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Intubation: Information for Parents

Your baby was born with or has developed breathing problems. There are many different types of breathing problems, many related to a baby being born too early, that require intubation. Intubation is the passage of

a flexible plastic tube into the baby’s trachea (airway or windpipe). The trachea goes from the baby’s mouth and nose to the lungs to help them breathe. The tube in the baby’s windpipe is then connected to oxygen or a ventilator (a machine that breathes for your baby).

**Intubation = Tube In**

Intubation may happen as an emergency, meaning your baby needs help breathing immediately, or it can be elective, meaning when the health team decides it is time to help your baby breathe better. Neonatal nurse practitioners (NNPs), neonatologists, and other skilled healthcare providers are trained to do this procedure. Intubation may be done to help the baby breathe, to give special medicine into the lungs such as surfactant, to suction the airways/lungs, for surgery, or to aid when there is an obstruction (airway blockage).

The procedure involves having your baby lying face up on a flat surface, usually a warming bed, and monitored at all times. Medication may be given to control any discomfort and help quiet your baby for the procedure. The per- son performing the procedure will wear gloves, suction your baby’s mouth and throat, and look into your baby’s mouth with a special flashlight called a laryngoscope. The plastic tube inserted into the trachea is called an endotracheal tube (ETT). The ETT will be put through your baby’s vocal cords, into the opening of the trachea. The ETT will be connected to a ventilator (breathing machine) or to a bag-and-mask device to breathe for the baby. After the ETT is inserted, an X ray will be taken to make sure the tube is in the right place and working well. Tape around the baby’s lips will hold the ETT in place.

The ETT may stay in for a few minutes—only long enough to give medicine—or for days depending on your baby and his or her needs. Occasionally, the ETT may come out by accidently bumping it or moving your baby and must be

replaced. The ETT in babies is very small and only goes into the trachea a tiny bit so any movement can easily displace this fragile tube. For this reason, it is really important that you speak to the nurse before trying to move or pick up your baby.

Babies who are intubated cannot eat by bottle and must be fed by the IV or by a feeding tube. But, parents can assist the nurse or respiratory therapist when they are doing oral (mouth) care.

Once the decision is made to remove the ETT, it can be easily untaped and pulled out. Your baby may have a somewhat sore and swollen throat afterward and may sound hoarse when crying for a while after the tube is out. This usually gets better after a day or two.



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