

..... Northern Alberta
..... Neonatal Program

David Schiff NICU



A Guide for Parents



**Alberta Health
Services**



**STOLLERY
CHILDREN'S
HOSPITAL**

Enclosed in this handbook is information that families have found helpful during their babies' stay at the David Schiff Neonatal Intensive Care Unit (NICU).

We recognize that having your baby in the NICU can be a stressful time in your life, and we want to take this opportunity to reassure you that the neonatal intensive care team at the David Schiff NICU will make every effort to support you and your family during your stay with us.

Please feel free to ask us about any of the information this handbook contains. We are here to help you.



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Introduction

Our Care Philosophy

An inclusive, collaborative, empowering experience for all.

We embrace a philosophy of care that is supportive to meet the unique needs of each baby hospitalized in the David Schiff NICU. We are committed to working with families. Our staff promote family connections, bonding, and participation in everyday care-giving by supporting parents in breast, bottle, and other feeding activities; touch, holding, and kangaroo care; and, providing comfort measures when babies are in distress.

We work as a collaborative multidisciplinary team composed of bedside nurses, respiratory therapists, dietitians, pharmacists, social workers, nurse practitioners, neonatologists, and others. We recognize that all team members bring expertise in supporting a baby and their family in the NICU.

We continually strive to provide the best possible care for babies and their families. We recognize the opportunity, privilege, and responsibility to practice medicine at the Stollery Children's Hospital.

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Our Unit

We are an 18-bed unit located in the University of Alberta Hospital. As part of the larger Northern Alberta Neonatal Intensive Care Program, you may recognize the familiar faces of some nurses, physicians, or other hospital staff that work in other NICUs within the Edmonton-zone. Because of our location within the University Hospital, we have ready access to all sub-specialized pediatric services. We have an open-room design such that at times our unit may feel noisier, brighter, and perhaps busier than other units in the city. Even with our space constraints, we aim to provide developmentally-sensitive care for all babies and their families.



Address:

David Schiff NICU
3A3 Walter Mackenzie Centre
University of Alberta Hospital
8440 112 St NW, Edmonton, AB T6G 2B7

Phone: 780-407-6297

Hours: Parents and siblings welcome 24 hours a day, 7 days a week

Getting Here

Our **unit 3A3** is located on the third floor of the main building of the University of Alberta Hospital (Walter C. McKenzie Health Centre, WMC). From the main Stollery entrance (south doors) at 114 Street, take the south glass elevators behind the Stollery bear statues to the third floor. On exiting the elevators, turn right and then take your immediate left down the hallway to follow the butterflies on the floor to our unit. Our unit entrance is just past the fish tank on the right. When arriving at the hospital after 9pm, you will need to enter through the Emergency department located on the east side of the hospital on 112 Street.

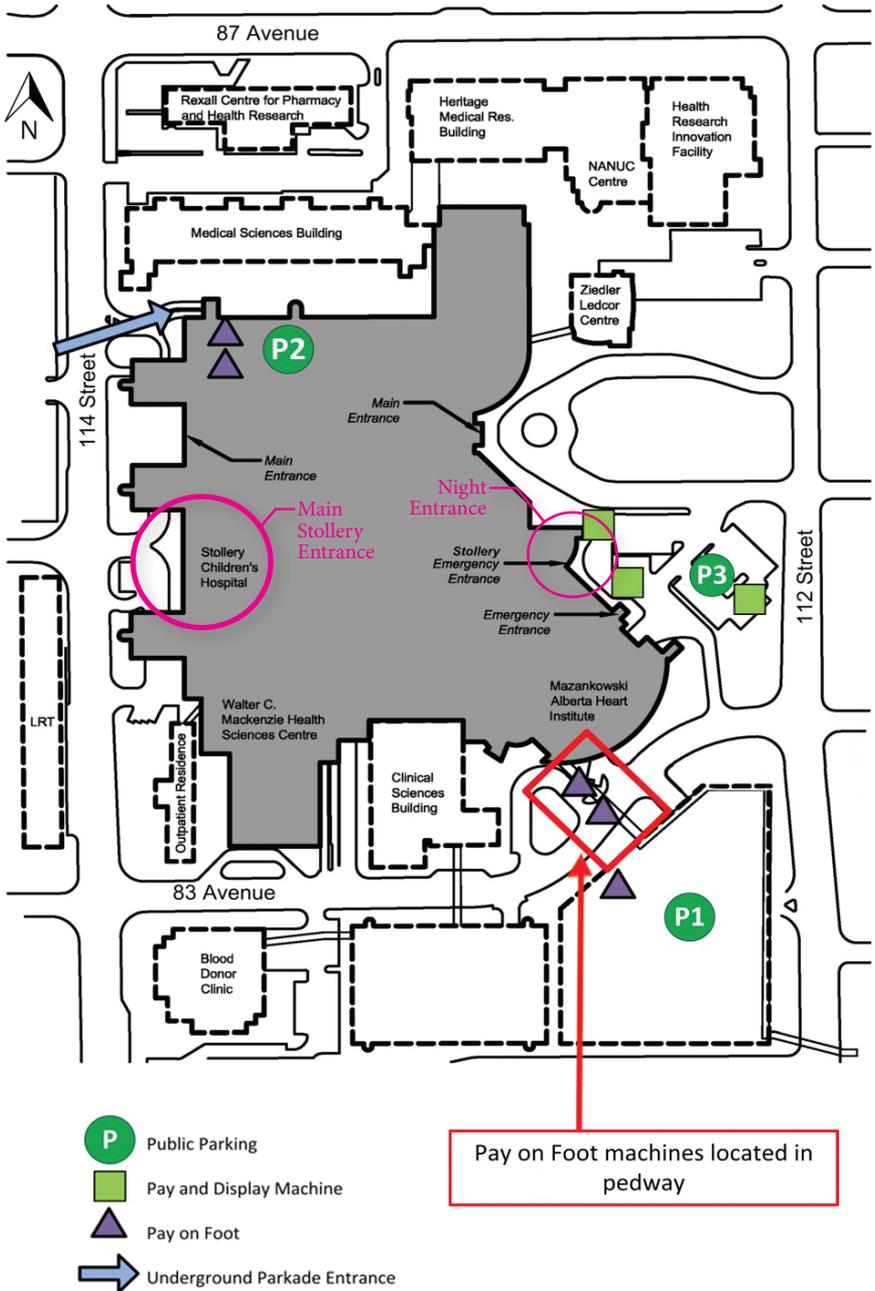


Parking Information

The main visitor parking is the East Public Parkade, located on the corner of 112 Street and 84 Avenue. Discounted weekly and monthly parking passes are available for purchase at the Parking Office (0H1.01 WMC), open Monday to Friday, 8am to 4pm. Visitors may also park in Public Underground Parking (Level 0, WMC, entrance off of 114 Street) or the Emergency Lot (entrance off 112 Street) for a higher cost.

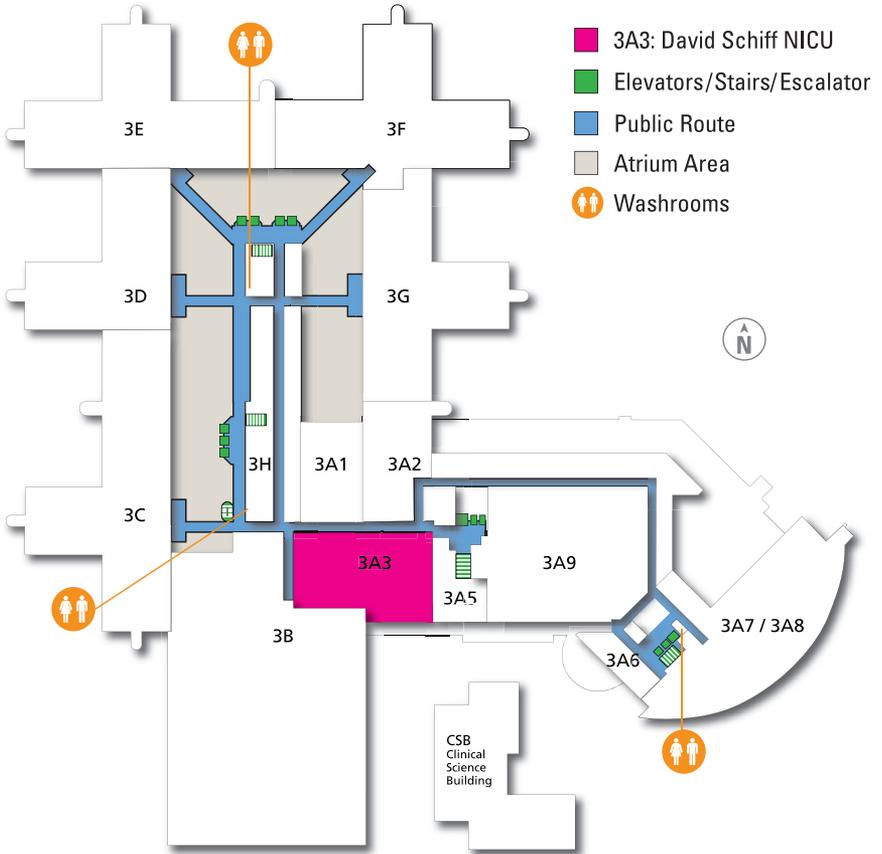
Receipts showing proof of payment outside of regular Parking Office business hours may be credited towards weekly and/or monthly passes. Weekly and monthly passes are transferable between hospital sites.

WALTER C. MACKENZIE HEALTH SCIENCES CENTRE PUBLIC PARKING



WALTER C. MACKENZIE HEALTH SCIENCES CENTRE DIRECTORY LEVEL THREE

University of Alberta Hospital • Stollery Children's Hospital • Mazankowski Alberta Heart Institute



Spending Time on the Unit

We recognize that the presence of family is crucial for a baby's wellbeing and development. Parents and siblings are welcome 24 hours a day, 7 days a week, 365 days a year.

We realize the importance of introducing your child to other family members and close friends. These visitors, however, must be accompanied by a parent, or have their name added to a visitor list at the welcome desk, in order to enter the unit. Medical information will not be given to these visitors except at the explicit request of parents.



Our unit does not have a lot of space. We ask parents to be sensitive to the number of people they bring to their baby's bedside in the unit at a given time. We want to ensure that all families have enough space. Often three visitors per baby is all we can accommodate without crowding the spaces of neighboring families. Young children must be supervised at all times as our nurses are busy providing care for patients.

Given the fragile nature of our patients, we ask that siblings or visitors showing ANY fever, cough, runny nose, vomiting, diarrhea, or any other sign of infectious illness do not enter the unit.

What Do I Need to Bring?

While parents do not need to bring any supplies or clothing, parents are welcome to bring personal and comforting items for their baby such as photos, small stuffies, blankets, and clothing. We recommend that blankets and clothing are not knitted or woven as these could get caught on some of the supports and equipment like IV's.

Diapers and other materials needed for daily care are provided.

A car seat should be brought in prior to discharge home.



Telephone Calls

Parents may call the unit at any time (780-407-6297) to speak with their baby's nurse or other staff. To ensure that confidential information is given only to parents, please have your baby's ID number ready when you call. You will be given a card with your baby's ID on it.

Cell Phones and Wi-Fi

We appreciate that cell phones and other devices with mobile capabilities are important for families to stay connected to others outside of the NICU. Free Wi-Fi is available for families to use via the HealthSpot wireless network.

For developmentally supportive care, we encourage limiting cell phone use when you are with your child on the unit. We do not recommend using your cell phone while holding your baby from a

safety perspective, and should there be a safety concern identified during holding, you may be asked to put down your cell phone while holding. Please ensure that you turn off your Bluetooth or 3G connectivity if your cell phone is going to be within 1 meter of medical equipment (Wi-Fi is OK). Finally, please leave the nursery when possible for phone calls, and turn your phone to silent. Many of our babies are sensitive to noise. We appreciate your help to ensure that sleeping babies are not disturbed.

Public computers for Internet access and health resources are available in the Family Room, 4H2.02.

Accommodations

There are four parent rooms attached to the unit. Since these rooms are shared between the NICU and two pediatric intensive care units, use of these rooms is prioritized according to the needs of the families in the intensive care units. Generally, they are for use by parents who arrive late at night, with critically ill babies, or to establish breastfeeding prior to discharge. Edmonton families typically sleep in their own homes unless they meet these criteria. Each room has one or two beds, with two shared bathrooms between the rooms. Mothers and fathers are welcome.

The University of Alberta Hospital Outpatient Residence (780-407-6593) can be accessed by families who live outside of Edmonton. A single-room costs \$25/night and a double-room costs \$40/night.

The Ronald McDonald House (7726-107 Street, 780-439-5437) is located about 12 blocks from the hospital and has capacity for 32 families who reside outside of Edmonton city limits at a cost of \$10/night. Ronald McDonald House requires a referral from a hospital social worker and often has a waiting list.

Discounted Hotel: information at the NICU Welcome Desk.

Larga House (780-477-6284) has accommodations and offers transportation to and from the hospital for Northwest Territories families.

Referral Unit (1-800-514-7106) for Treaty Status families residing outside of Edmonton.

Food Services

Cafeterias are located on the main floor of the hospital where food is available for purchase from 6:30am to 10pm. Additional coffee shops are scattered throughout the main floor and second floor of the hospital with variable business hours.

Across 112 Street from the hospital is a Sobeys grocery store. Other coffee shops and eateries are also located on 112 Street and down 82 Avenue.

Pharmacy

Rexall pharmacy is located on the main floor of the hospital. Prescription and over-the-counter medications are available for purchase from 8am to 6pm. They are able to make medications in oral form for babies that many other pharmacies cannot.

Safewalk Program

Protective Services offers a safe walk program. This can be arranged by calling 780-735-4287. Please note that there are instances where the officers are busy, resulting in a delay in response.



Your Baby's Care

Our Team Members

There are many health care workers with special skills who may be involved in the care of your baby. We encourage families to ask who different people are and what their role is on the medical team.

Neonatologist — A doctor who has specialized training in the care of sick and preterm babies. This doctor manages the overall care of your baby in the NICU. He or she is typically on-service for 1 to 2 weeks before responsibilities are passed on to another neonatologist.

Neonatal Nurse Practitioner — A nurse with advanced education who manages the day-to-day care of babies in consultation with the neonatologist.

Fellow or Resident — A doctor who is training to become a pediatrician, neonatologist, or other physician. This doctor manages the day-to-day care of babies in consultation with the neonatologist.

Neonatal Nurse (“Bedside Nurse”) — A nurse who has special education and training in caring for sick and preterm babies. Each nurse is paired with one or two babies such that each baby has a designated nurse.

Charge Nurse — The head nurse whom is responsible for organizing and coordinating the nursing care of all babies admitted to the NICU.

Respiratory Therapist (RT) — A RT helps manage a baby's breathing support needs and the assessment of lung function.

Pharmacist — A pharmacist assists in choosing and monitoring medications. He or she also provides information to you if your baby is sent home on medication.

Dietician — A dietician assists the doctors in meeting a baby's nutritional needs. He or she also provides information to you if your baby is going home on special formula or dietary supplements.

Lactation Consultant (LC) — A LC is specialized in supporting parents with issues related to lactation and breastfeeding.

Wound Care Nurse — A specialized nurse in dealing with issues related to surgical wounds and ostomies.

Social Worker — A social worker provides emotional and practical supports for families and assists them in accessing resources (in-hospital and external). Social workers on the unit establish contact with each family regardless of financial status, personal history, or other factors.

Spiritual Care Counselor, Multicultural Health Broker, and/or Aboriginal Cultural Helper — Are available to provide spiritual support and promote cultural understanding.

Unit Clerk — The unit clerk is usually your first point of contact in the unit. He or she provides clerical help to the unit and are available to assist with practical tasks such as obtaining parking passes.

Service Aides and Pediatric Aides — These support workers provide proper equipment and necessary supplies to help care for your baby.

Occupational Therapist (OT) and Physical Therapist (PT) — Provide assessments, guidance, and interventions to support baby's development and functioning through environmental modifications, positioning, and promotion of motor skills.

Child Life Specialist — Works with children and families to help them cope with the challenges of hospitalization, illness, and disability.

Consultant — A specialized physician asked to provide an opinion or assist with treatment of your child. For example, a pediatric surgeon or a pediatric cardiologist (heart doctor) are considered consultants.

Pediatrician — A doctor who specializes in caring for children from birth usually to the age of 16. We generally consult pediatricians to be involved in babies' care as they near discharge or in anticipation of transition to another unit of the hospital.

Unit Manager — An individual who oversees unit administrative issues.

Primary Team

Some parents find it helpful to identify a primary team. A primary team consists of a core group of individuals assigned to the care of your baby during his or her stay to provide consistency and continuity of care. For more information about a primary team, speak to your charge nurse and/or social worker.



Daily Rounds

Bedside team rounds take place each morning from 9am to noon and are an opportunity for the medical team to discuss each baby's status, care plan for the day, and educate unit staff. Typically up to 15 minutes are spent at each patient's bedside.

Parents are welcome at rounds and are encouraged to contribute observations, ask questions, and identify concerns. Short handover rounds also routinely take place weekdays at approximately 4pm.



Medical Tests and Results

We strive to keep parents updated on significant medical tests and results recognizing that the amount of medical information can be overwhelming. Some tests are completed on the unit but others require the use of facilities in different areas of the hospital. We prefer to update parents on test results in person rather than over the phone. We hope that parents always feel comfortable to ask questions about any medical tests and results.

Procedures and Surgeries

Some babies need to undergo procedures or surgeries during their hospital stay. We are available to sit down and discuss what to expect during and after such interventions. We recognize that procedures and surgeries although medically necessary are often stressful for families. Following surgeries, babies are usually intubated on a breathing machine with new tubes, intravenous lines, and monitoring equipment attached to them. It can be upsetting to see your baby with this appearance. And after some surgeries, it is also not uncommon for babies to seemingly get sicker, or appear more unwell, as they need to recover from the stress of the surgery. We are here to discuss any questions you have and support you during such difficult times.

Caring for Your Baby

Holding Your Baby

Research tells us that touch is beneficial for all infants, but especially those in hospital. Your baby needs you to touch and hold him or her, and holding helps you to bond and get to know your baby. Your team can suggest different strategies for holding your baby even if your baby has a breathing tube, intravenous lines, or other medical concerns.

Skin-to-skin or Kangaroo Care is normally done with a baby laying upright on his or her parent's bare chest. Sometimes, due to a baby's medical condition, this style of holding is not possible. There are still many ways that you can comfort and have contact with your baby that will be soothing to them and have benefits for both of you.



Out of Bed

If your baby is able to come out of bed but cannot be held upright, lay on the chest or belly, or have his or her head to the side, you can:

- Hold in a **side-lying position** or **cradle hold** on your abdomen or chest.



- Use blankets as necessary for support but make sure you provide some areas of contact between your skin and your baby's skin (back, head, hands, or feet).

In Bed

If your baby is unable to come out of bed to be held, you can try:

- **Hand Hugging:** give gentle flexion of the arms and legs and provide some areas of skin contact between you and your baby.



- **Arm Encirclement:** Elevate and sit or stand by the open bed so that you can cradle your baby in close. Skin contact may be with side, back or abdomen to parent's bare chest or arms.



We recognize it can be scary to hold your baby connected to medical equipment but touch can help your baby cope with being in an unexpected environment and experiencing unexpected things. Nurses and other medical staff will help you in holding and ensuring that your baby is comfortable. Contact with your body and gentle pressure from your hands lets your baby know you are there and provides comfort.



The medical care team can help you decide which way will be best to hold your baby. If your baby looks ready, quietly talk to or read to your baby. You will learn to identify cues your baby will show when he/she is getting tired or stressed. Just like when we are ill, certain touching or talking at times can be too much.

Feeding Your Baby

Providing your baby with nourishment is a constant goal. Nutrition can be given by mouth or feeding tube as breast milk or formula, or intravenously through a vein as parenteral nutrition. Regardless of the route of nutrition, we ensure that babies receive a balance of protein, carbohydrates, and fat.

Mother's milk has many benefits for the health of babies. Even if your baby is born early and is not mature enough to breastfeed, or cannot yet feed because of a surgical issue, we can provide droplets of pumped breast milk for your baby's developing immune system. And when your baby is able to take milk by breast, bottle, or feeding tube we can usually offer mother's milk as your baby's first feed.

We recommend mothers start pumping soon after delivery, within four hours, to help establish their milk supply. Pump every 2 to 3 hours during the day, and every 3 to 4 hours overnight to establish your milk supply. We will show you how to label and store your breast milk so it is available when your baby is ready for it. You can pump at the bedside or in our pumping room attached to the unit. You will be given your own pumping parts and washing supplies. Please ensure to take good care of them as there is a fee to replace lost parts.

Our nursing staff and lactation consultants are here to support you.

If you are unable to pump breast milk, you can discuss with the medical team if donor human milk may serve as a substitute.



Keeping Your Baby Comfortable



We are constantly trying to ensure that babies are comfortable during their hospital stay. Some of the necessary treatments your baby will require may cause pain: taking blood, being connected to a breathing machine, or undergoing surgery. We will do what we can to prevent pain, look for signs of pain, and relieve pain. More so, we will support you to be involved in ensuring your baby is comfortable. Some of the things we can do together are:

- Create a calm surrounding to lessen stresses that may affect the way your baby responds to or copes with pain.
- Give touch and handling in a way that gives comfort during painful procedures.
- Create supportive, physical boundaries by swaddling, blanket rolls, or positioning devices.
- Offer familiar sights, smells, and sounds, such as your face, body, scent cloth, and voice.
- Provide oral comfort — sucking soothers or tasting small amounts of your pumped breast milk.
- Give pain medicines.

It is important for you to know that you can be with your baby during most procedures. During such times, you can help your baby by talking in a soothing, calm voice; providing supportive touch; or helping your baby to bring his or her hand to mouth. There may be reasons why it is sometimes not possible, but you should always feel comfortable to discuss your wishes with us. If you are unable or feel it is best not to be with your baby during a painful procedure, we will do everything we can to prevent or relieve your baby's pain.



Keeping Infections Out of Our Unit

Hand washing is important. Premature and sick babies are more at risk for infections because their immune systems are not fully developed or are compromised by illness. Bacteria and viruses that may not affect a healthy person can make a vulnerable newborn extremely ill. Infections are spread most commonly through touching. Frequent and thorough hand washing is the best way to prevent infections in babies.



All visitors to the NICU must wash their hands at the Welcome Desk when entering the NICU. This includes parents, grandparents, siblings, and friends. Waterless hand sanitizer is also available on the units. Health care workers must also wash or sanitize their hands before touching your baby. Both staff and parents should feel free to remind each other about handwashing.

All hand and wrist jewelry should be removed before hand washing and not worn while interacting with baby. Wash your hands again if you use the bathroom, change your baby's diaper, have something to eat, or if you touch something you know may be dirty, like your cellphone or a doorknob. It is also important to wash your hands before and after using a breast pump or preparing formula.

People who are sick should not visit your baby. Visitors or siblings with any symptoms of illness such as fever, diarrhea, cough, runny nose, or skin infection should not enter the NICU. This is for the safety of your baby and the other babies in the NICU. If a parent has a runny nose or mild cough and wants to spend time with their baby, they should ask the staff for a mask to wear during the visit. If a parent has more severe symptoms like fever, body aches, or severe diarrhea they should avoid visiting the NICU. If you have any questions or concerns, please let us know.

Expressing Concerns

We greatly value families' perspectives, comments, and suggestions. We hope that you experience that all of our team members welcome feedback. If, however, you feel that your baby's care team is not addressing your concerns, please do not hesitate to contact our team leads. You are also always more than welcome to ask for a second opinion.



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Staff at Patient Relations are also available to listen and address concerns. Families can contact 780-342-8080 and confidentially discuss the issue. To fill out an online patient feedback form, please visit www.albertahealthservices.com and click on Patient Concerns & Feedback.

Support and Services for Families

Social Work

Social workers are one of the most important members of our NICU team. All families are assigned a social worker to provide support regardless of financial status, personal history, or other factors. A social worker provides emotional and practical supports for families and assists them in accessing resources (in-hospital and external). Social workers on the unit establish contact with each family regardless of financial status, personal history, or other factors. Our NICU social workers aim to meet with families on weekdays between 8:30am and 4:30pm. If you would like to speak with one of our social workers, please let your bedside nurse or front desk know.



Spiritual Care

Chaplains are available to provide 24 hours spiritual and emotional support for families as an integral part of the multidisciplinary team. Contact any member of the health care team to request a chaplain or phone 780-407-8447.

Psychology Support

Some families find the support of meeting with a psychologist beneficial. Contact your social worker for information on referral.

Language Interpretation

Interpreters speaking many different languages are available to assist you and your family. Our staff can help make the necessary arrangements.

Awasisak Indigenous Health Program

The Awasisak Indigenous Health Program provides support to Indigenous children and their families. Tea and bannock is provided every Thursday afternoon at 1:30pm at the entrance to the 4D unit. The Kaw-Kaw-Koo Aboriginal Gathering Room (5H2.04) may be set-up for families to gather or support ceremonies. Interpretation services for Cree and other aboriginal languages are available. Telehealth can also be setup to facilitate communication with home communities. If you would like to speak a member of the Awasisak Indigenous Health Program, please let your bedside nurse or front desk know.

Parent Mentorship Program

A parent mentorship program is available which matches NICU parents with parents who previously had their baby hospitalized in the NICU. If this program is of interest to you, please speak to your social worker.

Weekly and Monthly Events

Services available to families are constantly changing such that the most up-to-date information is displayed on our Family-Centered Care Bulletin Board. Some highlights include:

Weekly NICU/PICU Parent Coffee Hour — This group is intended to provide families with medical and non-medical information about the NICU and the hospital. The group is held weekly on Wednesdays from 2:30pm to 3:30pm in a room connected to the NICU (3A3.39).



Weekly Ronald McDonald Lunch — Ronald McDonald House Charities provides complimentary healthy bagged lunches to Stollery Children’s Hospital families every Wednesday outside of unit 4D from noon until 1pm.

Monthly Madden DeLuca Foundation Lunch — The Madden DeLuca Foundation provides a Subway lunch on the last Monday of every month in the PICU and NICU waiting areas at 11:45am.

Weekly Spiritual Care Events — Weekly prayers, meditation, singing, and other events are offered. More information can be obtained by calling 780-407-8447.

A number of services and events are available for siblings and other family members. Visit “the Beach” outside of unit 4C for a monthly calendar of events.

Quiet Places in the Hospital

We recognize that families may find it beneficial to find a quiet place in the hospital away from the NICU. A few of our favorite places are:

The Family Room — The Family Room is located in the main corridor on Level 4 in room 4H2.02. It is a place to relax and offers phone, photocopier, fax, and computer access for personal use. It is a resource center for information on childhood diseases, conditions, and procedures, and local events and services. It is also the home of the Family Centered Care Network, including the NICU Family Advisory Care Team (NICU FACT) which aims to improve the NICU experience for NICU families.

The Healing Garden — The Guru Nanak Dev Healing Garden on Level 4 of the Mazankowski Alberta Heart Institute is an indoor space where patients and their families can wander, explore, and experience the therapeutic benefits of a healing, horticultural environment. The best way to reach the healing garden for families is to take the hallway through Unit 4A through the double doors, past the elevator and the hallway opens up to the healing garden.

Prayer Centre Chapel — The chapel is located on Level 5 in the main corridor in room 5H2.06. It is open to all faiths, at all times. Muslim prayers are held on Fridays. Roman Catholic mass is held on Saturdays and Sundays. A variety of Christian and Interdenominational services are available on Sundays. Times are posted outside the room.

Kaw-Kaw-Koo Aboriginal Gathering Room — This is a space for families to gather and a place where cultural ceremonies can be held. It is located on level 5 in the main corridor in room 5H2.04 and has a small kitchen and sitting area.

NICU Family Waiting Room — This space is located outside of the NICU. It is often where doctors will look to speak with families following surgery. It is also a space that visitors can use to wait for you.

NICUs within Our Program

Our unit is part of the larger Northern Alberta Neonatal Intensive Care Program that oversees newborn care for the Edmonton zone. The David Schiff and Royal Alexandra Hospital NICUs are designated as Level III units because they routinely provide care for babies needing advanced medical supports. In comparison, the Misericordia and Grey Nuns NICUs while able to initiate this support, focus on providing care to babies with less acute medical needs as level II units. All sites provide expert care for babies and their families although there are differences in services available between each. Babies may need to be transferred between different NICUs to access particular services. Alternatively, when certain services are no longer needed, babies may be transferred to another NICU in the city or closer to home.

David Schiff NICU *(aka University of Alberta Hospital NICU)*



- 18 beds, level II/III unit.
- Provides care for approximately 500 babies each year.
- Supports active cardiosurgical services in addition to specialized pediatric services such as neurosurgery, general surgery, and otolaryngology. Works closely with pediatric intensive care unit (PICU) and pediatric cardiovascular intensive care unit (PCICU)
- Located within the University of Alberta Hospital, many infants are transitioned from this unit to the pediatric hospital units.

Royal Alexandra Hospital NICU



- 69 beds, level II/III unit.
- Provides care for approximately 1300 babies each year.
- Specialized in providing care to infants born extremely premature and delivering care

sensitive to infant's developmental needs through the Newborn Developmental Care and Assessment Program (NIDCAP).

- Works closely with high-risk perinatology.

Grey Nuns Hospital NICU



- 25 beds, level II unit
- Provides care for approximately 1500 babies each year.
- Hybrid single-family room unit.
- Specialized in providing care to infants born late premature.

Misericordia Hospital NICU



- 18 beds, level II unit
- Provides care for approximately 1500 babies each year.
- Hybrid single-family room unit.
- Specialized in providing care to infants born late premature.

Other Places You May Go

Sometimes babies “outgrow” the NICU yet continue to need hospital services. Other times, babies require specialized services in another unit of the hospital such as the Pediatric Cardiovascular Intensive Care (PCICU). When such possibilities exist, we talk with families about these places and strive to make the transition as smooth as possible.

The Pediatric Units (aka the “Floors”)



- Hospital units for pediatric patients are located on the fourth and fifth floors of the University of Alberta Hospital building.
- Each unit is designated by number with some having particular medical expertise (for example, 4C is the pediatric cardiology unit).
- Most rooms are shared rooms such that babies may be cared for in the same room as an older pediatric patient.
- Some of these units have specialized, larger rooms called Intermediate Care Environment (ICE) rooms which are used for patients who require continuous monitoring and the routine presence of a nurse in the room.



- Beds are available in most rooms for a parent to stay 24/7.
- Our NICU team checks-in with families for the initial 24-48 hours following transfer to the Floors to make sure the transition is going smoothly.
- Babies are cared for by a team led by a pediatrician and/or subspecialist.

Pediatric Intensive Care Unit (PICU)

- PICU provides intensive care services to older infants and children such as mechanical ventilation and cardiac infusion medications.
- As your baby grows older, your child may be transitioned to the PICU for ongoing intensive care
- Our NICU team checks-in with families for the initial 24-48 hours following transfer to the PICU to make sure the transition is going smoothly.

Pediatric Cardiovascular Intensive Care Unit (PCICU)

- PCICU provides care for babies, older infants, and children with heart issues. Your baby will go to the PCICU if recovery is required from open-heart surgery.
- Babies requiring heart-lung machine support (ECMO, extracorporeal membrane oxygenation) or at high-risk of requiring heart-lung machine support are routinely cared for in this unit.
- Our NICU team checks-in with families for the initial 24-48 hours following transfer to the PCICU to make sure the transition is going smoothly.

If a transfer is anticipated to any of these units, please feel comfortable in asking our team to organize a tour to support a smooth transition.

Going Home

If a baby is going directly home from the David Schiff NICU, we connect families with a community physician and Healthy Beginnings community nursing at the time of hospital discharge. Prior to discharge home, we ensure that parents are comfortable providing all feeding, medications, and all other daily care for their infants. Some babies qualify for early intervention or special developmental follow-up, which is also arranged prior to discharge.

Neonatal and Infant Follow-up Clinic

The Neonatal and Infant Follow-up Clinic at the Glenrose Rehabilitation Hospital is for certain babies who have received intensive care shortly after birth. You can ask your baby's nurse if your baby will be referred for an appointment.

At the clinic, a team of professionals will carefully assess your child's level of development and provide you with suggestions should any concerns arise.

The first visit is usually scheduled for approximately six months adjusted age. However, some infants can be seen at an earlier age. If a referral has been made, you will receive a letter about one month prior to your child's appointment. If you have any questions prior to your visit please call us at the clinic (780-735-7925).

Newborn Paperwork

Birth Certificate

Prior to a mother's discharge from hospital, you will complete the "Registration of Live Birth" form and leave it with the nursing staff on the obstetrical unit from which you are leaving. You then need to go to an Alberta Registries Office, pay the appropriate fee and the birth certificate will be mailed to your home.

Health Care Number

Parents who are residents of Alberta and who are currently receiving Alberta Health Care Services will automatically be assigned an Alberta Health Care number for their baby. The card will be mailed to your home approximately 10 days after the birth of your baby. If your baby is born in Alberta yet you reside in a neighboring province there are different processes for obtaining your baby's Health Care number which we can help you navigate.

Baby's Name on Medical Forms

After you have named your baby, please let the unit clerks at the welcome desk know and they will change it on our medical forms. If you are changing the last name of your baby, please do not do this on the day of surgery or a major test, as it will cause delays in results and/or potential issues during surgery. Please always first ask the charge nurse if it is a good day to make a change in the last name.

First Nations Families

Babies of First Nation descent are under their mother's treaty number until 12 months of age, such that First Nations families need to apply for their infant's own Treaty number with Health Canada well in advance of this time to ensure access to NIHB (Non Insured Health Benefits). The first year is to give time for parents to apply for the child's treaty number as it can take months to get one.

Additional Information

Phone Numbers

David Schiff NICU	1-780-407-6297
Service Canada Employment Insurance (EI)	1-800-206-7218
Health Canada Non-Insured Health Benefits Referral Unit <i>(for families who have treaty status)</i>	1-800-514-7106
Alberta Employment, Immigration and Industry (Social Assistance)	1-866-644-5135
Support Network <i>(for an informative referral)</i>	211
Edmonton Food Bank	780-425-4190
Health Link Alberta	1-866-408-5465
Healthy Beginnings — Postpartum Hotline (24 Hour)	780-413-7980
Health for Two (Alberta Health Services)	780-735-3008
Multicultural Health Brokers Co-Op	780-423-1973

There are other services available. Please ask to speak with a social worker for further resource information.

Glossary

Adjusted Age (or Corrected Age): the age a premature baby would be if he/she had been born on his/her due date.

Bilirubin: a breakdown product of red blood cells. Excessive amounts may cause yellowing of the skin, or jaundice.

Blood Sugar: the concentration of sugar in the blood.

CPAP/Hiflow/"RAM"/Lowflow: these are different devices used to support a baby's breathing.

Edema: the medical term for swelling of body tissues most commonly due to retention of water.

Endotracheal Tube (ETT): a plastic tube placed in the windpipe (trachea) through the mouth or nose.

Foley Catheter: a soft plastic tube placed through the urethra into the bladder to drain urine (a urinary catheter).

Fontanelle: the soft spots between the bones of the newborn's skull.

Gavage Feeding: see "nasogastric tube" and "orogastric tube".

Gestation: the time spent in the womb between conception and delivery. A term gestation in humans is 40 weeks.

Incubator (Isolette): a specialized medical cot for keeping babies in controlled conditions and protecting them from infection. Usually used for premature babies weighing less than 1500 grams.

Infusion Pump: a device attached to an intravenous line that carefully regulates the amount of fluid going into the baby's bloodstream. Infusion pumps are also used to give nutrition through feeding tubes.

Intravenous (IV): a small catheter for the delivery of fluids, nutrition, and/or medication directly into a vein.

Lumbar Puncture (LP): a diagnostic procedure in which spinal fluid is withdrawn with a needle, inserted between two lumbar vertebrae into the area containing spinal fluid. Also known as a spinal tap.

Meconium: dark green fecal material in an infant's first bowel movement, excreted at or near delivery.

Monitor: a machine that records information such as heartbeat, body temperature, respiration rate, oxygen saturation, and blood pressure usually positioned adjacent or above a baby's bed.

MRI: a noninvasive diagnostic technique that produces images of the inside of the body using magnetic fields. This technique is commonly used to image the brain and other body structures.

Nasogastric Tube (NG Tube): a narrow, flexible tube that is inserted through the nostrils, down the esophagus, and into the stomach, used to deliver nourishment to or to remove air or fluid from the stomach.

Orogastric Tube (OG Tube): a narrow, flexible tube that is inserted through the mouth, down the esophagus, and into the stomach, used to deliver nourishment or to remove air or fluid from the stomach.

Ostomy: a surgically created opening (stoma) from an area inside the body to the outside. Most commonly an ostomy connects either the bowels or bladder with the skin to provide a new way for wastes to leave the body.

Giraffe Warmer (Overhead Warmer): a specialized medical cot that provides a warm and comfortable supportive environment. Usually used for term babies.

PICU: pediatric intensive care unit.

PCICU: pediatric cardiac intensive care unit.

Phototherapy (Bili-lights): special light treatment for babies with jaundice in which the affected infant is placed under special fluorescent lights that break down the bilirubin so it can be eliminated from the body.

PICC line: a small yet long catheter for the delivery of fluids, nutrition, and/or medication directly into a vein.

Primary Team: a team of individuals assigned to the care of your baby during his or her stay to provide consistency and continuity of care.

Sepsis: the presence of bacteria and/or their toxins in the bloodstream.

Tracheostomy: a surgical procedure that consists of making an opening in the neck to serve independently as an airway or as a site for a tracheostomy tube such that a person can breathe without the use of the nose or mouth.

Ultrasound (Sonogram): a noninvasive diagnostic technique that produces images of the inside of the body using sound waves. This technique is commonly used to image the brain or organs within the abdomen.

X-Ray: a diagnostic technique that uses radiation to view internal body structures.

