A FREE RESOURCE FROM THE JUNIPER FOUNDATION

Your First Week in the NICU

Checked against current guidelines by the Juniper Foundation editorial team. Not yet reviewed by a clinician.

The first days in the neonatal intensive care unit (NICU) can feel overwhelming. This sheet explains what often happens, who you will meet, and how you can be part of your baby's care.

The first hours

When a baby is admitted to the NICU, the team works quickly to keep the baby warm, check breathing and heart rate, and start any support the baby needs. This may include:

- An incubator or warmer bed to keep your baby at the right temperature
- Small stickers and sensors that track heart rate, breathing, and oxygen
- Breathing support, from extra oxygen to a breathing machine
- An IV or a thin tube in the belly button to give fluids, nutrition, and medicine
- Blood tests, and sometimes X-rays or ultrasounds

You may not be able to hold your baby right away. Ask the nurse when you can touch your baby and when holding may be possible.

People you will meet

- **Neonatologist:** a doctor who specializes in sick and premature newborns
- **Neonatal nurse practitioner:** an advanced nurse who helps lead daily care
- **Bedside nurse:** often your best source of day-to-day information
- **Respiratory therapist:** manages breathing equipment
- **Dietitian and lactation consultant:** nutrition, pumping, and feeding
- **Social worker:** practical and emotional support

Write down names. It is fine to ask someone to repeat their role.

Ways you can be involved this week

- Ask about gentle touch, such as resting a still hand on your baby
- Ask when skin-to-skin holding may be possible
- If you plan to give breast milk, ask for help with pumping soon after birth
- Ask whether you can join daily rounds, when the team discusses the plan
- Learn to take your baby's temperature or change a diaper when the nurse says it is safe
- Talk, read, or sing softly to your baby

Daily check-in checklist

Ask the nurse or doctor each day:

- How was the night?
- What breathing support is my baby on today?
- How is my baby being fed, and is that changing?
- Were there any new tests, and what did they show?
- What is the plan for the next day or two?
- Is there anything I can do for my baby today?

Taking care of yourself

If you gave birth, your body is healing. Keep your own follow-up visits, and know the CDC's urgent warning signs for the year after birth: a headache that will not go away or gets worse; dizziness or fainting; changes in vision; a fever of 100.4°F (38°C) or higher; extreme swelling of the hands or face; trouble breathing; chest pain or a fast-beating heart; severe nausea and throwing up; severe belly pain that does not go away; heavy vaginal bleeding or discharge; severe swelling, redness, or pain in a leg or arm; overwhelming tiredness; or thoughts of harming yourself or your baby. If you have any of these, get care right away. In an emergency, call 911 or go to the emergency room, and say you recently gave birth. Eat, drink water, and sleep when you can. Ask to be screened for depression and anxiety.

Where to learn more

- What to expect on admission
- Parent involvement

- Practical NICU checklists
- Know the Signs
- HealthyChildren.org (AAP): Preemies, healthychildren.org
- March of Dimes: Common NICU equipment, marchofdimes.org

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