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MEDICLINIC baby

PARENTS' GUIDE TO THE NICU



AT THE NICU, MAXIMUM PARENTAL INVOLVEMENT IS ENCOURAGED TO MINIMISE STRESS ON THE BABIES AND ENCOURAGE BONDING.



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INTRODUCTION

Welcome to the world of parenthood! Even though some of the aspects of your baby's birth and first meeting are probably not what you expected, we want to extend our congratulations and best wishes for the time ahead. Every baby -- no matter how small or fragile -- deserves a loving welcome. Your introduction to the world of parenting your new baby will have some very special aspects to it. We are here to help.

This booklet will guide you through many of the concerns shared by the parents of sick or premature babies. We understand this is a difficult time for you and you're not sure what to expect. We encourage you to talk to the staff. They are the experts, and they believe that your active involvement is an important part of your baby's care.

What is NICU?

The NICU is a protected environment designed for close observation and specialised care of sick or premature babies. Special equipment is used to monitor each baby's condition at all times. Highly-trained physicians and nurses watch over the babies' progress and treatment 24 hours a day. Nurses are available to respond quickly to the babies' physical and other needs. In addition to providing tailored medical care to babies, the staff are also available to talk to parents about the condition of their baby. They not only care for your baby -- they also care about them and about you.

The NICU is divided into two sections. The main unit comprises of 14 beds and an isolation room with two beds. Babies may be moved between the rooms based on medical and nursing needs. Support areas include a breastfeeding room, and comfort rooms located outside the unit.

The NICU has a dedicated fridge/freezer where your expressed breast-milk can be stored.

Why is my baby in NICU?

Your baby has been admitted to NICU for special care and

observation as he/she may have:

- Been born early - a premature baby born before 37 completed weeks of pregnancy. Most premature babies on our unit are 35 weeks or less and may even be as young as 24 weeks
- Low birth weight (less than 2.3 kilograms)
- Been born at term (completed pregnancy) but may have had problems before or during birth
- An infection or suspected infection
- Been transferred from the post-natal ward for treatment of severe jaundice, low blood glucose, feeding problems, or breathing problems
- An abnormality found before birth or after birth for investigation



How long will my baby stay in NICU?

The length of stay will depend on the problems your baby has and will depend on each baby's needs. It could be from 24 hours to weeks/months. Most very premature babies stay on the unit for two to three months. Once the premature baby has reached 35 weeks gestation, is weighing 1.8 kg, is feeding well and does not need oxygen he/she is usually ready to go home.

OUR EXPERTISE

At Mediclinic Welcare Hospital, your baby will be seen by a specially trained team of doctors, nurses and other health professionals who routinely diagnose and treat newborns with critical illnesses. Our team provides supportive, family-centred care in a technologically advanced environment. We track your baby's progress beginning with our prenatal consultation programme. You and your baby will be cared for and supported throughout your stay in the NICU. We continue to support you and your baby through our infant follow-up programme after his/her discharge from the hospital.

People you will meet in the NICU

The babies in our unit are cared for by a team of doctors and nurses. They all are specially trained to care for the sick newborn and are highly qualified to care for your baby. There is always a Registered Nurse responsible for his/her care and a team leader to oversee each shift. In the NICU, a neonatologist is available 24 hours a day to oversee your baby's care. Many other people with other skills and specialities. Some of them are listed below:

NURSING STAFF

- **Your baby's nurse:**
A specially trained RN (Registered Nurse) who will deliver nursing care to your baby. The RN works 12 hour shifts.
- **Senior Registered Nurse/ team leader:**
A nurse who is "in charge" of the nursing care during a shift

and assists doctors and parents in problem solving and planning.

- **Unit Manager:**

A nurse who is primarily a manager. The Unit Manager has 24 hour responsibility of nursing for the NICU and she may be reached by the team leader after hours. She assists nurses, doctors, and parents in problem solving and planning.

MEDICAL STAFF

- **Consultant Neonatologist:**

A hospital doctor of senior rank who provides expert advice and management specifically for neonates.

- **NICU Registrar:**

A paediatrician who takes care of sick or premature newborns under the supervision of the Consultant Neonatologist.

- **Consulting physician (Cardiologist, Neurologist, Ophthalmologist etc):**

A medical doctor trained in some area other than paediatrics.

OTHER MEMBERS OF THE TEAM

- **Lactation Consultant:**

Mediclinic Welcare Hospital has an in-house Lactation Consultant, she is available to advise and support you in feeding your baby. Please ask staff for an appointment if you wish to see her.

- **Dietician:**

A dietician may help to monitor your baby's growth and nutritional intake. She works with the medical team to ensure that your baby receives the proper nutrition to help him/her grow.

- **Technician (x-Ray, EEG, ECG, ultrasound etc.):**

A person who performs specific tests ordered by the doctor.

- **Parents:**

You too, are members of your baby's team. As parents, you are the most important people in your baby's life. There will be many different staff with your baby to provide care. However, you are the only ones who will remain constant. By being here as often as you can, your baby will come to know your touch and face (baby already knows your voice.) You will get to know him/her, too: what seems to comfort him/her most, what he/she likes and dislikes. We hope you will share these thoughts with us so we can all give them personalised care. Don't ever feel that your presence, calls or questions are an inconvenience to the staff. Remember, they not only care for your baby -- they also care about them, and about you.

GETTING STARTED

This book will answer some of the questions you may have about your baby and his/her treatment and try to help you over this difficult time.

Important information

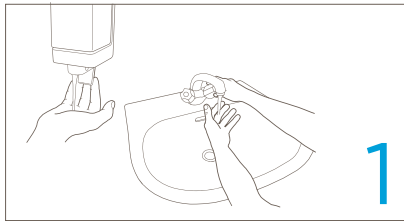
- **Rules about visiting:** To protect your baby and other babies from infection, only mother and father will be able to visit the baby on the unit. Other family members will not be allowed on the unit. You may take photographs and videos of your baby to share with your family
- **Hand washing:** Please adhere to strict hand washing and bare below elbows rules which your admitting nurse will explain to you



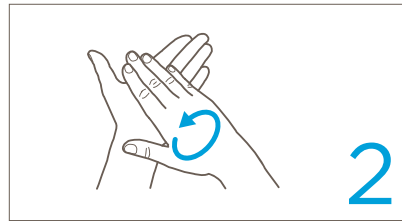
HOW TO HAND WASH

Duration of the entire procedure: 40-60 seconds

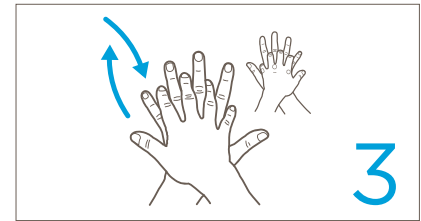
Wash hands when visibly soiled! Otherwise, use handrub.



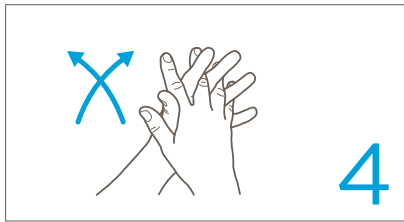
Wet hands with water, apply enough soap to cover all hand surfaces



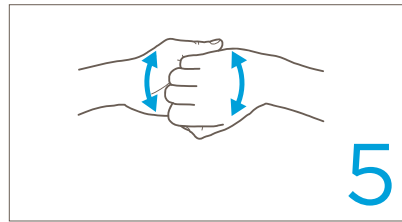
Rub hands palm to palm



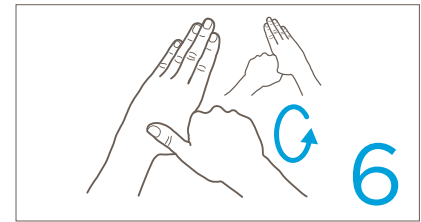
Right palm over back of the left hand with interlaced fingers and vice versa



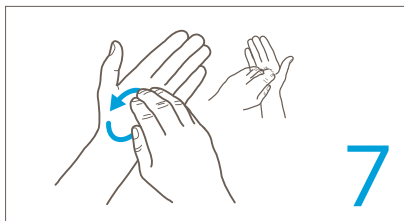
Palm to palm with fingers interlaced



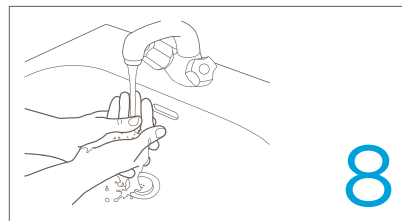
Backs of fingers to opposing palms with fingers interlocked



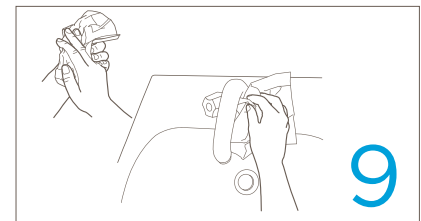
Rotational rubbing of left thumb clasped in right palm and vice versa



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



Rinse hands with water

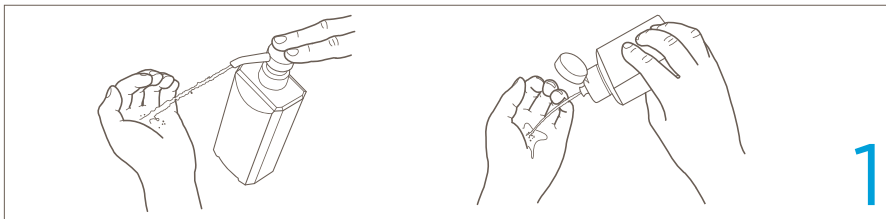


Dry hands thoroughly with a single use towel, use towel to turn off faucet

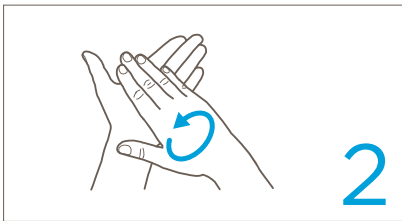
HOW TO SANITISE YOUR HANDS EFFECTIVELY

Duration of the entire procedure: 20-30 seconds

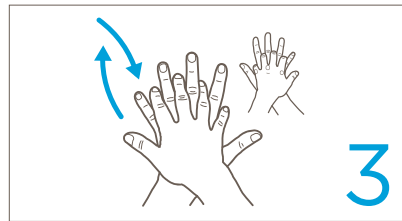
Sanitise hands for hand hygiene.



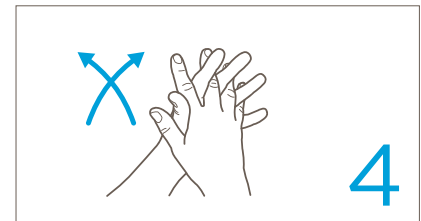
Apply a palmful of the product in a cupped hand, covering all surfaces



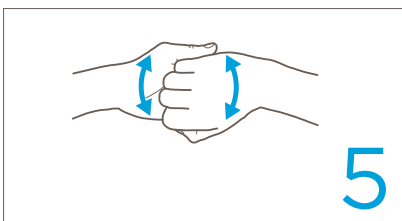
Rub hands palm to palm



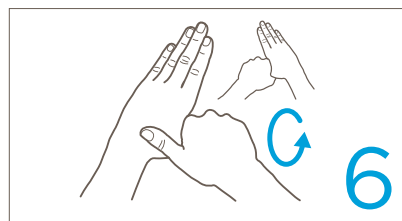
Right palm over back of the left hand with interlaced fingers and vice versa



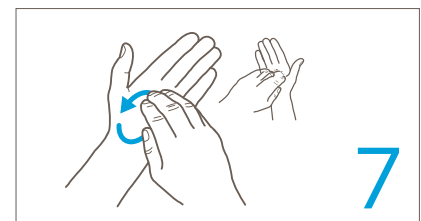
Palm to palm with fingers interlaced



Backs of fingers to opposing palms with fingers interlocked



Rotational rubbing of left thumb clasped in right palm and vice versa



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

- **Locker availability:** Lockers are available just outside the unit to keep your belongings. As you enter the NICU, please pick up a key from the key box in the Nurse Station. On leaving, please make sure that you empty the locker and return the key in the box in the unit
- **Visiting hours:** 8:00am-6:00pm, 8:00pm-10:00pm
- **Mobile phone usage:** Mobile phones may only be used to take pictures of your baby. Please do not use your phone for any other purposes
- **Confidentiality:** Information about your baby will only be given to the father and mother of the baby
- **Consent for treatment:** Your baby may need several tests and treatments during his/her time on the unit. The father of the baby will be asked to sign a consent form when the baby is admitted giving his agreement for all routine and emergency treatment to be given as needed. This may include blood tests, x-rays, scans, intravenous drips, antibiotics, and help with breathing using oxygen and a ventilator etc. Special consent will be asked for surgery, blood transfusion, formula feeding, immunisation, invasive procedures etc. and full explanation will be provided
- **Health insurance:** It is very important that all expatriate families have health insurance cover. You can contact our insurance department and billing department for any inquiries regarding insurance and/or billing
- **Telephone numbers:** It is very important that you leave your telephone number, in order that we can contact you. You may call us at any time to ask about your baby. We do not give information about your baby to family or friends over the telephone. It is your decision how much you wish to tell them about your baby

Mediclinic City Hospital: 04 282 7788
NICU (Direct numbers): 04 213 7220 / 7221

YOUR BABY'S NUTRITION IN NICU

Growth monitoring of premature babies

In the first four to six days of life you can expect your baby to lose weight. Most babies should regain this lost weight by two to three weeks of life.

There are three measurements which will be taken routinely: weight, length and head circumference. These measurements will be plotted on a growth chart.

Nutrition in premature and sick babies

Nutrition plays a very important part in helping your baby grow and develop well. Premature or sick babies typically have high nutritional needs. However, premature and sick babies often have a hard time with feeding in the early days, and may therefore need special help with feeding.

Parenteral nutrition

Some babies are not able to start feeding straight away after delivery. If this is the case with your baby, you will be informed by the NICU staff. Premature babies' digestive tracts may still be under-developed and might have to start on total parenteral nutrition (TPN). Parenteral nutrition is delivered intravenously, meaning through a line placed in the baby's vein. It is calculated by the doctors in NICU and prepared in the pharmacy.

Feeding through a feeding tube

Babies younger than 34 weeks gestation usually do not have a good coordination with sucking, swallowing and breathing. It may not be possible to feed these babies directly by mouth or breastfeeding. A feeding tube is often placed for feeding in the NICU. A nasogastric feeding tube (NGT) or orogastric (OGT) may be placed. A nasogastric tube is placed through the nose and stretches into the baby's stomach. An orogastric tube is placed through the mouth and stretches into the baby's stomach. Expressed breast milk or formula can be fed through a feeding tube.

Babies will be started on very small amounts of milk that will be built up gradually over days. The amount of milk that your baby will receive will be calculated according to his/her weight, and may be as frequently as hourly, or up to three hourly.

Breastmilk and different formulas

• **Breastmilk:**

Because of the benefits breast milk offers, expressed breast milk (EBM) is the preferred type of milk to feed your baby, if he/she is not yet ready to breastfeed. Your baby may not be ready to feed at the beginning. The earlier you start to express and the more often you express, the more milk you will produce. Ask your nurse care provider to help you start. Breast milk for a preterm or sick baby can be safely stored and used later. Breast milk contains about 20 calories per ounce (30 ml). Human milk provides optimal “nutritional programming” for preterm infants and may be protective against several prematurity-related conditions (Riordan, 2005). Breast milk contributes significantly to your baby’s healthy development. Mother’s milk provides essential nutrients that are easy for infants to digest. It also helps to build up the baby’s immune system and can help to prevent allergic disorders such as eczema and asthma.

• **Breastmilk fortifier:**

Premature babies usually have higher nutritional needs. A breastmilk fortifier (HMF = human milk fortifier) may have to be added to your expressed breastmilk to provide more protein and some more calories. This will help your baby to grow well.

• **Special formulas:**

Formulas for premature babies typically contain 24 calories per ounce (30 ml), compared to the 20 calories per ounce (30 ml) in formula for babies born term. These may be used while your baby is in NICU.

If your baby was premature and has to go home on a formula, a formula containing 22 calories per ounce (30 ml) may be recommended.

ORAL FEEDING IN NICU

Pre-feeding

Prior to oral feeding your baby may be fed by a tube. Please see the nutrition section for more information on tube feeding.

Before your baby begins taking oral feeds there are a number of things that you can do to encourage their development and to prepare them for oral feeding.

Once your baby is taking orogastric or nasogastric tube feeds you can:

- Provide skin to skin contact during tube feeds
- Provide massage around the face and lips during tube feeds
- Provide sucking practice with a pacifier/dummy or an empty breast during tube feeds

These strategies have been shown to reduce the time it takes for pre-term babies to progress to oral feeds. You can speak with your doctor, nurse, lactation consultant or speech pathologist regarding introducing these strategies.

Use of bottle to feed your baby

In the NICU many babies will require bottle feeding prior to breast feeding. The NICU encourages breast feeding so please discuss your feeding plans with the lactation consultant and doctors.

Positioning in NICU

Preterm babies tend to have decreased muscle tone (appear more floppy) in comparison to full term babies. Term babies adopt the flexed position while those who are preterm are less flexed and weaker. It is therefore very important to position a pre-term baby to encourage flexion and promote normal development.

Encouraging flexion can:

- Promote normal muscle development and movement patterns
- Promote balanced muscle development

- Provide a feeling of calmness and security
- Allows babies to have more awareness of their hands which is important for developing fine and gross motor skills

How to position baby in the Incubator or cot

Nesting

In the womb baby has boundaries to push and rest against. A nest, made of blankets, does a similar thing and allows them to feel comfortable and secure when in the incubator or cot. The nurse will place the baby in either of three positions using the nesting technique.

- **Supine**
- **Side lying**
- **Prone**

The prone position is only to be used when sleeping if the baby is in NICU as the baby is very closely monitored.

Ways to comfort and handle baby

• Positive touch

Positive touch can be a way of balancing out all the negative experiences baby has in NICU. It is a way of you being able to communicate love and reassurance. The nurses will show you the appropriate way to handle and touch your baby. A quiet environment during this time is very important.

When touching ...

- Wash and warm hands
 - Gently open doors and talk to your baby
 - Your first touch may be just a finger on your baby's hand for him/her to grasp
 - If you are not sure about wires /lines, ask the nurse to help you
- **Comfort hold**
- This can help your baby relax and feel secure. Nurses and other medical staff treating your baby may also use this hold during or after medical procedures.

When using the comfort hold ...

- Wash and warm hands
- Gently open doors and talk to your baby
- Gently rest one hand on baby's head or shoulders and the other hand around the baby's feet or legs
- Don't use light stroking movements as preterm babies may find this irritating
- To finish comfort hold, move hands one at a time and quietly open the incubator doors

• Kangaroo care

Kangaroo care helps bonding, attachment and positive interaction between you and your baby. This involves holding your baby skin to skin or in a kangaroo position on your chest. Preterm babies can rest and sleep well in this position. They can also be tube fed. Even stable babies on respiratory support such as CPAP or a ventilator can enjoy kangaroo care. Ask your nurse when the baby is ready. You may be worried about this to start with but your nurse will always help you until you are comfortable. Both mother and father can take turns in kangaroo care.

There are some occasions when kangaroo care may not be possible:

- If the baby is unstable when handled
- When baby needs high humidity in the incubator
- If baby has an umbilical IV line in their tummy
- If the baby is on a high frequency oscillator ventilator
- If they are receiving phototherapy for jaundice

How to carry out kangaroo care:

- Plan a suitable time with the nurses around feeds and other procedures
- Wear a light comfortable top and to start with it can help to have a front opening top such as a shirt
- Have a drink of water close by
- You might want to use your own soft blankets and have a baby hat close in case they get cold
- Wash and warm your hands
- Greet and touch your baby to let them know you are there

- The nurse will help lift your baby out of the incubator and on your chest at the beginning
- When you are more comfortable with the handling you should:
 - Place one hand under baby's head and the other around their hips
 - Gently lift baby onto your chest, rest their head against your breastbone and support their back and bottom with your hands
- Relax shoulders and move in the chair occasionally
- Wrap a soft blanket around baby to keep them warm
- Ask the nurses to check babies position and for help if you are uncomfortable
- Alternate the side to which you position babies head

NICU DISCHARGE PREPARATION

NICU standard discharge preparation is a multi-faceted process facilitating comfort and confidence as well as the acquisition of knowledge and skills to successfully make the transition from the NICU to home.

In our NICU, discharge planning begins shortly after admission. There is a standard teaching for all families of newborns, which includes basic infant care skills such as feeding, bathing and temperature assessing. We give you instructions in signs of illness and criteria for calling your neonatologist or paediatrician. We make a follow-up appointment before NICU discharge. Should you wish to book an appointment with your own paediatrician, you may do so.

As part of the discharge process, the following is required:

- Basic CPR or Cardio-pulmonary resuscitation
- Your baby must pass the Car Seat Challenge when below 32-weeks gestation. It is a 90-minute test where your baby

will be put onto the car seat and attached to the cardio-pulmonary monitor, where vital signs are closely observed and documented

- Your baby will have a hearing test which is done prior to discharge in the unit
- Parents of medically complex infants receive the standard teaching as well as special teaching, which targets infant's complex needs
- The nurse who provides the education, documents the discharge teaching on the discharge education checklist
- The attending doctor determines the timing of discharge based on their knowledge of the infant's physiologic competency and family readiness through incorporating the perceptions of the nursing and the social work staff.
- Our neonatologist or hospitalist will do the final baby check on or before the discharge. The newborn metabolic screen is done at 24 or 48 hours of age, and the report is available two to three weeks later, in time for the OPD appointment of your baby.

The first vaccines: BCG (anti-TB) and Hepatitis B will be administered on or before the discharge after obtaining your parental consent. The vaccination booklet will be handed to you, along with the other discharge documents including the patient's discharge summary report, hearing test, laboratory prescription, as well as the follow-up appointment card.

An appointment at the neonatal or paediatric OPD will be booked usually after two weeks. The parents will receive an SMS once booked. The hearing test will be performed on all neonates prior to discharge, or through OPD at the time of your baby's appointment with the neonatologist or paediatrician. Any other OPD follow-ups, such as Ophthalmology or Cardiology, will also be made. On discharge day, the discharging nurse will independently evaluate your overall discharge preparedness.

GLOSSARY OF TERMS

Terminology	Definition
Anemia	Low haemoglobin level
Apgar Score	A numerical summary of a newborn's condition at birth based on five different scores, measured at 1 minute and 5 minutes.
Apnea	Cessation of breathing lasting 20 seconds or longer.
Appropriate for gestational age (AGA)	A baby whose birth weight falls within the normal range for his or her gestational age.
Aspiration	<ul style="list-style-type: none"> The accidental sucking in of milk into the lungs Refers to milk or formula that is left in the infant's stomach, from the previous feeding
Asphyxia	A condition where there has been a lack of sufficient oxygen to the tissues of the body.
Antibiotics	Medications used to treat bacterial infection or when an infection is strongly suspected.
Bilirubin	A normal waste product from the breakdown of red blood cells (hemoglobin) and other similar body components.
Blood Gas	A blood test used to evaluate an infant's level of oxygen, carbon dioxide and acid.
Bradycardia ("Brady")	An abnormally low heart rate.
Chronic Lung Disease (CLD)	Lung disease of premature babies, when the lungs do not work properly and the babies have trouble breathing.
Bagging(or Ambubagging)	Filling the lungs with air or oxygen by squeezing a bag which is connected to an endotracheal tube or attached to a mask fitted over the face.
Blood Pressure (BP)	The pressure of the blood in the arteries with each pulsation of the heart.
Blow by Oxygen	Also called whiffs, given to babies as an immediate and temporary response to desaturations or low oxygen level.

Breast Pump	An electric machine used by moms to express milk from her breasts.
Cardio-Respiratory monitor	A monitor that records the vital signs of the baby. It is attached by a probe that is taped around the foot or hand.
Continuous Positive Airway Pressure (CPAP)	Supplemental oxygen or room air delivered under pressure through either an endotracheal tube (tube that goes directly into the infant's lungs) or small tubes or prongs that sit in the nostrils.
Chest Physiotherapy (CPT)	Tapping on the chest to assist in the drainage of mucus/secretions.
Circumcision	A surgical procedure done to remove the foreskin of the penis.
Congenital	Existing at the time of birth.
CRP (C-Reactive Protein)	Infection marker - indicates the presence of an infection
CT SCAN (of the head)	Computerized x-rays which show the size and position of many parts of the brain.
Culture	A laboratory test of blood, spinal fluid, urine, or other specimens which shows if germs are present and which ones they are.
Cyanosis	Bluish color of the skin occurring when there is not enough oxygen in the blood.
Echocardiogram (Echo)	Ultrasound picture of the heart.
Endotracheal Tube (ETT or ET Tube)	Tube placed through the mouth or nose into the throat and the child's trachea (windpipe).
Extubation	Removing the Endotracheal Tube (ET Tube) from the baby's windpipe.
Fontanelle	The soft spot on the top of the head.
Tube Feeding	Feeding a baby through a nasogastric (NG) or orogastric (OG) tube. Also called gavage feeding.

Gestation	The period of development from the time of fertilization of the egg, until birth. Normal gestation is 40 weeks; a premature baby is one born at or before the 37th week of pregnancy.
Hearing Test	Test to examine the hearing of a newborn infant.
Heart Murmur	A noise heard between beats of the heart.
Heel Prick	Pricking the baby's heel to obtain small amounts of blood for testing.
Haemoglobin	A material in red blood cells that carries oxygen and contains iron.
Hypoglycaemia	A low amount of sugar (glucose) in the blood.
Hyperglycaemia	A high amount of sugar (glucose) in the blood.
Incubator	Enclosed bassinet used to keep prematurely born infants warm.
Intrauterine Growth Restriction (IUGR)	A condition in which babies are small for their gestational age, and their birth weight is below the 10th percentile.
Intravenous (IV)	A catheter (small tube) placed directly through the skin into the vein in a baby's hand, arm, foot, leg or scalp. Nutrients, fluids and medications can flow through this tube.
Intraventricular Hemorrhage (IVH)	Bleeding into the ventricles (fluid-filled spaces) within the brain.
Intubation	Inserting a tube into the trachea (windpipe) through the nose or mouth to allow air to reach the lungs.
Jaundice	Also known as Hyperbilirubinemia. Yellowish discoloration of the body and face caused by accumulation of bilirubin.
Kangaroo Care	Skin-to-skin contact between parent and baby.

Large for Gestational Age (LGA)	A baby whose birth weight exceeds the normal range for the gestational age.
Lumbar Puncture (LP)	Also known as a "spinal tap," this test involves inserting a needle in between the vertebrae of the lower back to collect a sample of cerebrospinal fluid.
Magnetic Resonance Imaging (MRI)	Imaging technique that uses powerful magnets and computers to produce a detailed picture of tissue.
Meconium	Adark green, sticky mucus, a mixture of amniotic fluid and secretions from the intestinal glands, normally found in infants' intestines. It is the first stool passed by the newborn.
Meningitis	Infection of the fluid that cushions and surrounds the brain and spinal cord.
Nasal Cannula	Light, flexible tube used to give supplemental oxygen to a child. Oxygen flows through two prongs extending into the nostrils.
Necrotizing Enterocolitis (NEC)	Swelling, tenderness and redness of the intestine caused by an infection or decreased blood supply to the intestine.
Neonatal Intensive Care Unit (NICU)	A special intensive care unit for preemies and newborn infants with severe medical complications. They are cared for by neonatologists and nurses with specialty training.
Neonate	A term used to describe an infant during the first 30 days of life.
NPO (Nil per orem)	An abbreviation for a Latin term that means "nothing by mouth"—i.e., no food or water.
Osteopenia of Prematurity (OOP)	A decrease in the amount of calcium and phosphorus in the bones.
Oximeter (Pulse Oximeter)	Machine monitoring the amount of oxygen in the blood.
Parenteral Nutrition	Solution put directly into the bloodstream, giving necessary nutrients, such as protein, carbohydrates, vitamins, minerals, salts, and fat. Other names for this are total parenteral nutrition (TPN) and intravenous feedings.

Patent Ductus Arteriosus (PDA)	The ductus arteriosus is a blood vessel connecting the pulmonary artery and the aorta. Before birth, this vessel allows the baby's blood to bypass the lungs because oxygen is supplied by the mother through the placenta. The ductus arteriosus should close soon after birth. If it does not, it is called a patent (open) ductus arteriosus, or PDA. A PDA may be treated either with medication or surgery.
Phototherapy	Bright blue fluorescent lights, are placed over the baby's incubator. Treatment usually lasts between 1-3 days.
Long line/PICC Line	A special IV line used to provide fluids into a vein. A PICC line is usually very stable and lasts longer than a typical IV
Premature Baby	A baby born three or more weeks before the due date.
Respiratory Distress Syndrome (RDS)	Respiratory distress syndrome is a specific condition that causes respiratory distress in newborn babies due to the absence of surfactant in the lungs.
Retinopathy of Prematurity (ROP)	Scars and abnormal growth of the blood vessels in the retina, the layer of cells in the back of the eye.
Room Air	The air we normally breathe, which contains 21% oxygen.
Reflux (or Gastroesophageal Reflux)	A return or backward flow; gastroesophageal (GE) reflux occurs when portions of feedings or other stomach contents flow back up into the oesophagus.
Saturation (Sats)	Term for blood oxygen saturation. It measures the percentage of hemoglobin binding sites in the bloodstream occupied by oxygen.
Seizure	A "short-circuiting" of electrical impulses in the brain, resulting from a variety of causes.

Sepsis	A potentially dangerous infection of the bloodstream.
Small for Gestational Age (SGA)	A baby whose birth weight is less than the normal range for the gestational age.
Surfactant	Surfactant is a soapy material inside the lungs that helps the lung to function. Without surfactant, the air sacs tend to collapse on exhalation.
Tachycardia	A faster than normal heart rate
Tachypnea	A faster than normal respiratory rate
Transient Tachypnea of the Newborn (TTN)	Fast breathing caused by slow or delayed reabsorption of fetal lung fluid.
Transfusion	Giving donated blood to the baby by vein or artery.
Ultrasound	Imaging of body parts using sound waves. The reflected sound waves are then analysed by computer and turned into pictures.
Umbilical Arterial Catheter (UAC)	Catheter (small tube) placed in a belly button artery. It is used to check blood pressure, draw blood samples and give fluids.
Umbilical Venous Catheter (UVC)	Catheter (small tube) placed in the belly button vein. It is used to give the baby fluids and medications.
Ventilator ("Vent")	A machine that assists neonates to breathe via a ET tube.
Vitamin K	A vitamin injection usually given once shortly after birth to help the blood clot normally. All infants receive this IM injection.
X-rays	A picture taken at the bedside to check on lung, heart, and bowel condition. X-rays may also be used to check the placement of ETT, UAC, UVC and Long Lines.