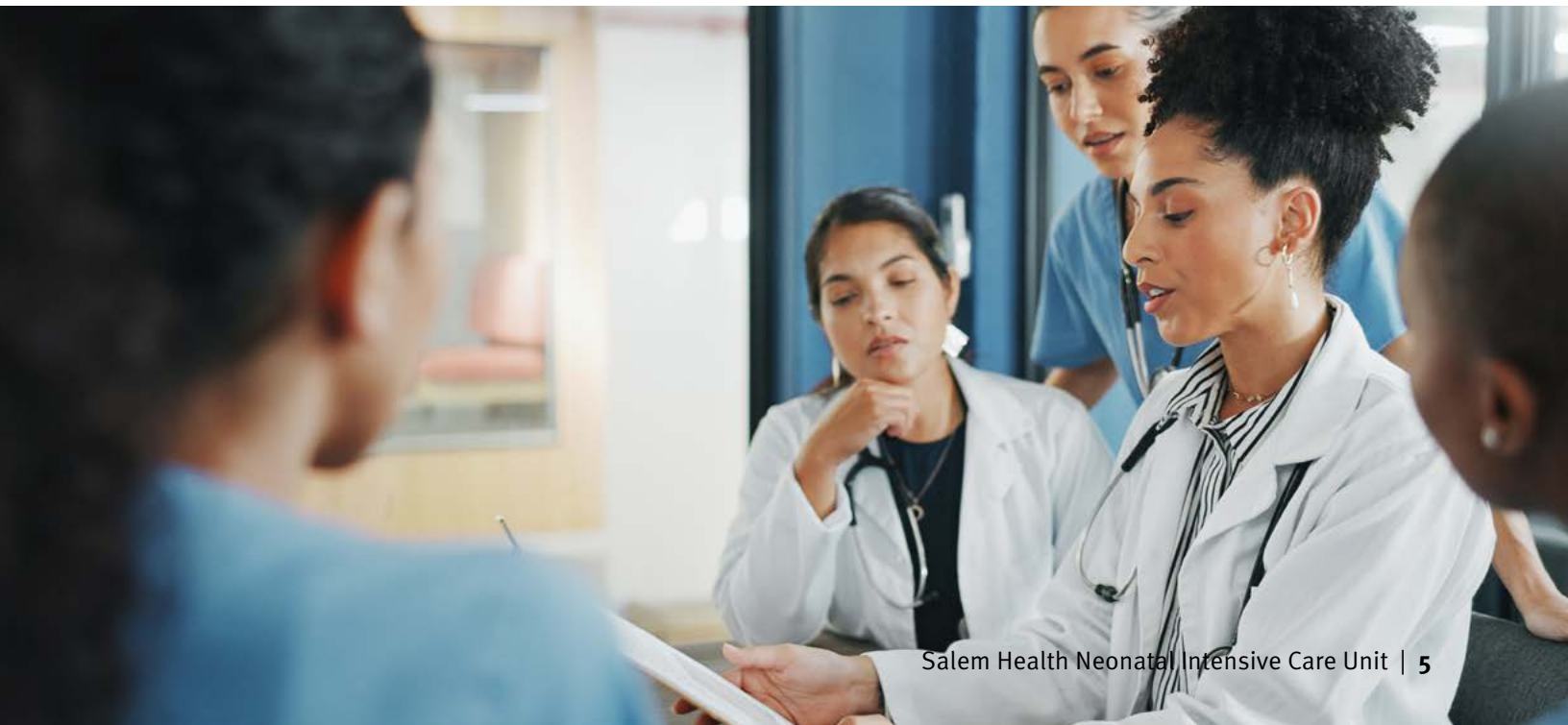


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About the NICU

As the only NICU in Marion and Polk counties, Salem Health is committed to giving your baby highly specialized medical and nursing care.

Our Level 3 NICU provides sustained life support and prompt access to a full range of pediatric specialists. We are the most experienced in the Mid-Willamette Valley and partner with families at every step of their baby's NICU journey.

Our team is committed to providing the highest quality of care for your baby. A dedicated nurse practitioner, respiratory therapist and registered nurse are on site 24 hours a day, seven days a week to deliver intensive care to your baby. Every baby is assigned a neonatologist and a neonatal nurse who provide consistent and compassionate care.

Why do babies stay at our NICU?

If your newborn needs neonatal intensive care, you are not alone. About 10% of all newborns need this specialty care. The most common reasons are:

- **Prematurity and low birth weights.** Infants who are born early, usually before 37 weeks, and who are underweight, face a number of developmental and medical challenges. Our neonatologists specialize in caring for the tiniest babies in order to ensure their successful development.
- **Neonatal breathing conditions.** We often care for babies with respiratory failure after birth because of immaturity or conditions that limit their lungs.
- **Low blood glucose.** It's possible for infants to have complications maintaining their blood glucose levels, regardless of their size at birth. We closely monitor this potentially dangerous complication.
- **Other conditions.** We also take care of full term newborns who experience unforeseen complications due to delivery, sepsis workup, genetic conditions or therapeutic hypothermia for hypoxic ischemic encephalopathy.

At Salem Health's NICU, we make every effort to keep you and your baby comfortable. Care at our NICU includes:

- ✓ Immediate expert treatment 24 hours a day, 7 days a week — tailored to your baby's needs.
- ✓ A nurturing environment with physical and emotional support.
- ✓ A range of providers who can help you with breast pumping and other newborn care.

Preparing for your baby's NICU stay

Visiting the NICU

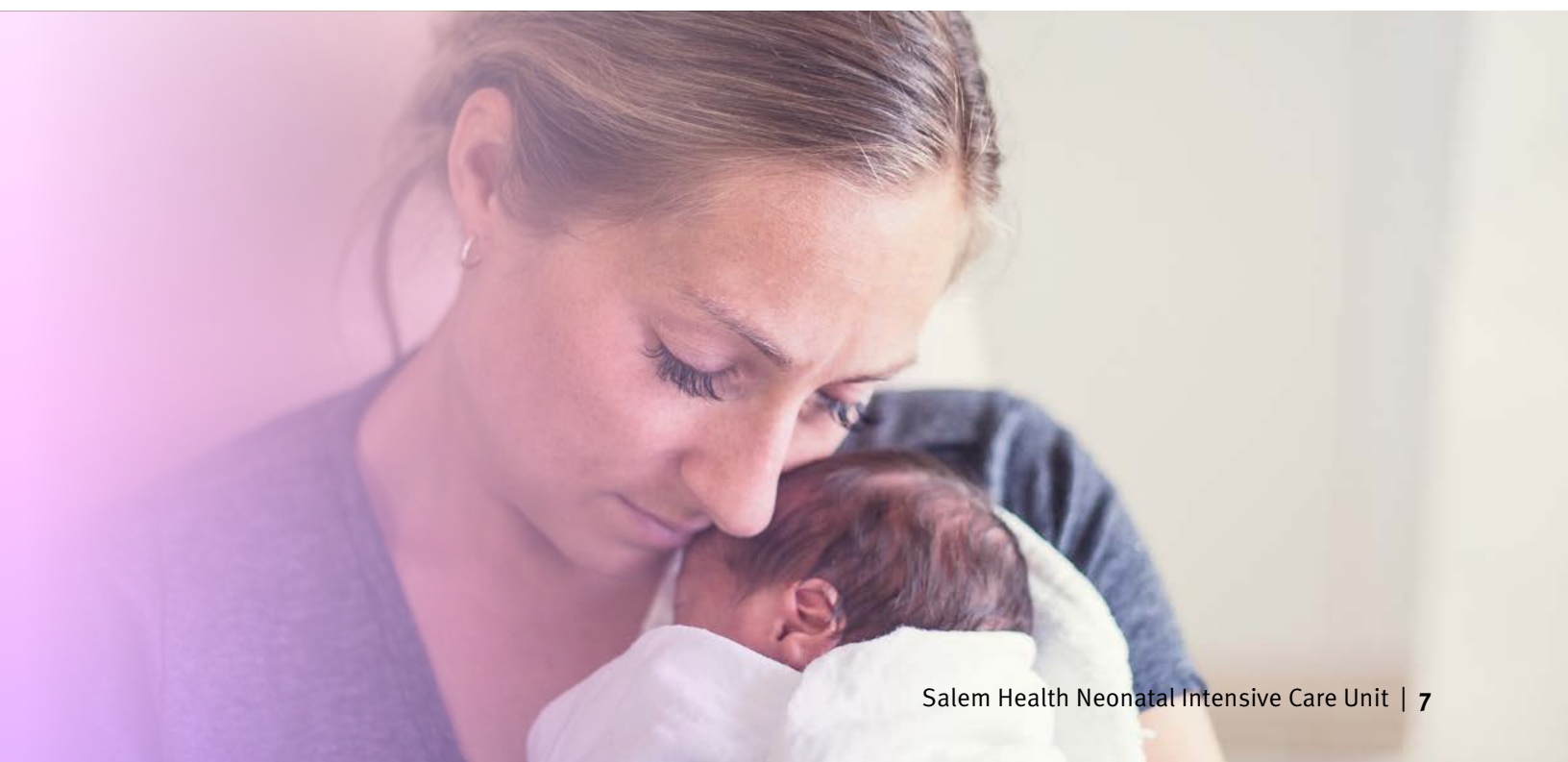
Please remember the NICU is a special place for newborns who need intensive medical attention. A newborn in the NICU is fragile and has little ability to fight infections, even the common cold.

While we encourage you to be involved in your baby's care and visit as often as possible, please do not visit your baby if you, your family or any visitors feel ill.

Call us at [503-814-3556](tel:503-814-3556) to speak with your baby's nurse if you, your family or other visitors have any of the following symptoms. You must be 24 hours symptom free without the use of medication before being eligible to visit. Your baby's nurse can give you updates on their progress and discuss your illness with you.

- Fever of 100.4 degrees Fahrenheit or higher
- Cough
- Runny nose
- Sore throat
- Vomiting
- Diarrhea
- Skin rash
- Open cold sore

We apologize if this causes any inconvenience. If you have questions or concerns, please let your nurse, physician or neonatal nurse practitioner know. Thanks for understanding and for helping us keep newborns safe in the NICU.



Visiting hours

Parents are welcome in the NICU 24 hours a day. Other visitors can visit any time except during nursing shift changes (7 to 8 a.m. and 7 to 8 p.m.) Only approved guests may enter the NICU. You can designate who you approve to see your baby.

NICU visitor guidelines

In this booklet, you will find a copy of our NICU visitor guidelines for parent participation and visiting family/friends. We ask that you read, sign and actively follow the guidelines. If you expect to have family or friends visit, please share these guidelines with them. We want you and your baby to feel safe and comfortable during your stay with us.

To protect patients, we do not allow the following items in the NICU:

- Stuffed animals in beds.
- Latex balloons (Mylar balloons are acceptable).
- Flowers and plants.
- Fleece items

Sibling visitation

Siblings may visit the NICU with parent supervision. Please note our visitation guidelines are subject to change based on the respiratory season, and when illnesses are present in the community. Thank you for understanding.

Hand washing

We ask all visitors to wash their hands when entering the NICU and before contact with your baby.

To see Salem Health's visitor policy and the most recent visitor restrictions, visit saalemhealth.org/patient-guide/visitor-information.



NICU orientation

Here is a list of key orientation topics you should know about before your newborn's stay in the NICU. You're not alone on this journey. If you need more information, please do not hesitate to ask your care team.

Family integrated care

We strive to have families involved in the care of their baby as much as possible. To help facilitate this we can provide a hospital bed or couch in your baby's room, if space allows.

Courtesy Rooms

To promote family participation and parent bonding during your baby's extended hospitalization, Salem Health is pleased to provide courtesy rooms for your use at no extra charge. After your birth, courtesy rooms may be available to allow you to remain close to your newborn. These rooms are located on the fourth

floor of Building D in the mother-baby or pediatric units. If other hospitalized patients are not using them, they will become available. Families who are involved in the bedside care of their baby have priority over these rooms. See the Courtesy Rooms Guidelines document inside this booklet for more details.

Family rooms

As you near discharge, we have family rooms in NICU and Pediatrics with a bathroom and a sofa bed/pullout couch for parents/guardians. The extra time you spend with your baby in the NICU while still receiving support from our staff will help you prepare for a safe discharge when the time comes.

Family lounge

The family lounge is available only for family use. It is located near the NICU entrance and includes a restroom with a shower. Please ask your nurse for more information about using the lounge. Additional restrooms are located in the third floor lobby. You can find the family lounge guidelines posted in the lounge.



Dark and light sides

In the NICU, rooms are located on either side of two separate hallways. You will hear us refer to the two sides as the light side and the dark side, each offering different benefits. Room placement depends on your baby's needs. Here are the differences between the sides:

The dark side:

On the dark side, we provide lifesaving care to sick premature babies born before 32 weeks or babies weighing less than three pounds. This side offers two-person handling, positioners, nests, incubators and a quiet, low-stimulation environment.

We focus on babies requiring advanced assistance with breathing, which might include the use of medical equipment such as a high-flow nasal cannula, CPAP, NIPPV, ventilator or oscillator.

The light side:

The light side provides developmentally friendly care to babies born after 32 weeks and weighing at least three pounds. This side offers incubators, warmers, cribs, positioners, nests and most importantly, a stimulating and well-lit environment for your baby.

On this side, we provide care to babies requiring assistance with breathing — which might include the use of medical equipment and oxygen — as well as babies that need oral or IV medications. We also provide care to babies needing assistance with feeding. This includes gavage feeding, which then advances to breast and bottle as the baby grows.

Lastly, we provide support and education for babies and families getting ready to go home. This includes support with feeding, bathing, safe sleep, car seat use, discharge screenings and more.

Older babies who can tolerate the natural light from the windows on the light side, but may also benefit from low stimulation offered on the dark side, may be located on either side depending on the current patient mix. These babies may require medical procedures such as therapeutic hypothermia (cooling), placement of a chest tube, central lines, catheters and more.

Safety and security

The safety of your newborn is a priority to us; therefore, we are a locked unit. Building D locks between the hours of 9 p.m. and 5 a.m. To gain access you must speak with our Salem Health security team. They are located in Building A by the emergency department entrance.

In order to enter the NICU, press the call button located on the wall by the NICU entrance then provide your baby's last name and show your ID band to the camera. If you lose your ID band or you do not have one, let your nurse know so they can take your photo and provide you one. Upon entering the NICU, please stop and wash your hands in the washroom while following the instructions posted.

Food and drinks

To support parents who are actively providing care to their baby in the NICU, we offer up to three meal trays a day, per family. Meal trays are available

between 7 a.m. and 7 p.m. Please ask your nurse to assist you when you are ready to place an order.

If you would like to store personal food, you may use the fridge located near the NICU entrance. Please label your items with your name and date. Here you may also find complimentary coffee, juice and crackers. Vending machines are located on the second floor of Building D.

Are you looking for other food and drink options? We invite you to visit Creekside Dining, Salem Hospital's full-service dining and espresso stop. They serve breakfast, lunch and dinner on the first floor of Building D. For a full list of our dining services and hours, visit saalemhealth.org/dining.

Parent resource center

Our parent resource center is located near the entrance of the NICU and is equipped with scrapbooking supplies and other resource materials for you to use freely. Please do not leave unsupervised children in this area.



Important phone numbers

To dial from the phone in your room, follow these instructions:

For local calls, dial 9 then desired number.

To make a call within the hospital, dial the last five digits of the phone number.

Cell phones may be used, but must be on silent or vibrate and kept six feet away from medical equipment.

We kindly ask that you keep conversations quiet. Thank you.

Salem Hospital.....	503-561-5200
Neonatal intensive care unit (NICU).....	503-814-3556
Labor and delivery unit.....	503-814-3571
Mother-baby unit	503-814-4542
Pediatric unit	503-814-5262
Lactation consultants.....	503-814-4539
Birth certificate office	503-814-4554
Newborn photography.....	877-817-8830
Billing and financial assistance	503-814-2455
Community Health Education Center (CHEC)	503-814-2432
Guest services.....	503-814-1100
Interpretation (language access)	503-814-3850
Patient advocate	503-561-5765
Patient information	503-561-5200
Room service (meals and snacks)	503-561-3663
Security/lost and found (non-emergency)	503-814-0311
Security (emergencies only)	503-814-0911
Social services (care management/discharge planners)	503-814-1808
Spiritual care (chaplains)	503-561-5562
TDD (hearing impaired)	503-814-1076

Your NICU journey

Your baby's care area

Our NICU can treat up to 27 babies at a time. We have a combination of semi-private bays and fully enclosed rooms to help you care for your baby.

Your baby will be in a bed specifically chosen to meet their needs, which may include medical equipment. We'll provide you with a reclining chair and encourage you to engage in skin-to-skin contact with your baby, which we affectionately call Kangaroo Care.

Your baby's equipment may include:

- **Feeding tube:** This is a small tube inserted through the nose or mouth, ending in the stomach. We use it to deliver formula, pumped breast milk or medication.
- **Infant warmer:** Some beds have radiant heaters over them.
- **Incubator:** These are small beds enclosed by clear, hard plastic so we can control and monitor the temperature. Small openings called port holes let you interact with your baby. You can usually touch your baby in the warmer, but check with your care team first.
- **IV line:** This is a thin, flexible tube placed in a vein via a small needle. We use it to deliver fluids and medications to your baby. Don't worry, the small needle is removed once the tube is in the vein, not causing any discomfort to your baby.
- **Monitors:** Your baby will be attached to computers with wires so we can monitor vital signs.
- **Phototherapy:** We use ultraviolet lights close to your baby to treat jaundice. Jaundice, common in infants, causes yellowing of the skin and eyes. It usually occurs because the liver is not yet able to clear a substance called bilirubin from the bloodstream. Often light therapy is needed for only a few days.
- **Ventilator or other respiratory support:** Babies who need help breathing may have a breathing tube placed through their mouth into their windpipe (trachea), or they may receive oxygen that flows through a mask or nasal prongs.

INFANT SCREENINGS

As part of your baby's NICU care, we perform several screenings for your baby. State law requires the following screenings to be performed on every baby born in Oregon.

Critical congenital heart disease (CCHD)

It is very important to screen for CCHD as it is a defect most common at birth. CCHD is a problem in the heart structure or blood flow through the heart. This screening helps detect the most critical defects in a baby's heart early so we can provide proper care.

The simple and painless screening, performed

after the baby is 24 hours old, measures how much oxygen is in the blood. A monitor is attached to your baby's hand and foot. It takes just a few minutes when the baby is still, quiet and warm. If your baby has a problem with their heart, your care team will provide more details and offer next steps for their care.

If you notice any of the following CCHD symptoms after you and your baby leave the hospital, contact your provider immediately:

- Tires easily during feedings (falling asleep before feeding is finished).
- Sweating around the head, especially during feeding.
- Fast breathing when at rest or sleeping.
- Pale or bluish skin color.
- Sleeps a lot. Not playful or curious for any length of time.
- Puffy face and/or feet.
- Often irritable or difficult to console.

Newborn screen

A newborn screen is a special blood test that can help detect rare disorders, which we can treat early. As a NICU patient, your baby will have this screening performed three times. If you're discharged before all three tests have been completed, you will be sent home with the remaining test kits to give to your provider. You can learn more about the newborn screen at healthoregon.org/nbs.

Hearing screen

The most critical period of your baby's speech and language development is from birth to six months of age. Our hearing screen is fast, simple, painless and performed before your baby goes home. With appropriate treatment, some babies with hearing loss can learn and progress normally.

Car seat evaluation

To ensure your baby is safe to travel in a car seat, we will perform a 90-minute evaluation. This includes monitoring your baby's heart rate, respiratory rate, oxygen saturation, color and breathing while sitting in their car seat. If your baby doesn't pass this evaluation, we will establish a plan to repeat this evaluation or arrange a car bed for your baby to go home.

RetCam evaluation

If your baby is less than 31 weeks gestation or weighs less than 1,500 grams at birth, they qualify for eye evaluations. NICU babies are at an increased risk for retinopathy of prematurity (ROP), which, if left undetected, could lead to blindness. The neonatal nurse practitioners will take pictures of your baby's retina and share them weekly with a team of pediatric ophthalmologists to ensure concerns are caught early and treated.

HOLDING YOUR BABY SKIN-TO-SKIN

Skin-to-skin contact between a parent and their newborn provides many benefits for the health of the baby. It's the practice of keeping your baby, only in a diaper, against your bare chest. We encourage all new parents to share this quality family bonding time.

How do I prepare for skin-to-skin bonding?

1. Coordinate with your nurse to find out if your baby is ready.
2. Make sure that both you and baby are comfortable and well supported. This takes preparation but our staff is ready to help you.

3. Get yourself ready by pumping, eating, hydrating and going to the restroom before you start to hold.
4. Plan to hold your baby a minimum of one hour at a time. Holding from one care time to the next is best. Care time is when your baby is fed, their diaper is changed and vital signs are checked.

Why should I practice skin-to-skin holding?

Holding your baby skin-to-skin benefits the health and well-being of you and your baby. It's now considered a "standard of care," which means it's the best care.



Skin-to-skin time can help babies by:

- Regulating body temperature.
- Promoting weight gain.
- Encouraging quiet sleep.
- Helping with digestion.
- Helping with pain control.
- Stabilizing heart rate, breathing and less apnea.

Skin-to-skin time can help parents by:

- Boosting milk production.
- Increasing breastfeeding success.
- Reducing stress.
- Improving infant-parent bonding.
- Decreasing postpartum depression.

BREAST PUMPS

General information

- Breast pumps are available. Your nurse can provide more information.
- Pumping should be comfortable.
- You can adjust the suction on a breast pump.
- Do not turn the suction higher than what is comfortable.
- Make sure all pump parts are together securely.



PUMPING AND BREAST MILK STORAGE

If you're unable to breastfeed your baby directly, it's important to remove milk during the times your baby normally would feed. This will help you continue to make milk. Before you express breast milk be sure to wash your hands. Also, make sure the area where you are expressing is clean. If you need help getting your milk to start flowing, apply a warm moist compress to the breast for two to three minutes, gently massage the breasts, or sit quietly and think of a relaxing setting. It also helps to have one of the following items nearby — a picture of your baby, baby blanket or an item of your baby's clothing that has their scent on it.

To get the best milk supply when pumping, we recommend you pump both breasts at the same time (double pump) every two to three hours for at least 15 minutes and at least once in the middle of the night. Pumping eight to 10 times in 24 hours is best for getting a full supply established.

Talk with your nurse or lactation consultant about coming up with a schedule that works for you. Do not skip pumping times and pump as soon as possible if you forget or delay a pump.

Example of a good pumping schedule: 8 a.m., 10 a.m., 1 p.m., 4 p.m., 7 p.m., 10 p.m., 3 a.m. and 6 a.m. This may depend on your baby's feeding schedule.

What if I don't produce milk?

When you start pumping, it is normal to get no milk or just a few drops. Larger milk volumes will come in between three to five days after having your baby.

How much milk is enough?

10 days after delivery, the desired milk volume is 25 ounces (750 mL) in 24 hours. Talk to your nurse or request a lactation consultant if you are not producing enough milk.

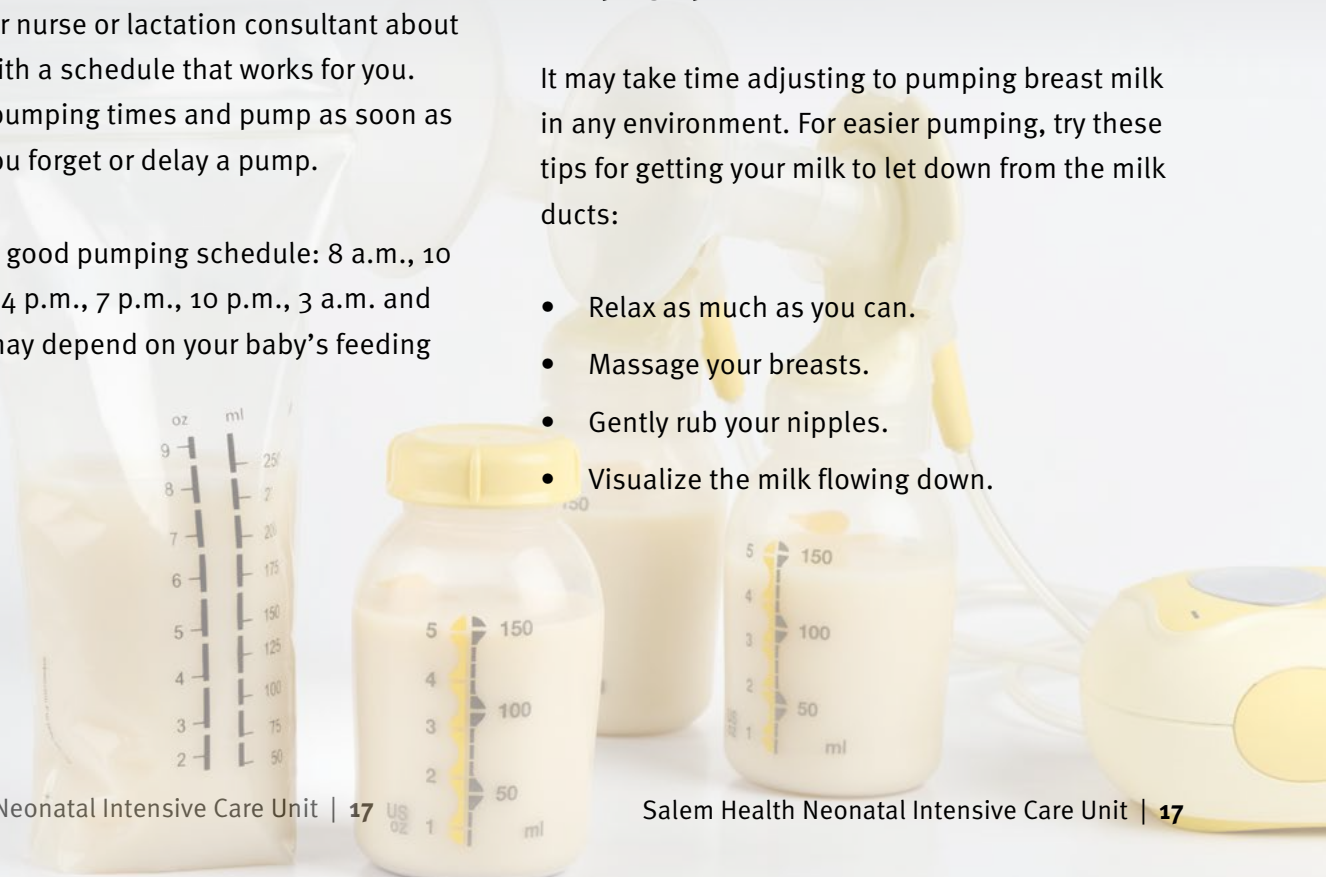
Should it hurt when I pump?

No, please check with your nurse or lactation consultant if you experience pain. They can examine you and make sure everything is okay. Suction may need to be adjusted. There are different funnel sizes available.

Pumping tips

It may take time adjusting to pumping breast milk in any environment. For easier pumping, try these tips for getting your milk to let down from the milk ducts:

- Relax as much as you can.
- Massage your breasts.
- Gently rub your nipples.
- Visualize the milk flowing down.



After each pumping

- Label the storage container with the date, time and add the patient label and assigned animal sticker.
- Gently swirl the container to mix the cream part of the breast milk that may rise to the top back into the rest of the milk. Shaking the milk is not recommended — this can cause a breakdown of some of the milk's valuable components.
- If you will be feeding your baby within four hours, milk doesn't need to be refrigerated.
- If you don't plan on feeding it to your baby within four hours, refrigerate or chill the milk right after it is expressed. You can put it in the refrigerator, place it in a cooler or insulated cooler pack; or freeze it in small (two to four ounce) batches for later feedings.

Storage of breast milk

Breast milk can be stored in clean glass or hard BPA-free plastic bottles with tight-fitting lids. You can also use milk storage bags, which are made for freezing human milk. Don't use disposable bottle liners or other plastic bags to store breast milk.

Tips for freezing milk

- Wait to tighten bottle caps or lids until the milk is completely frozen.
- Try to leave an inch or so from the milk to the top of the container because it will expand when freezing.
- Store milk in the back of the freezer — not in the freezer door.

Tips for thawing and warming up milk

- Clearly label milk containers with the date and time it was expressed. Use the oldest stored milk first.
- Never put breast milk or formula in the microwave. Microwaving creates hot spots that could burn your baby and damage the components of the milk.
- Thaw frozen milk in the refrigerator overnight or warm milk to room or body temperature by holding the bottle or frozen bag of milk under warm running water, or place it in a container of warm water.
- Swirl the milk and test the temperature by dropping some on your wrist. It should be comfortably warm.
- Use thawed breast milk within 24 hours. Do not refreeze thawed breast milk.

Freshly expressed breastmilk storage guidelines

Room temperature:

4 hours at 66 to 78 degrees Fahrenheit.

Refrigerator:

4 days at 39 degrees Fahrenheit or lower.

Freezer:

6 to 12 months at 0 to 4 degrees Fahrenheit (Best: 6 months — Acceptable: 12 months).

Thawed breastmilk:

Use within 24 hours.

Preventing engorgement

It is normal for your breasts to become larger, heavier and a little tender when they begin making more milk. Sometimes this fullness may turn into engorgement, when your breasts feel very hard and painful. You also may have breast swelling, tenderness, warmth, redness, throbbing and flattening of the nipple. Engorgement sometimes also causes a low-grade fever and can be confused with a breast infection. Engorgement is the result of the milk building up and swelling of the breast tissue. It usually happens during the third to fifth day after birth, but it can happen at any time.

Your breast will adjust over time, making the exact amount of milk that your baby needs. Engorgement can lead to plugged ducts or a breast infection, so it is important to try to prevent it before this happens. If treated properly, engorgement should resolve on its own.

What you can do to prevent it

- Breastfeed often after birth, at least eight to 12 times each 24 hours, allowing the baby to feed if they like as long as they are latched on well and sucking effectively. In the early weeks after birth, you should wake your baby to feed if three hours have passed since the beginning of the last feeding.
- Work with a lactation consultant to improve the baby's latch.
- Breastfeed often on the affected side to remove the milk, keep it moving freely and prevent the breast from becoming overly full.
- Avoid using pacifiers or bottles.
- Hand express or pump a little milk to first

soften the breast, areola and nipple before breastfeeding.

- Massage the breast.
- Use cold compresses (an ice bag or frozen vegetables) in between feedings to help ease pain and reduce swelling. Apply for 20 minutes and take off for 20 minutes as often as you would like.
- If you are returning to work, try to pump your milk on the same schedule that the baby breastfed at home. You may also pump at least every four hours.
- Get enough rest, proper nutrition and fluids.
- Wear a well-fitting, supportive bra that is not too tight.
- Be sure that your baby is latching well. Improper latch can reduce the amount of milk your baby removes from your breasts, which can lead to engorgement. A poor latch can result in a decreased milk supply.

When to seek help

- Engorgement becomes severe or you are in pain.
- You develop a temperature over 100.4 degrees Fahrenheit or 38 degrees Celsius.
- Your baby has trouble latching on.

Ask your lactation consultant or provider for help if the engorgement lasts for two days or more.

When your baby graduates from the NICU

Your baby's home nutrition plan

Most premature babies go home from the NICU with feeding and growth needs. Your provider will help guide you on how to feed your baby. The right feeding plan can help your baby's brain, body and bones grow adequately. We recommend you breastfeed until your baby reaches 12 months. You can also breastfeed longer. The more your baby breastfeeds, the better they will get at it. All babies learn to feed at their own speed.

Your baby's growth

The goal is to have your baby continue to gain weight. Your baby's length and head size should also be growing. This is something you can discuss with your provider and care team. They will guide you through your baby's growth progress.

Feeding your baby

It is normal for babies to eat every two to four hours. Feeding time (breast and bottle) should not be longer than 45 minutes. Look for at least eight wet diapers per day. This shows that your baby is eating enough. Also, look for at least one stool every three days. Call your provider if you are worried, if it has been more than five days since a stool or if stools are hard and dry.

Breastmilk fortification (adding extra nutrition)

Some babies need to have breastmilk fortification to help them grow. Breastmilk fortification is formula powder added to breastmilk, which adds more nutrition to the milk. Consult with your pediatrician before making any changes to your infant's feeding fortification.



Vitamins and iron

Premature babies have low amounts of vitamins and iron in their bodies when they are born. It's very important that they get them for a healthy brain and body as they grow. We encourage you to check with your baby's care team to see if they will need vitamins.

Blood tests

Your baby's growth needs can be checked through blood tests. If there is a concern about your baby's health or growth, talk to their provider.

Next steps of your feeding plan

Stay on your NICU feeding and lactation plan at home. It's important that you follow your baby's cues. If your baby is acting hungry after breastfeeding, you may want to give them some extra milk by bottle. As your baby gets better at breastfeeding it is okay to give less of the breastmilk bottles and increase breastfeeding, as long as your baby is growing. We encourage you to work with your lactation consultant, nurse, and/or dietitian to make sure your baby's feeding needs are met while they grow. Please call your provider with any questions.



WORKING PARENTS AND BREASTFEEDING

Planning for your return to work can help ease the transition. Learn as much as you can ahead of time and talk with your employer about your options. This can help you continue to enjoy breastfeeding your baby long after your parental leave time.

During your parental leave

- Take as many weeks off as you can. At least six weeks of leave can help you recover from childbirth and settle into a good breastfeeding routine. Twelve weeks is even better.
- Practice expressing your milk by hand or with a quality breast pump.
- Help your baby adjust to taking breast milk from a cup shortly before you return to work.
- See if there is a childcare option close to work. This way you can plan to visit and breastfeed your baby, if possible. Ask if the facility will use your pumped breast milk.

- Talk with your family and your childcare provider about your desire to breastfeed. Let them know you will need their support.

Back at work

- Keep talking with your supervisor about your schedule and what is or isn't working for you. Keep in mind that returning to work gradually gives you more time to adjust.
- If your childcare is nearby, find out if you can visit to breastfeed over lunch. If not, freeze two to four ounces at a time to save for your baby. This gives you some extra milk in storage and may increase your milk volume.
- When you arrive to pick up your baby from childcare, take time to breastfeed first. This will give you both time to reconnect before traveling home and returning to other family responsibilities.
- If you're having a hard time getting support, talk to your human resources department. You can also ask a lactation consultant for tips.



When to express milk

At work, you'll need to express and store milk during times you would normally feed your baby. This turns out to be about two to three times during the typical eight-hour work period. Expressing milk can take about 10 to 15 minutes. Sometimes it may take longer. This will help you make enough milk for your childcare provider to feed your baby while you're at work. As the baby gets older, the number of feeding times may go down. Many breast feeders take their regular breaks and lunch breaks to pump. Some get to work early or stay late to make up the time needed to express milk.

Find a private place to express milk at work

Both Oregon and federal laws ensure workplace support for breastfeeding employees. In Oregon, the law requires all employers to support breastfeeding employees by providing break time and space (other than a restroom) to pump at work. To learn more, visit [Oregon.gov/oha](https://oregon.gov/oha).

If your company doesn't provide a private space or lactation room, find another private area you can use. You may be able to use:

- An office with a door
- A conference room
- A little-used closet or storage area

The room should be private and secure from intruders when in use. The room should also have an electrical outlet if you are using an electric breast pump. Explain to your supervisor that it's best not to express milk in a restroom. Restrooms are unsanitary and there are usually no electrical

outlets. It can also be difficult to manage a pump in a toilet stall.

The Business Case for Breastfeeding is a resource kit that can help your company support you and other breastfeeding parents in the workplace. To learn more, visit womenshealth.gov and type The Business Case for Breastfeeding in the search bar.

Storing your milk at work

Breast milk is food, so it's safe to keep it in an employee refrigerator or a cooler with ice packs. Talk to your supervisor about the best place to store your milk. If you work in the medical field, don't store milk in the same refrigerators where medical specimens are kept. Be sure to label the milk container with your name and the date you expressed the milk.

Call to Action to Support Breastfeeding

The Surgeon General's Call to Action to Support Breastfeeding explains why breastfeeding is a national public health priority and sets forth actionable steps that businesses, communities, health systems and others can take to support nursing parents. Learn more at surgeongeneral.gov.

SAFE SLEEP FOR EVERY SLEEP

When you put your baby safe to sleep, you reduce the risk of sudden infant death syndrome (SIDS) and other sleep related causes of infant death. This is what we recommend to keep your baby safe at home during sleep time:

- ☐ Always place your baby on their back for every sleep.
- ☐ Put babies in their cribs or on other firm surfaces with tight-fitting bottom sheets. If the baby leaves an impression on the mattress, the surface is too soft.
- ☐ Keep soft objects, including crib bumpers, toys and loose bedding, out of your baby's sleep area.
- ☐ Dress babies lightly and control the room temperature. The ideal is 70° F.
- ☐ Breastfeed and give your baby a pacifier once breastfeeding is established. Both lower risk of sudden death.
- ☐ Do not let your baby sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.
- ☐ Keeping baby's sleep area in the same room where you sleep reduces the risk of SIDS and other sleep-related causes of infant death. If you bring your baby into your bed to breastfeed, make sure to put him or her back in a safety-approved crib, bassinet, or portable play area when you are finished.
- ☐ Do not smoke, drink alcohol or use illegal drugs during pregnancy or after the baby is born. Do not allow smoking around your baby.

- ☐ Spread the word. Tell grandparents, babysitters, childcare providers and other caregivers to place your baby on their back during sleep to reduce the risk of SIDS.

Babies who usually sleep on their backs but then placed on their stomachs, even for a nap, are at very high risk for SIDS. Every sleep time counts.

Resources for NICU parents

Community Health Education Center (CHEC) support groups and classes

Our Community Health Education Center (CHEC) offers several classes and support groups for families. We provide a comfortable setting for people to gather and share information in groups. Support groups are often the one place where others truly understand what you are experiencing. They also connect you to other local support systems and resources.

Infant CPR & Choking (class)

Learn how to help when a baby is choking, how to respond to breathing or heart emergencies and how to childproof your home. Techniques based on the American Heart Association Family & Friends guidance.

Car Seat Safety (virtual class)

One of the most important jobs you have as a parent is making sure your child is safe when riding in a vehicle. Learn how to install a car seat into your car and make sure your child is safe.

Mom and Me (breastfeeding support group)

Get breastfeeding support from a lactation consultant, regardless of where or when you had your baby. Contact our lactation consultants at [503-814-4539](tel:503-814-4539) if you have additional questions.

Salem area NICU parent connection (local peer support group, private Facebook group)

Through a peer-to-peer support, this group connects both current and former NICU families to discuss everything from feeding and development to fears, PTSD and more. All current and former NICU parents are welcome to participate. To connect with them, you can find them on Facebook groups as Salem Area NICU Parents Connection.

NICU parents Salem, OR (local peer support group, public Facebook group)

A community of parents, family, friends and professionals who have traveled the NICU path. To connect with them, you can find them on Facebook groups as NICU Parents Salem OR.

To sign up, learn more and see what else we have to offer, visit sahealth.org/CHEC or give us a call at [503-814-2432](tel:503-814-2432).



Postpartum depression and emotional support

No matter when your baby was born, spending any amount of time in the NICU can be a stressful experience, even for a few hours. This can be a difficult and emotional time for families. It is normal to experience a range of emotions and changes in behavior while your baby is in the NICU.

Some emotions and symptoms you could experience in this moment include:

- Feeling sad or depressed.
- Feeling more irritable or angry with those around you.
- Having difficulty bonding with your baby.
- Feeling anxious or panicky.
- Having problems with eating and/or sleeping.
- Having upsetting thoughts that you can't get out of your mind.
- Feeling as if you are "out of control" or "going crazy."
- Feeling like you never should have become a parent.
- Worried that you might hurt your baby or yourself.

Any of these symptoms, and many more, could indicate you have a form of perinatal mood or anxiety disorder, such as postpartum depression. While many women experience mild mood changes during or after the birth of a child, 15 to 20% of women experience significant symptoms of depression or anxiety. Symptoms can appear at any time during pregnancy and in the first 12

months after childbirth. There are effective and well-researched treatment options to help you recover. Please know that with informed care you can fully recover and prevent worsening of these symptoms.

If you find it difficult to deal with these feelings, you may benefit from seeing a professional counselor if:

- You think it may help you feel better.
- Your ability to cope with the situation is not improving and you feel stuck.
- You continue to find no joy in other parts of your life.
- You have trouble with your relationship with your partner or others close to you.
- You feel a parent support group isn't "quite enough."

It is essential to speak with a professional counselor if:

- You feel prolonged numbness or detachment.
- You continue to feel detached from your baby.
- You have trouble getting out of bed or starting your day.
- You feel unable to cope or manage other responsibilities.
- You think about harming yourself or others.

Your provider, the hospital social worker or a psychologist can refer you to a counselor who understands the trauma of having a baby in the NICU. Even just a couple of visits might give you the reassurance and support you need.

If you are feeling so badly that you are considering suicide, this is a medical emergency. Have your partner, friend or family member bring you to the emergency room or call 911. Remember that help is just a call away as well. Reach out to your local suicide hotline now – a compassionate voice is ready to listen, support, and guide you through the darkness. You don't have to face this alone. Make the call, because your life matters. Dial 988 for the Suicide and Crisis Lifeline. Available 24 hours a day / 7 days a week.

For more information, you can visit the Postpartum Support International website at postpartum.net or call the PSI HelpLine at [1-800-944-4773](tel:1-800-944-4773). You deserve to get the help you need.

You are not alone in this journey

Your baby's stay may start in the NICU, but you do not have to do it alone. Besides having the support of your baby's medical care team, at Salem Health

you can find connections to many support groups and classes.

Our Community Health Education Center (CHEC) offers several classes and support groups for families. We provide a comfortable setting for people to gather and share information in groups. Support groups are often the one place where others truly understand what you are experiencing. They also connect you to other local support systems and resources.

To learn more about the CHEC and what we offer, visit salemhealth.org/CHEC or give us a call at [503-814-2432](tel:503-814-2432).

We can also help you connect with local support groups for current and former NICU parents. Visit the resources section at the end of this guide to learn more about each of our parent support groups and classes.



GENERAL INFORMATION

Salem Health NICU

salemhealth.org/NICU

Salem Health Family Birth Center

salemhealth.org/FBC

Bliss

bliss.org.uk

Graham's Foundation — Premie Parent Support

grahamsfoundation.org

Hand to Hold

handtohold.org

It's a Premie Thing

itsapremiething.com

March of Dimes

marchofdimes.org

Neonatal Intensive Care Awareness Month

nicuawareness.org

Peekaboo ICU

peekabooicu.com

The Potato Head Project

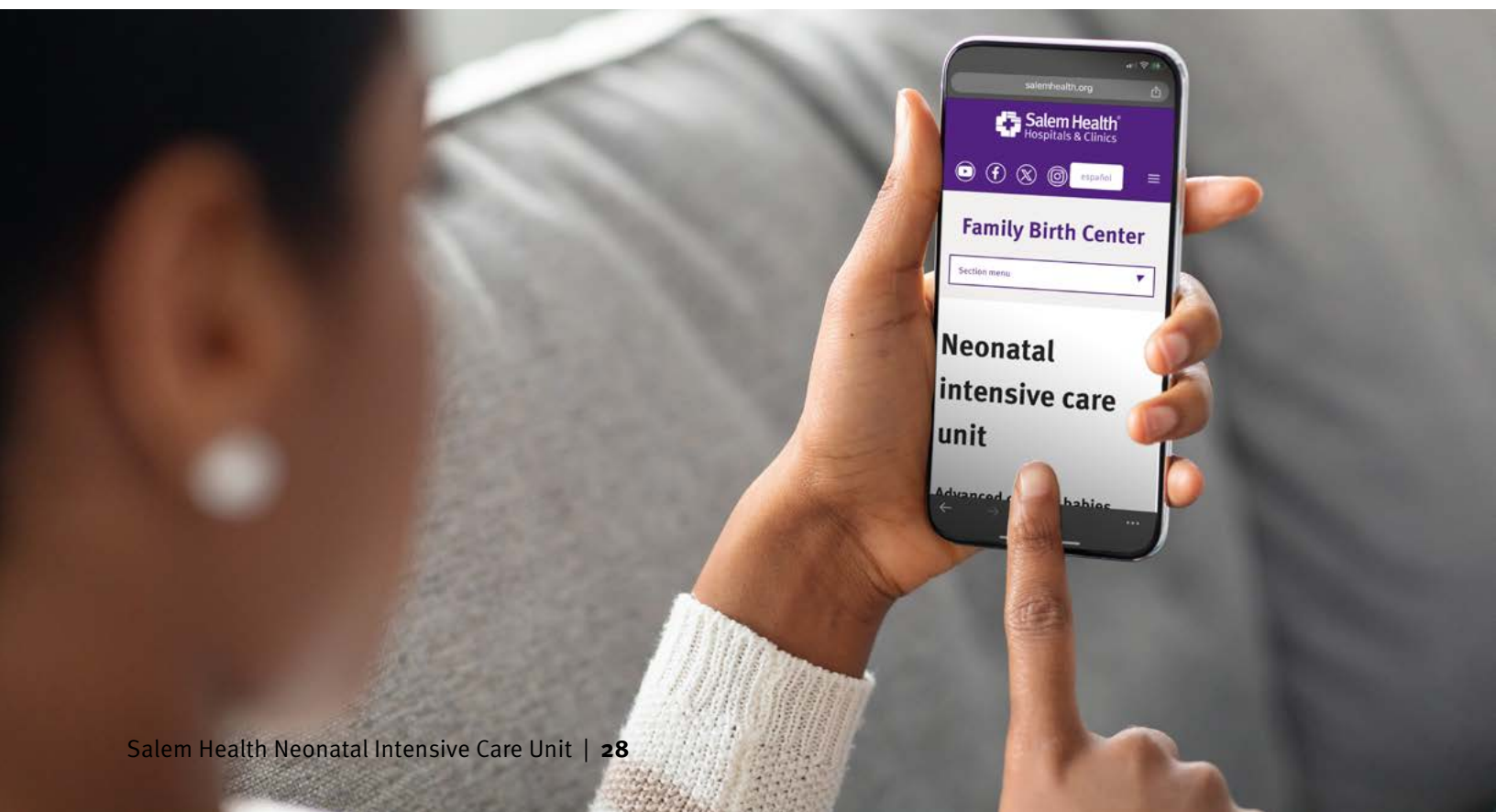
thepotatoheadproject.org

Project Sweet Peas

projectsweetpeas.com

World Prematurity Day

marchofdimes.org



Infant development

Medline Plus, U.S. National Library of Medicine
medlineplus.gov/infantandnewborndevelopment.html

Eunice Kennedy Shriver National Institute of Child Health and Human Development
nichd.nih.gov/health/topics/infantcare/more_information/resources

Centers for Disease Control and Prevention
cdc.gov/ncbddd/childdevelopment/positiveparenting/infants.html

Premie support for moms

Mothers of Super Premies (Facebook group)
facebook.com/groups/superpreemies

Premie Moms (Facebook group)
facebook.com/groups/premienicumoms

Breastfeeding and pumping support

Breastfeeding USA
breastfeedingusa.org

Encouraging Mommas: Pumping and Beyond (Facebook group)
facebook.com/groups/wteepmoms

Exclusively Pumping Mamas - Education & Support Group (Facebook group)
facebook.com/groups/1574856819503023

LactaHub
lactahub.org

Northwest Mother's Milk bank
donatemilk.org

Nursing and pumping Moms (Facebook group)
facebook.com/groups/NursingAndPumpingMoms

Your NICU journey

Tiny Footprints Project
thetinyfootprintsproject.org

Bella Baby Photography
bellababyphotography.com

Free smartphone apps

[Baby Connect: Newborn Tracker App](#)

[Medela App](#)

[MyPremie App](#)

[NICU Companion App](#)

[Peekaboo ICU Premie App](#)

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