

**Regional Neonatal
Intensive Care Unit**

Maria Fareri Children's Hospital
at Westchester Medical Center

*A Guide
for Parents*





Welcome

Congratulations on the birth of your baby. You are now parents! Parents are not visitors in the Regional Neonatal Intensive Care Unit. You may be with your baby whenever it is convenient for you. However, during change of shift, 6:30 a.m.-8:00 a.m. and 6:30 p.m.-8:00 p.m. our healthcare staff reviews important information about caring for your baby. We ask that you plan to be with your baby before or after these times so that our healthcare team can focus on you and your understanding of the hospitalization process without distraction.

The **Regional Neonatal Center (RNICU)** at Maria Fareri Children's Hospital at Westchester Medical Center is a special nursery where babies with every type of medical problem are cared for in a family-oriented, professional environment. The RNICU is staffed with specially trained physicians, nurses, and health professionals who are experts in the treatment of premature and ill newborns. Each baby receives the personal attention his or her condition requires. We encourage you to actively participate in your baby's care. We will work with you to help you and your family to understand and adjust to these new experiences.

We have prepared this guide to help you better understand your baby's hospitalization. If at any time you need assistance, please ask your baby's doctor or nurse. A glossary at the end of this guide explains many medical terms. You can refer to this guide while your baby is in the hospital and in the future.





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Your Baby's Healthcare Team

Neonatologists

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Gad Alpan, M.D., MBA
Praveen Ballabh, M.D.
Heather Brumberg, M.D., MPH
Sergio G. Golombek, M.D., MPH
Jordan Kase, M.D.
Lance A. Parton, M.D.

The Regional Neonatal Center Neonatologists at Hudson Valley Hospitals

Orange Regional

Manuel DeCastro, M.D.
Raja Senguttuvan, M.D.

Good Samaritan/St Anthony's/ Bon Secour

Martin Katzenstein, M.D.
Sonya Strassberg, M.D.,
Michael Petrella, M.D.

Hudson Valley

Muhammad Zia, M.D.
Johanna Calo, M.D.

Phelps

Myra Mercado, M.D.
Vanessa Mercado, M.D.
Necla Kirtok, M.D.

Putnam

Jean Chelala, M.D.
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St. John's Riverside

Joseph E. Hall, M.D.
Portia Groening, M.D.

St Luke's

P. Kocherlakota, M.D.
Roland Vilar, M.D.

Sound Shore

Stephen Piazza, M.D.
Soheir Haram, M.D.
Yogangi Malhotra, M.D.

Fellows in Neonatal-Perinatal Medicine

Residents

Nurse Practitioners (NP) and Physician's Assistants (PA)

Over One Hundred Pediatric Sub-Specialists and Pediatric Surgeons

Nurse Manager

Susan Malfa, RN.C.

Assistant Nurse Managers

Lydia De Lau, RN, Tina Roeder, RN.C.

Neonatal Nurses (RN)

Social Worker	Julie Larkin, LMSW
Extra-Corporeal Membrane Oxygenation (ECMO) Team Specialists	Gad Alpan, M.D. Sergio Golombek, M.D. Edmund La Gamma, M.D. Whitney J. Mc Bride, M.D. Lance Parton, M.D. Aalok Singh, M.D. Gustavo Stringel, M.D. George Galbraith, C.C.P.
Respiratory Therapists	
Pediatric/Neonatal Dietitian	
Lactation Consultant	Rhonda Valdes-Greene, RN, IBCLC
Music Therapist	Laurie Park, MT-BC, LCAT
Occupational Therapist	Phyllis Aries, MA, OTR
Physical Therapist	Gail Cherry, PT, MA
Speech Therapist	Noreen Moynihan, MS, CCC-SLP
Case Manager	Flora Walsh, RN, MPS
High Risk Neonatal Follow-Up Program and Neonatal Physiatry Program	Jordan Kase, M.D. Sema Gogcu, M.D. Mary Jackson, RN Kamilah Heywood-Gregory, FNP Maria Herrera
Clinical Nurse Specialist Regional Neonatal Center	Kathy Rogan, RN,C., MS
New York State Perinatal Database Systems Coordinators	Susan Marchwinski, RN,C. MS Donna Dozor, RN, MS
Special Projects Coordinator	Natalie Dweck, RN, MPH
Secretarial and Clinical Support Staff	Rita Daly Jenny Leis Jitzzy Marrero Jackie Questo
Unit Clerks	Lauren Arico Eboné Brown Lynn Collins Mercedes Wong Barbara Bethea Jean Buonarobo Lucy Poulos



Telephone Numbers 24 hours a day

Neonatal Intensive Care Unit

(914) 493-8585

Visiting Hours

**Parents may be at their baby's bedside
24 hours a day, 7 days a week.**

However, during change of shift;
6:30 a.m.- 8:00 a.m. and 6:30 p.m.- 8:00 p.m.,
visiting is not permitted.

Family members may visit when accompanied by a parent
between 11:00 a.m.-10:00 p.m.

Please check with your baby's nurse.
Further information about visiting can be found
on page 7 of this guide.

When Your Baby Arrives

The **Regional Neonatal Center** is located on the 2nd floor of the Maria Fareri Children's Hospital at Westchester Medical Center. You may telephone the nursery at any time and speak with your baby's nurse by calling **(914) 493-8585**.

Upon arrival in The Regional Neonatal Center, your baby will be placed on a special bed where his or her body temperature is maintained and immediate care and evaluation is begun. As soon as your baby is stable a physician or nurse will give you an update on your baby. Then a member of our healthcare team may contact you to request consent for certain procedures necessary for your baby's care.

If your baby was born at Westchester Medical Center, the Neonatal Intensive Care Unit (NICU) is down the corridor from the delivery room. If your baby was born at another hospital and transported by ambulance or helicopter he or she will be taken to the same nursery as if your baby was born here. During the trip to Westchester, a team of transport specialists will care for your baby.

When My Baby Grows...

As your baby's condition requires, he or she may be moved to another room within the NICU in preparation for discharge home. Alternatively, we may also discuss transfer to one of our affiliate hospitals closer to your home. In all circumstances, we assure that your baby will receive the appropriate level of expert neonatal services until his or her discharge.

The Neonatal Healthcare Team

In the RNICU your baby is cared for by many professionals of the neonatal healthcare team.

An attending neonatologist (a pediatric specialist who is an expert in the treatment of newborns) is the doctor who is the healthcare team leader. He or she is in charge of the medical plan of care for your baby. Each team has a neonatal fellow, a doctor pursuing further specialization in newborn intensive care. The **Red team** is the resident's team; residents are doctors who are in training to complete their residency in a particular medical specialty. There are pediatric residents and family practice residents working in the RNICU. The **Green team** is the practitioner team; physician assistants (PAs), and nurse practitioners (advanced practice nurses). Nursing personnel work with all teams; all function as part of our neonatal healthcare team. Depending on your baby's needs, the neonatologist may request that other physician specialists provide separate consultations for your baby; for example, a pediatric cardiologist.

The role of each member of the healthcare team is described at the end of this guide. Babies are assigned to the red team or green team when they are admitted to the RNICU; the team assignment is based on the number of babies the on each team. Babies who are multiples (twins, triplets etc) are assigned to the same team. The red team and green team can each care for all the medical issues that are presented in the unit. When your baby is ready to transition to home he or she may be transferred to the **Gold team**. Your baby will receive the same level of care regardless of what team they are on.

Who Is In charge?

The name of the neonatologist, (Attending Physician), in charge of your baby's medical care is located in the window box across from the clerk's desk at the entrance to the Regional Neonatal Center and in each of the patient care rooms. If you are not sure, ask one of the bedside nurses to assist you.

The attending physician is responsible for key medical decisions. However, all members of our healthcare team work together to provide medical care and assistance for your baby 24 hours each day, 365 days a year. We coordinate these plans during rounds twice daily, which you are encouraged to join.

Our nursing staff is responsible for your baby's day-to-day bedside care. They are available continuously to observe, evaluate and care for your baby in a compassionate way. If you have any questions please ask these specially trained nurses.

When Is the Staff Available?

At the Regional Neonatal Center there are always physicians in the hospital plus NPs or PAs and nursing staff available to you and your baby 24 hours a day, 7 days a week. You may telephone the unit at any time and speak to the nurse who is caring for your baby. As needed, the nurse will direct you to the physician for further discussion. When you telephone please identify yourself and state your relationship to the baby. To protect your baby's confidentiality, only parents will be given information about their baby on the telephone and in person unless you specifically identify someone to assist you. Please inform other friends and relatives that they will not be given information over the telephone about your baby's condition.

Questions About Medical Care?

All your questions are important. *It may be helpful to write your questions down as they arise.* Bring them to the hospital and we will meet with you to answer them. Good medical care is the result of a partnership between health professionals and their patients based on clear communication. Patients who communicate with their healthcare team tend to be more satisfied with their care, less anxious, and are able to follow treatment plans with a greater sense of purpose.

Direct Donor Blood

If your baby requires a blood transfusion, arrangements can be made for direct donor blood. Please speak to your baby's doctor or nurse for further information.

Visiting Guidelines

Coming Into The RNICU

For the health and safety of the babies being cared for in the RNICU the door to enter the unit is locked at all times. Please press the button to the right of the door. You will be asked your name and the name of the baby in the unit that you are coming to see. After you reply the door will be buzzed and push to open the door.

Upon first entering the RNICU it may seem a little confusing and overwhelming. The unit is large and has 10 rooms to accommodate our patients. There are a few things to remember when you come in:

- Check in at the clerk's desk which is right in the center of the unit. This is where you will find out the room your baby is in. With changing needs, the baby's room may change.
- A reminder that only two person's are allowed at the bedside at one time.
- You will be asked to identify yourself and your relationship to the baby.
- Scrub up! You will be directed to the wash room across from the clerk's desk - make sure you remove your jewelry and put it in a safe place. There are coat hooks in that room; however, NICU will not take responsibility for items left in room.
- Turn your cell phones off.
- Ask where your baby's room is located.
- If you have other children that are siblings of the baby over the age of 3 - ask for a doctor to give clearance for these children to visit, (see next page for more information about other children visiting).

Visiting Policy: WOW!... Technology Everywhere!

Your first visit to the Regional Neonatal Center may seem overwhelming. There may be a lot of equipment around your baby. Sometimes you will hear alarms sounding. This usually alerts the staff to changes in your baby's status. It is not a danger signal but a call to attention. Often these alarms trigger with movement. This is OK, and, is part of the health team's role to interpret them. The nurses will explain the equipment to you so you will be able to focus on your baby.

Where Do I Stay?

During your visit(s) to the RNICU you will be able to sit next to your baby's bed, gently touch and softly talk to him or her. When your baby is well enough you can hold and rock him or her. Hearing your voice will be familiar and comforting to your baby.

Visiting Hours and Guidelines

In order to maintain the highest level of care and family involvement, the nursery has a visitor policy. As stated earlier, parents may be with their baby 24 hours a day, 7 days a week. However, during change of shift, 6:30 a.m.-8:00 a.m. and 6:30 p.m.-8:00 p.m., our healthcare providers discuss important information about caring for your baby. We ask that you plan to be with your baby before or after these times so that our healthcare team can focus on you and your understanding of the hospitalization process without distraction. For your baby's safety and that of other newborns, no more than two people may visit any baby at one time, one of whom must be the parent. Family members may visit between the hours of 11:00 a.m.-10:00 p.m. Please check with your baby's nurse for further information.

Who Should Not Visit?

To protect all of our babies, anyone who has been exposed to a contagious disease may not enter the Regional Neonatal Center. For example, if you have chickenpox, German measles, tuberculosis or have contacted anyone you suspect of having these infections, please bring this to the attention of the medical and nursing staff immediately.

Anyone with mild cold-like symptoms, sneezing, watery eyes, runny nose or upset stomach must speak with a member of our healthcare team to obtain a facemask or consider not visiting the baby until the symptoms resolve.

Protect Your Newborn Against Influenza

- Premature and newborn babies are at high risk for getting the flu because they cannot get the influenza vaccine.
- If they get the flu, babies are at risk for serious complications because their immune systems are immature and can't fight back as easily.
- Getting vaccinated against the influenza virus is the most important thing YOU can do to protect yourself and your baby during the flu season (September – April).
- The Center for Disease Control and Prevention (CDC) says that anyone who lives with or cares for a baby less than 6 months old should get the influenza vaccine.

Please take the time to get vaccinated, during flu season (September- April). You can get the influenza vaccine from: 1. WMC Occupational Health Service free of charge, M-F 7:30 a.m.-2:30 p.m. Walk-In, no appointment necessary, bring your vaccine screening form. 2. your primary care provider, or you can check with your local drugstore or local health department to find out where else flu shots will be available.

Cleansing hands with alcohol sanitizers or soap and water helps prevent infections. WMC requires all staff to clean their hands before and after caring for you. Please ask the nurse about the Children's Hospital Hand Hygiene program.

What About My Other Children?

Your baby's brothers and sisters, **who are at least 3 years of age**, may visit if the parent(s) accompany them. They must be in good health (not currently ill) and must have had chickenpox or the chickenpox vaccine at least 3 weeks prior to their visit. Children's visiting may be restricted by current clinical issues or national events which will be posted at the hospital or RNICU entrance. A member of our healthcare team will meet you and your older child before entering the nursery to ask about their health, screen for illness, immunization history and to tell them about their baby. Other children must be supervised and accompanied by an adult at all times while in the Regional Neonatal Center.

Handwashing

Anyone entering the RNICU must wash his or her hands thoroughly to minimize entry of unwanted bacteria into the nursery. For your convenience, sinks are located at the entrance to the nursery. You will be asked to remove your jewelry (watches, rings and bracelets) from your hands and arms. Fold your sleeves up to your elbows; then wash your hands. If you are visiting more than one baby, please wash your hands before handling each baby. There are waterless hand sanitizers outside each room and at each bedside for your use. Please remember to clean your hands after visiting your baby. This helps to maintain a "clean" environment for your baby to grow in. These precautions are for the safety and protection of all of our babies. Their ability to fight infections is much less than yours!

Coping With Your Feelings

What Does All This Mean? How Will I Cope?

As the parent(s) of a new baby in the Regional Neonatal Center, you may have many concerns. Having a baby requiring intensive care is often unexpected and frightening. The staff is very sensitive to these emotions. Our professional staff is here to help you understand and cope with these feelings. We will assist you in achieving a better understanding of the intensive care process to help make things easier for you.

Most of the information you receive may sound like a new language. Therefore, we have included a dictionary of NICU Medical Terms at the end of this guide. We also encourage you to become involved with our Parent Group.

Feelings You May Have

As new parents you may feel helpless in the Regional Neonatal Center setting. It can be a strange and scary place. At times you may feel overwhelmed, or experience feelings of fear, anxiety, loss and grief. All of these feelings are normal! Discuss your feelings with our staff; they are here to help you.

The babies in the Regional Neonatal Center are very special to a lot of people. Our goal is to provide the best possible care to your new baby.

What Can You Do Now as a Parent?

As parents, you are the most important people in your baby's life. While your baby is in the nursery receiving special care, your attention, love and concern are your baby's greatest need. To meet these needs, we encourage you to participate in your baby's care whenever possible. Please ask questions, speak up and express any concerns you may have.

Kangaroo Care – This is skin-to-skin positioning of a baby on their mother's or father's chest to promote growth and bonding. It is something only you, the parents, can do for your baby. Ask your baby's nurse to help arrange for this.

There are many things you can do for your baby. Your baby will learn to know your voice. Hearing a familiar voice can be comforting and soothing to your baby. Parents can bring tapes with their own voices, pictures of family members or those colored by brothers or sisters, and small stuffed animals or toys. Please remember to label everything that you bring to the nursery with your baby's name.

It is all right to touch your new baby. It may startle him or her, but it will be OK for the baby. Your baby's nurse will let you know other things you can do as your baby becomes more stable.

When it gets close to discharge, as soon as you have selected your baby's pediatrician, please let the staff know. If you need help, our staff can assist you in finding a pediatrician in your community. We will be in contact with your baby's doctor so he or she will know the care your baby received while in the Regional Neonatal Center.

Direct Donor Blood - Your baby may require a blood transfusion. Volunteer blood is provided by the Hudson Valley Blood Bank. If you or your family members would like to donate blood for your baby, it is called Direct Donor Blood. We can provide more information about this, please speak to your baby's nurse.

Nutrition and Breastfeeding

Nutrition and Feeding Your Baby

At first, many babies in the RNICU receive their first nutrition as special fluids through a needle placed in a vein. This is because some babies are too immature to breathe, swallow and suck all at the same time. The intestine may need time to adapt to the new environment. When your baby is ready, he or she may be fed breast milk or formula through a tube inserted through the nose or mouth into the stomach. As your baby can tolerate, he or she will learn to breastfeed and/or drink from a bottle. We will keep you informed about how your baby is progressing with his or her feedings. It is important for your baby's eventual transition to home that you join us and take part in this important aspect of the parenting and feeding of your baby.

Can I Breastfeed My Baby?

Breastmilk is the best milk for almost every newborn. It has all the nutrients your baby needs for healthy growth and development during the first 6 months of life. Breast milk is the only food that has antibodies that help protect your baby from many illnesses and helps to strengthen his or her immune system. Studies show that breast milk fed babies are less likely than formula-fed babies to have ear infections, lower respiratory infections, meningitis, urinary tract infections and diarrhea. Studies also suggest that breast milk fed babies may be less likely than formula-fed babies to die from sudden infant death syndrome (S.I.D.S.). Breast milk is easy to digest, so your baby may have less gas and discomfort than formula-fed babies.

The health benefits of breast milk can last a lifetime. Studies suggest that children and adults who are breast milk fed are less likely to develop asthma, diabetes, certain cancers, and become obese later in life. Breast milk feeding may enhance brain development. Some studies suggest that children who are breastfed may even score higher on cognitive tests.

Our healthcare team is dedicated to assisting all mothers who want to breastfeed their babies.

Since your baby may not be ready to breastfeed early in his/her hospital stay; we recommend that you start using an electric breast pump as soon as possible after your delivery. This will help you to make enough breast milk and will eventually help with the transition to direct breastfeeding. Our nurses can show you how to use the breast pump, bring your breastmilk to the hospital and help you with breastfeeding. We also have a lactation consultant who can help you with pumping and breastfeeding your baby. You can call the lactation consultant at **914-493-7575**. The RNICU has three mothers' rooms for pumping or this can be done behind a screen at the bedside since visual contact can facilitate milk let down. Breastfeeding information is available in the mothers' rooms, from the nursing staff and the lactation consultant. We also encourage you to watch the breastfeeding programs on the Newborn Channel # 76 & # 75 in English and Spanish on the hospital television system.

Support Services

Social Workers are important members of the Regional Neonatal Center patient care team. They are available for consultation to provide information and services related to adjusting to a baby requiring intensive care, coordinating financial plans for care, making referrals for equipment and supplies, and discussing other matters of concern identified by parents or staff. They can be contacted at **(914) 493- 7642**.

Case managers are professional nurses who are available to assist the parent or guardian with safe, appropriate discharge plans for the baby. The case manager works closely with other members of the multidisciplinary team to ensure a safe, coordinated discharge for the family. They can be contacted at **(914) 493-6425** or from an outside phone dial hospital paging system **493-2525 beeper #0465** then when asked enter your call back phone number.

Music Therapy: In the NICU setting music therapy is used individually with the infant's to help organize behavior, reduce stress, reduce heart rate, increase feeding, increase oxygen saturation, and facilitate bonding between parent and child. Research shows that music therapy can even decrease length of stay. Music therapy objectives are specific to each patient's diagnosis, course of treatment and discharge timeline. Thanks to the generosity of private supporters, the Heather on Earth Music Therapy Program is enriching the lives of children and their families at Maria Fareri Children's Hospital daily. If you are interested in Music Therapy for your child you can contact: Laurie Park, MT-BC, LCAT, Music Therapist Board Certified, Licensed Creative Arts Therapist, Music Therapy Coordinator **(914)-493-6640** (office) or parkl@wcmc.com

Scrapbooking: each week, parents gather around a table in the NICU Conference Room and scrap their child's journey. With the help of a Certified Child Life Specialists and a Licensed Creative Arts Therapist, parents are encouraged to engage in conversations with other parents, utilize journaling techniques, and create visual memories that will illustrate their baby's first few months of life. There are flyers posted in the RNICU with the time and place of the weekly Scrapbooking group. Feel free to contact Gabrielle Grimaldi Bellettieri, MA, ATR-BC, LCAT, Board Certified Art Therapist, Registered Clinical Art Therapist, Licensed Creative Arts Therapist or Lauren Brown Nittoli MS, CCLS, Child Life and Creative Arts Therapy Department **(914) 493-6640**.

Pain Management: is the right of every infant and an important part of their care and recovery. Our goal is to keep your baby as comfortable as possible during their hospitalization.

The Family Resource Center is located on the first floor of the Maria Fareri Children's Hospital in Room 1118. The Center is a welcoming relaxed setting with comfortable sofas and chairs, 5 computers with internet access and a multitude of children's books. Families utilize this space for a variety of reasons including conducting computer searches for healthcare, parenting, finances and education; obtaining children's books for the patient and siblings to read or just to get away for a few minutes to rejuvenate. All families of hospitalized children are encouraged to use the space. The focus of the Center is to assist families of hospitalized children with supportive services according to the family's individual needs.

The Director of Family Support and the Family Resource Center is a licensed clinical social worker who is proficient in English and Spanish. She is available to meet with families in order to assist with the family's individual needs during their child's hospitalization. She can be reached at **(914) 493-8503**.

An invaluable addition to the program is the multitalented volunteer force who pride themselves in being flexible and available to help families in whatever way necessary.

Family Resource Center volunteers assist with a variety of different services. Some of the services provided include staffing the Laundry Room, organizing the library books in the Family Resource Center and in Patient areas and assisting families in developing private webpages for their child through CarePages. If you would like the assistance of a volunteer speak with the Director of Family Support and the Family Resource Center.

Housed within the Family Resource Center is the Family Business Center. It is equipped with a multiple telephone recharger, fax machine, photo copier, scanner and networked printer. It is open Monday through Friday from 9:30 a.m. to 4:30 p.m..

Families are welcome to use the Family Resource Center to:

- Participate in a coffee hour or support group for family members of hospitalized children
- Access the internet and e-mail
- Develop an individualized private webpage for your child through www.carepages.com
- Conduct personal business
- Talk with someone who understands how difficult it is to have a child in the hospital
- Take a break and relax just a few steps away from your child's bedside....

The staff of **Pastoral Care Department** is available to offer support, comfort and prayer. Chaplains are members of the healthcare team who provide spiritual/religious resources to meet the needs of patients, families and staff during times of change and uncertainty. Our team of chaplains is specially trained to minister to people of diverse faiths in the hospital setting. Clergy of all faiths and denominations are available to you and your family for prayer, sacraments and counseling. Hospital chaplains work alongside physicians, nurses and others as members of our healing team. The All Faiths Chapel is located on the first floor of the university hospital in the Macy Pavilion. It is open 24 hours a day. You or your nurse may call **(914) 493-7125** to request a visit from a Chaplain.

Reasons to request a visit from a chaplain:

- Comfort and emotional support for yourself, and/or family member and /or a friend.
- You feel anxious or upset about a situation
- Help contacting your church or religious community
- Blessing for a newborn
- Encouragement, thanksgiving and/or celebration during/after treatment
- Communion, prayer, confession or sacrament of the sick
- Special prayer before surgery
- Grief and bereavement support

Lower Hudson Valley Perinatal Network (LHVPN): provides information and resources to foster healthy women, children and families in Dutchess, Putnam, Rockland and Westchester counties. Cheryl Hunter-Grant, LMSW is the executive director, she can be reached at (914) 493-6435 or www.lhvpn.net.

Maternal-Infant Services Network (MISN): provides information and resources to foster healthy women, children and families in Orange, Sullivan and Ulster counties. Karen Fairweather, is the executive director, she can be reached at **(845) 928-7448** or execdir@misn.us

Patient Representatives: are available to discuss any problems or concerns you may have about your care. A patient representative is a trained professional whose primary responsibility is to serve as your liaison to the Medical Center and all of its services. The Patient Representatives phone number is: **(914) 493-8877**

Volunteers are from every sector of the community; they work in various departments through out the hospital. They offer the most valuable commodities...dedication, time and compassion. In the NICU volunteers wear bright blue aprons. They perform a wide variety of non-medical services to help make you and your baby's stay as comfortable and pleasant as possible. These specifically trained volunteers are called "cuddlers." A cuddler will help us to soothe a baby by softly speaking to the baby or by holding or rocking a baby when you are not available to care for him or her.

CarePages: Maria Fareri Children's Hospital is pleased to provide you with a free, private web page, called CarePage, to help you more easily communicate with friends and family and to receive messages of support. It's extremely easy to use-simply log on to **www.carepages.com/mfch** to access your CarePage. There are 2 computer terminals in the RNICU for use that have CarePages as their internet homepage. Your baby's healthcare team can assist you with this if needed.

Leaving The RNICU

When Will My Baby Come Home?

The length of your baby's hospitalization will depend on your baby's condition and special needs. Shortly after being admitted to the Regional Neonatal Center, the healthcare team will meet regularly to plan discharge and discuss this with you.

Your baby will be ready to go home when he/she is able to do the following:

- maintain their normal body temperature while in an open crib (bassinet) for at least 48 hours
- nipple all feedings from breast or bottle
- steady weight gain for 2-3 days, on full feedings in an open crib (bassinet)

There are no other active medical conditions requiring hospitalization. If there are special needs for apnea monitor, oxygen or other things our healthcare team caring for your baby will discuss these with you.

Your baby's nurse will provide instructions on the baby's care. Our doctors, nurses, social workers and other members of the healthcare team will assist you in preparing for your baby to go home several weeks before the anticipated discharge day. The best way to prepare for the baby to come home is to care for your baby as much as you can during your visits to the hospital.

Moving to Another Hospital

When your baby no longer requires intensive care at Maria Fareri Children's Hospital, he or she may be transported to one of our many affiliated nurseries closer to your home. They too will be able to provide the type of medical care your baby needs as part of our network of medical professionals.

Many families are nervous about the transfer of their baby to another hospital. This is a common feeling relating to meeting a new healthcare team, becoming acquainted with a new hospital and leaving a familiar nursery with familiar faces.

Transferring your baby to a hospital closer to your home is a positive experience. Your own pediatrician will become acquainted with you and your baby. This is an important time to continue to care for your baby.

Even after transfer, the physicians and nursing staff of the Regional Neonatal Center will be available to your pediatrician as needed to help guide your baby's care before discharge to home.

High Risk Neonatal Follow-Up Program

Since prematurity or illness in the newborn period may affect your baby's development, many baby's admitted to an intensive care nursery need to be followed closely for appropriate milestones during their development. The High Risk Neonatal Follow-Up Program is very important for your baby. One of our medical staff will contact you before discharge to discuss the type of follow-up services that are necessary for your baby. At this visit, your baby's development and health will be discussed with you. A report of this visit will be sent to your baby's healthcare provider.

General Pediatric & Subspecialty Follow-Up

At the time of discharge we will coordinate all important follow-up appointments. A discharge summary and discharge instructions will be given to you; please bring them with you when you see your baby's healthcare provider. Keep a copy of each with your baby's belongings.

Immunizations (Vaccines)

In many cases, immunizations can be given prior to discharge to home. Our staff will initiate the record keeping for you.

Infant Hearing Screening Program

In accordance with New York State Department of Health regulations all babies will have a hearing screening as part of our routine newborn care. The screening will be preformed at the infant's bedside by our Speech and Hearing Center. The pamphlet explaining the results and a written report are placed in the infant's medical record.

Infant C.P.R. Skills Class

It is recommended for ALL parents to learn C.P.R., cardiopulmonary resuscitation. Classes are held in Maria Fareri Children's Hospital and the dates and times are posted in the nursery. Speak with your baby's nurse for more information about this class.

Infant Car Seat

Bring in the car seat you will be using 3-5 days before discharge. Learn how to properly position your baby in the car seat. Your baby may need to sit in the car seat, for observation, for the amount of time it takes for you to drive home. For most babies this can be done when the baby goes into a bassinet.

Follow-up Phone Calls

A member of our medical staff contacts the family of each patient discharged from the RNICU to see how the baby is doing, if parents have questions, and determine if the appropriate follow-up appointments have been made. Prior to your baby's discharge, you will be asked to fill out an information sheet so that we can contact you.

General Information

Financial Information and Your Insurance Carrier

While your primary concern at this time is your baby's health, you may also be thinking about the costs of care and how to pay for it.

It is important to notify your insurance company immediately of your baby's admission to the Regional Neonatal Center and to add your baby to your policy. Also, be sure to discuss your coverage with your insurance company or employer. Please contact the office of the Regional Neonatal Center to assist you with this at **(914) 493-8486**.

While your baby is in the hospital you will receive different bills. Westchester Medical Center will bill for hospital services, including laboratory tests. Doctors' services, neonatologist or other specialists needed to care for your baby will be billed separately from hospital services. Laboratory tests will be listed separately. Our billing experts will assist you in understanding these charges and how to obtain payment through the reimbursement system of your insurance company.

I.C.E. In Case of Emergency

'ICE' is a method of contact during emergency situations. As cell phones are carried by the majority of people, store the number of a contact person (s) who should be called during emergency under the name 'ICE' (In Case Of Emergency). For more than one contact name simply enter ICE1, ICE2, ICE3, etc.

Emergency Service personnel and hospital Staff would be able to quickly contact the person designated by you to be contacted in case of emergency by simply dialing the number you have stored as 'ICE' in an emergency situation.

The idea was thought up by a paramedic who found that when he went to the scenes of accidents, there were always mobile phones with patients, but they didn't know which number to call.

Visitor Information

Parking

Monthly parking passes are available. If you visit your baby five days or more they are worthwhile. A reduced-rate parking pass costs \$32.00 per month (30 days). Monthly passes can be purchased in WMC Main Hospital Room LLJ 12 on the Ground Floor. Office hours Monday - Friday 8 a.m. to 9 p.m. For additional information call 493-7932. The garage is open 24 hours a day. Payment is by check, cash, or credit card.

Daily parking in the front lot is \$6.00.

Hospital Dining & Gift Shop

Au Bon Pain is located in the main lobby of the Maria Fareri Children's Hospital. It is open from 7 a.m. to 9 p.m. Monday- Friday; 7 a.m. to 8 p.m. Saturday and Sunday. In the University Hospital of Westchester Medical Center Au Bon Pain is open 24 hours a day, 7 days a week. The hospital cafeteria is located in the basement of the University Hospital and is open for breakfast, lunch, and dinner. The Gift Shop is open during posted hours. **Eating and drinking is not permitted at the baby's bedside.**

Restaurants & Hotels

The Information Desk, located in the main lobby of the hospital, can provide you with a map of the area, lists of local hotels and restaurants as well as transportation information.

Visitor Bathrooms

The visitor's bathrooms are located throughout the Regional Neonatal Center.

Smoking Policy

Maria Fareri Children's Hospital and Westchester Medical Center are smoke-free facilities and therefore **smoking is not allowed anywhere in the buildings or on the campus.**

Special Request

Please bring your baby back to the Regional Neonatal Center to visit us after discharge. Photographs and letters are appreciated and welcomed by our staff! Annual “Graduation Parties” are held to provide “graduates”, families, and our staff with an opportunity to catch up and keep in touch with you and your baby.

All babies benefit from the love and attention of their parents and families. We encourage you to spend as much time as possible with your baby. We hope this booklet has been informative and helpful to you. Please remember this booklet is only a general guide and each baby is cared for as a unique individual with special needs.



Personnel In The Regional Neonatal Center

Medical Personnel

Attending Neonatologist: a pediatrician who has special training in Newborn Intensive Care Medicine. The Attending Neonatologist is the physician who determines the overall plan of treatment. He or she is the team leader of the medical staff.

Neonatal Fellow: a pediatrician specializing in Newborn Intensive Care Medicine.

Resident: a doctor who works with the Fellow and Attending to provide medical care to your baby.

Nurse Practitioner (NP) or Physician Assistant (PA): a medical professional who assists the Fellow and Attending Physician to provide medical services to your baby.

Key Nursing Personnel

Case Manager: a registered nurse who has special training to set up a safe discharge plan for the baby.

Clinical Nurse Specialist: a registered nurse who has responsibilities for patient and nurse education at the Medical Center.

Neonatal Nurse (RN): a registered nurse with special training in the care of babies in the NICU.

Nursing Assistant: a trained staff member, non-nurse, who assists the nurse in delivering other services your baby needs.

Other Healthcare Providers

Audiologist: a professional who specializes in hearing problems, testing for hearing loss and treating it.

Lactation Consultant: a professional with special training in lactation and breastfeeding.

Music Therapist: a professional who incorporates clinical and evidence based use of music therapy for individualized goals.

Occupational Therapist: a professional with special training in infant development.

Physical Therapist: a professional with special training in assessing muscle tone and movement.

Respiratory Therapist: a professional with special training to assist in the operation of respirators and other forms of respiratory support.

Speech Therapist: a professional with special training in assessment and management of feeding and swallowing disorders.

Social Worker: a professional who helps families cope with non-medical issues, and assists with emotional support, financial arrangements, insurance and government programs.

Hospital Chaplain: a hospital-based religious support person.

Consulting Services

Cardiologist: a doctor who diagnoses and treats diseases of the heart.

Endocrinologist: a doctor who diagnoses and treats diseases of the endocrine glands (glands which secrete hormones such as the thyroid gland).

Gastroenterologist: a doctor who diagnoses and treats diseases of the stomach and intestines.

Geneticist: a doctor who diagnosis and treats hereditary problems, birth defects and their causes.

Infectious Disease Specialist: a doctor who diagnoses and treats diseases caused by different kinds of organisms (bacteria, viruses and/or fungi).

Nephrologist: a doctor who diagnoses and treats diseases of the kidney.

Neurologist: a doctor who diagnoses and treats diseases of the brain and nervous system.

Ophthalmologist: a doctor who diagnoses and treats diseases of the eye.

Orthopedic Surgeon: a doctor who specializes in performing surgery on parts of the body such as bones, ligaments and cartilage.

Pediatric Surgeon: a doctor who specializes in performing surgery on babies and children.

Pulmonologist: a doctor who diagnoses and treats diseases of the lungs.

Urologist: a doctor who diagnoses and treats diseases of the urinary tract.

Glossary

Equipment

Cardiorespiratory Monitor – is used to measure a baby’s heart rate and respiratory (breathing) rate. Three small disks (“leads”) are placed on a baby’s chest and belly. Each disk has a wire that is attached to the monitor. The monitor is then able to determine the baby’s heart rate and respiratory rate, which can be viewed on the screen of the monitor. The monitoring equipment sounds an alarm if there is a change in these rates that is beyond acceptable limits. They will also sound an alarm with movement. The staff will check on your baby to assure that everything is fine.

Incubator – a type of bed that also helps keep your baby warm. It is enclosed and made of “see-through” plastic.

Intravenous Pump, Fluids and Lines – if your baby needs intravenous (into or through the vein) fluids or medication, a machine called an Intravenous Pump (IV Pump) is used. The pump regulates the amount of fluid or medication your baby will receive. The intravenous lines may be inserted into an artery or vein located in your baby’s “belly button”(umbilical cord stump), leg, arm or scalp. These lines are also used to obtain blood samples or to monitor blood pressure. From time-to-time these lines may need to be replaced.

Phototherapy Light “bili lights”– a light used to decrease the amount of bilirubin in the baby. Bilirubin causes the skin to appear yellow. The baby will be naked except for a diaper and will have eye patches to protect his or her eyes from the lights.

Pulse Oximeter – a monitor for measuring the percent of oxygen saturation in your baby’s blood. The pulse oximeter probe is on the baby’s skin. A red light shines through the skin and takes a measurement of the oxygen saturation in the blood.

Radiant Warmer – another type of bed that keeps your baby at the right temperature. Your baby’s own temperature determines the amount of heat supplied by the radiant warmer. The baby’s temperature is measured by a small temperature probe taped to the baby’s skin.

Ventilator (Respirator) – a machine that helps your baby breathe. It supplies oxygen to the baby’s lungs through a tube called an endotracheal tube (ET Tube) that is inserted in the baby’s mouth or nose into the windpipe (trachea). The ventilator sends air and oxygen into the baby’s lungs at just the right rate and pressure. A baby on the respirator is unable to make a sound when crying.

Dictionary of NICU Medical Terms

Learning a New Language: The Regional Neonatal Center has its own language. Many diseases and therapies are abbreviated. If you hear a term, or word you do not understand, ask! Listed below are some of the more commonly used phrases, words and abbreviations that you are likely to hear.

Anemia – a decrease in the baby’s red blood cell count; red blood cells carry oxygen.

Antibiotic – medication used to treat various infections

Apnea – a pause in breathing.

Aspiration – when a baby breathes in mucus or milk.

Blood Gas – a test to measure the amount of oxygen, carbon dioxide, and acid in the baby’s blood. The blood sample may be from an artery (ABG), vein (VBG), or capillary (CBG). Changes in the baby’s respiratory care can occur as a result of this test.

Bilirubin – a yellow pigmented waste product from old red blood cells that is excreted by the liver into the stool.

Bradycardia – a slower than normal heart rate.

Cardiac – pertaining to the heart.

CAT Scan (Computerized Axial Tomography) – a test also known as a “scan” that gives a 3-D view of the body’s internal organs and structures. Medication may be given to your baby to help him or her to remain completely still during the scan procedure. This is a painless procedure for your baby; similar to performing a chest x-ray.

Catheter – a tube that either drains fluid from the body or puts fluid into the body.

- Umbilical Catheter- Artery or Venous (UAC, UVC) a tube that goes into either the artery or vein in the “belly button” (umbilical cord stump).
- Central Line Catheter - a tube that goes into a large or central vein. It is usually placed for long-term nutrition from IV fluids that will provide protein and calories. Two types you might hear about are Broviac or percutaneous (“PICC”).
- Urinary Catheter - a tube that goes into the baby’s bladder to drain urine.

Chest PT – gentle tapping on the baby’s chest to help mobilize secretions (mucus) to be removed by suctioning

CBC (Complete Blood Count) – a measure of the type and number of cells in the blood. This is often part of an evaluation to check for infection or a way to determine the number of red blood cells.

CPAP (Continuous Positive Airway Pressure) – a continuous amount of pressurized air, sometimes with additional oxygen, is delivered through a tube in the baby’s nose or mouth to keep the tiny airways of the lungs open as the baby inhales and exhales.

Cuddler Program – Our unit enlists in the help of trained volunteers called “cuddlers.” A cuddler will help us to soothe a baby by softly speaking to the baby or by holding or rocking a baby when you are not available to care for him or her.

Direct Donor Blood – Your baby may require a blood transfusion. Volunteer blood is provided by the Hudson Valley Blood Bank. If you or family members would like to donate blood for your baby, it is called Direct Donor Blood. We can provide more information about this.

Echocardiogram – an ultrasound of the heart. This is a painless procedure performed at the baby’s bedside.

EEG (electroencephalogram) – recordings of the electrical activity of the brain. The EEG may be useful in recording seizures

EKG (electrocardiogram) – study of the electrical activity of the heart

Endotracheal tube (ET tube) – a flexible tube inserted through the baby’s mouth or nose into the trachea (the large airway from the mouth to the lungs)

Extubation – removal of the endotracheal tube (ET tube).

Febrile – pertaining to fever.

Gavage Feeding – if a baby cannot breastfeed or bottlefeed by sucking; a small tube is placed into the mouth or nose; the end of the tube is in the stomach. The feeding is given by gravity flow through the tube. This is also called tube feeding. Nasogastric tube (NG Tube), Orogastric tube (OG Tube).

Gestational Age

- Prematurity: born less than or equal to 36 weeks gestation
- Term Pregnancy: 40 weeks gestation
(9 months + 4 weeks after your last period)
- Post Date (Post-Term): after 42 weeks gestation
- AGA/SGA/LGA: average/small/large for gestational age

Growth Chart – while in the RNICU we measure the baby’s weight in grams and the baby’s head circumference and length in centimeters. This helps us to see progress of growth in your baby. There is a conversion table included in this booklet for your use.

Heel Stick – a way to easily draw small amounts of blood from the baby’s heel for laboratory work.

Hematocrit (“Crit”) – percent of red blood cells in the blood, part of the CBC. This is often used to determine if a blood transfusion is necessary due to anemia or low blood volume.

Hepatitis Vaccine – near the end of your baby’s hospitalization, it may be recommended that your baby be vaccinated with the Hepatitis B Vaccine to prevent a viral illness of the liver for which we are all at risk. We will need your permission to do so.

Intraventricular Hemorrhage (IVH) – bleeding in or around the brain.

Intubation – insertion of the endotracheal tube (ET tube).

I.V. – intravenous, method of delivering medicine, fluids or nourishment (liquid food) directly into the body through a vein

Jaundice – a yellow coloring of the skin or the whites of the eyes due to an increase in bilirubin; a normal by-product of the breakdown of red blood cells.

Kangaroo Care – skin-to-skin positioning of a baby on their mother’s or father’s chest to promote growth and bonding. This is something only you, the parents, can do for your baby.

Lumbar Puncture (LP) – a small sample of fluid is taken from the space around the nerve endings in the lower back to check for infection. The procedure is also known as spinal tap. It is often part of a sepsis work-up (see page 26) to check for infection.

MRI Scans (Magnetic Resonance Imaging) – a test also called a “scan” that gives a horizontal or cross-sectional picture of internal organs and structures. Medication may be given to your baby to help him or her to remain completely still during this procedure. This is a painless procedure for your baby. It uses magnetic energy.

Nasal Cannula – a small plastic tube placed under the nose to provide oxygen.

Necrotizing Enterocolitis (NEC) – a serious disease of the intestinal tract sometimes requiring antibiotics and/or surgery.

Neonate – newborn baby.

Newborn Screening – often referred to as the “PKU” test, checks a baby for certain serious medical conditions that may go undetected without such testing. All states require newborn screening to be performed on babies who are born in that state. The conditions that are screened for will vary by state; however, phenylketonuria (PKU), sickle cell disease and HIV are examples of conditions for which tests are typically performed.

Nothing by Mouth (NPO) – is the abbreviation for “nothing by mouth.” The baby cannot be fed by mouth at this time.

Oxyhood – a plastic hood used to deliver humidified oxygen to the baby.

Patent Ductus Arteriosus (PDA) – the Ductus Arteriosus is a normal blood vessel between the major arteries of the heart that usually closes after birth. If it does not close, it is called a Patent (Open) Ductus Arteriosus and may require medication and/or surgery, called PDA ligation.

Pneumonia – an infection in the lung.

PO – take in orally.

Pulmonary – pertaining to the lungs.

Pulse – number of heartbeats per minute

Renal – pertaining to the kidneys

Respiratory Distress Syndrome (RDS) – is a breathing problem common to premature babies where the tiny air sacs of the lungs tend to collapse at the end of each breath, due to a lack of surfactant (defined below). It is also known as Hyaline Membrane Disease (HMD).

Rounds – when the healthcare meets to discuss patient care.

Saline – a watery solution that contains a small amount of salt and is often used to administer medicine.

Seizures – abnormal, purposeless, repetitive movements of the arms, legs, eyes or mouth are known as seizure activity in the newborn. It requires further evaluation to determine its cause.

Sepsis – a bacterial, fungal or viral infection in the blood.

Sepsis Work-Up – when an infection is suspected; blood, urine or spinal fluid will be drawn for culture to confirm the presence or absence of an infection.

Shunt – a device that is inserted into the body to redirect the flow of blood or other fluid from one area to another

Sputum – a mixture of saliva and mucus that is coughed up from the respiratory tract

Stenosis – an abnormal narrowing of a passageway, such as a blood vessel or other type of opening in the body.

Syringe – device used to inject fluids (ie. medicine) into IV, muscle or vein; also used without a needle to give medicine in the mouth

Suctioning – removal of secretions from the baby's nose, mouth, throat and/or endotracheal tube with a small plastic tube connected to suction.

Surfactant – a substance formed in the lungs that help keep the tiny air sacs or alveoli from collapsing and sticking together. A lack of surfactant in premature babies contributes to Respiratory Distress Syndrome (RDS).

Tachycardia – an abnormal rapid heartbeat.

Total Parenteral Nutrition (TPN); Intralipids – IV fluids that provide a baby who is unable to feed with necessary nutrients: protein, sugar, fat, minerals, and vitamins.

Transient Tachypnea of the Newborn (TTNB) – a breathing problem common in full-term babies typically from slower than normal removal of fluid in the lungs before birth.

Ultrasound (sonogram) – a type of radiologic test in which echoes of high frequency sound waves provide a picture of the body tissues.

Vital Signs – are the baby's temperature, blood pressure, heart rate and respiratory (breathing) rate.



Important Names & Telephone Numbers

Regional Neonatal Center	493-8585
Social Worker	493-7642
Lactation Consultant	493- 7575
Chaplain Office	493-7125
Case Manager	493-6425
<i>or hospital paging system from outside phone 493-2525 beeper 0465</i>	
RNICU Office	493-8486
Music Therapist	493-6640

My baby's nurses are:

My baby's doctors are:

My baby's social worker is: _____

My baby's case manager is:

Other important names:

Resources

Books

We can help you if you're interested in purchasing these books.

The Premature Baby Book : Everything You Need to Know About Your Premature Baby from Birth to Age One

William Sears, M.D., Robert Sears, M.D., James Sears, M.D. and Martha Sears, R.N. Little Brown and Company

Preemies: The Essential Guide for Parents of Premature Babies

Dana Wechsler Linden, Emma Trenti Paroli, Mia Wechsler Doron M.D.; Pocket

The Premie Primer: A Complete Guide for Parents of Premature Babies—from Birth through the Toddler Years and Beyond

Jennifer Gunter; Da Capo Press

The Premie Parents' Companion: The Essential Guide to Caring for Your Premature Baby in the Hospital, at Home, and Through the First Years

Susan L. Madden; the Harvard Common Press

Parenting Your Premature Baby and Child: The Emotional Journey

Deborah L. Davis, Mara Tesler Stein; Fulcrum Publishing

Newborn Intensive Care

Jeanette Zaichkin, RNC,MN; NICU Ink Book Publishers

Kangaroo Care: The Best you Can Do to Help Your Preterm Infant

Susan Ludington-Hoe, CNM,Ph.D. and Susan K. Golant; Random House

Breastfeeding Your Premature and Special Care Baby

Marsha Walker, RN, BS; Lactation Associates

Baby Hands and Baby Feet

Nancy Kennedy; Neonatal Network

No bigger Than My Teddy Bear

Valerie Pankow; Family books

Watching Bradley Grow; A Story about Premature Birth

E. Murphy-Melas; Longstreet Press

Internet Sites

Each site has links to several other sites that may be of interest. These websites can be accessed from 2 computer terminals in the RNICU. The content of each website is the responsibility of the webmaster.

<http://preemieparenting.com/> A place created for parents and loved ones of premature infants, and women experiencing a high risk or complicated pregnancy.

<http://www.preemie-l.org> Parents of Premature Babies Inc. (Premie-L)
A non-profit foundation supporting families with children born six weeks or more before due date.

<http://kingproductions.com/tommy.htm> Tommy's CyberNursery Premie Web - FrontDoor...Links to preemie Info, other preemie websites, discussions groups, medical information.

<http://www.prematurity.org/index.html> Premature Baby – Premature Child
Premie Parent Support for Premie Special Needs

[http://www.heart.org/HEARTORG/CPRAndECC/CPR_UCM_001118_SubHome Page.jsp](http://www.heart.org/HEARTORG/CPRAndECC/CPR_UCM_001118_SubHomePage.jsp) American Heart Association web site to locate a CPR course in your community.

<http://www.marchofdimes.com/> March of Dimes organization whose goal is to reach the day when all babies are born healthy.

http://www.westchestermedicalcenter.com/home_mfch.cfm?id=65&fr=true
Maria Fareri Children's Hospital, Westchester Medical Center

<http://www.nymc.edu/neonatology/> New York Medical College, Division of Neonatology webpage

<http://www.lhvpn.net/index.shtml> Lower Hudson Valley Perinatal Network, your source for perinatal resources

<http://www.aap.org> American Academy of Pediatrics website link with Information for Parents

<http://www.womenshealth.gov/breastfeeding/> US Department of Health and Human Services Office on Women's Health, Publication and Information on Breastfeeding in several languages

<http://www.breastfeedingonline.com/> Information on the importance and benefits of breastfeeding



A NEW CHILDREN'S HOSPITAL

We need your help...

If you'd like to become involved or provide input, please call the Children's Hospital Foundation at **(914) 493-2575**.



DIRECTIONS to Maria Fareri Children's Hospital

North • Northern Westchester • Hudson Valley Region • Upstate New York

I-87 (New York State Thruway) • I-87 SOUTH to Tappan Zee Bridge to I-287 EAST to Exit 4 (Route 100A north, which becomes Route 100 north). 3.2 miles from exit to entrance to Medical Center grounds on left.

I-684 • I-684 SOUTH to Saw Mill River Parkway to Sprain Brook Parkway to Medical Center exit (just past New York State Police Barracks). Make right at top of exit onto Route 100 (south). Follow to entrance to Medical Center grounds on right.

Saw Mill River Parkway • Saw Mill River Parkway SOUTH to Sprain Brook Parkway to Medical Center exit (just past New York State Police Barracks). Make right at top of exit onto Route 100 (south). Follow to entrance to Medical Center grounds on right.

Taconic Parkway • Taconic Parkway SOUTH to Sprain Brook Parkway to Medical Center exit (just past New York State Police Barracks). Make right at top of exit onto Route 100 (south). Follow to entrance to Medical Center grounds on right.

SOUTH • New York City • Southern Westchester • Long Island • Eastern New Jersey

I-287 (Cross Westchester Expressway) • I-287 EAST to Exit 4 (Route 100A north, which becomes Route 100 north). 3.2 miles from exit to entrance to Medical Center grounds on left.

I-287 (Cross Westchester Expressway) • I-287 WEST. To Sprain Brook Parkway north. To Medical Center exit. Make left onto Medical Center grounds.

I-87 (New York State Thruway) • (NYC: accessible via FDR Drive) I-87 NORTH to I-287 east to Exit 4 (Route 100A north, which becomes Route 100 north). 3.2 miles from exit to entrance to Medical Center grounds on left.

I-95 (New England Thruway) • I-95 NORTH to I-287 west (Cross Westchester Expressway). To Sprain Brook Parkway north. To Medical Center/Route 100 exit. Make left onto Medical Center grounds.

Bronx River Parkway • Bronx River Parkway NORTH to Virginia Road exit. West on Virginia Road to Route 100 (Grasslands Road). Make right, and follow to stop light at junction of routes 100 and 100c. Make right onto Route 100 north. 1 mile to entrance to Medical Center grounds on left.

Saw Mill River Parkway • (NYC: accessible via West Side Highway) Saw Mill River Parkway NORTH to I-287 east to Exit 4 (Route 100A north, which becomes Route 100 north). 3.2 miles from exit to entrance to Medical Center grounds on left.

Sprain Brook Parkway • Sprain Brook Parkway NORTH to Medical Center/Route 100 exit. Make left onto Medical Center grounds.

Hutchinson River Parkway • Hutchinson River Parkway NORTH to I-287 west (Cross Westchester Expressway). To Sprain Brook Parkway north. To Medical Center/Route 100 exit. Make left onto Medical Center grounds.

New Jersey...

Tappan Zee Bridge • Tappan Zee Bridge to I-287 (Cross Westchester Expressway) EAST to Exit 4 (Route 100A north, which becomes Route 100 north). 3.2 miles from exit to entrance to Medical Center grounds on left.

George Washington Bridge • George Washington Bridge to Cross Bronx Expressway EAST to the Bronx River Parkway NORTH to the Sprain Brook Parkway NORTH to Medical Center/Route 100 exit. Make left onto Medical Center grounds.

Connecticut & Massachusetts...

I-95 (New England Thruway) • I-95 SOUTH to I-287 west (Cross Westchester Expressway). To Sprain Brook Parkway north. To Medical Center exit. Make left onto Medical Center grounds.

Merritt Parkway • Merritt Parkway SOUTH to Hutchinson River Parkway to I-287 west (Cross Westchester Expressway). To Sprain Brook Parkway NORTH. To Medical Center/Route 100 exit. Make left onto Medical Center grounds.

Pennsylvania...

I-84 • I-84 EAST to I-684 SOUTH to Saw Mill River Parkway to Sprain Brook Parkway to Medical Center exit (just past New York State Police Barracks). Make right at top of exit onto Route 100 (south). Follow to entrance to Medical Center grounds on right.

Traveling time from major points (approx.):

Albany . . . . .	.2 hours
George Washington Bridge . . . . .	.30 minutes
Greenwich . . . . .	.20 minutes
Long Island Expressway . . . . .	.40 minutes
Newburgh . . . . .	.55 minutes
New Haven . . . . .	.60 minutes
New York City . . . . .	.40 minutes
Philadelphia . . . . .	.2 1/2 hours
Poughkeepsie . . . . .	.60 minutes
Stamford . . . . .	.30 minutes
Tappan Zee Bridge . . . . .	.15 minutes
White Plains . . . . .	.10 minutes

CONVERSION TABLE & GROWTH CHART

Grams to Pounds & Ounces

(ie. 1021 grams = 2 pounds 4 ounces)

		Pounds									
		1	2	3	4	5	6	7	8	9	10
0	454	907	1361	1814	2268	2722	3175	3629	4082	4536	
1	482	936	1389	1843	2286	2750	3203	3657	4111	4564	
2	510	964	1417	1871	2325	2778	3232	3685	4139	4593	
3	539	992	1446	1899	2353	2807	3260	3714	4167	4621	
4	567	1021	1474	1928	2381	2853	3289	3742	4196	4649	
5	595	1049	1503	1956	2410	2863	3317	3770	4224	4678	
6	624	1077	1531	1984	2438	2892	3345	3799	4252	4706	
7	652	1106	1559	2013	2466	2920	3374	3827	4281	4734	
8	680	1134	1588	2041	2495	2948	3402	3856	4309	4763	
9	709	1162	1616	2070	2523	2977	3430	3884	4337	4791	
10	737	1191	1644	2098	2551	3005	3459	3912	4366	4819	
11	765	1219	1673	2126	2580	3033	3487	3941	4394	4848	
12	794	1247	1701	2155	2608	3062	3515	3969	4423	4876	
13	822	1276	1729	2183	2637	3090	3544	3997	4451	4904	
14	850	1304	1758	2211	2665	3118	3572	4026	4479	4933	
15	879	1332	1786	2240	2693	3147	3600	4054	4508	4961	

Ounces

My baby's birth weight is: _____ grams _____ lbs.

My baby's birth length is: _____ cms _____ inches

My baby's blood group is: _____

Weight on _____ is _____ grams _____ lbs.

Weight on _____ is _____ grams _____ lbs.

Weight on _____ is _____ grams _____ lbs.

Weight on _____ is _____ grams _____ lbs.

Weight on _____ is _____ grams _____ lbs.

Weight on _____ is _____ grams _____ lbs.

Weight on _____ is _____ grams _____ lbs.

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Weight on _____ is _____ grams _____ lbs.



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NOTES

**Regional Neonatal
Intensive Care Unit**

Maria Fareri Children's Hospital
at Westchester Medical Center

(914) 493-8585



Westchester
— MEDICAL CENTER —