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Going Home: Information for Parents

Congratulations, you are going home!

Going home with your baby is an exciting time. You and your healthcare team have worked together through- out your time in the neonatal intensive care unit (NICU) to prepare for this wonderful moment. It is normal to feel anxious about bringing your baby home. Your baby’s healthcare team will help you learn about your baby’s condition, medications, and care so that you are confident in taking your baby home. Your baby needs to meet three milestones before going home:

* maintain normal body temperature in an open crib
* take all feedings by breast or bottle
* have steady weight gain.

There are a few important things to review and complete before you go home:

* **Selecting a Primary Care Provider (PCP).** It is import- ant to choose your pediatric PCP before it is time for your baby to be discharged. Let your baby’s nurse know your provider’s name and phone number. The NICU will send important information about your baby to your baby’s provider.
* **Infant CPR Classes.** Preparing for emergencies at home is very important. Classes are held in the hospital and at community sites. Ask your baby’s nurse about times and places for classes.
* **Car Seat.** Every baby must have a car seat in place at time of discharge. If you have a premature or very small baby, your baby will have a car seat test before going home.
* **Hearing Screening.** All infants are given a hearing screening prior to discharge. A baby who does not pass the screening does not necessarily have hearing loss. A retest to confirm the results should be done within the first 3 months of life. You will receive any needed information prior to discharge of your infant.
* **Circumcision.** If your baby is a boy, you will need to decide whether to have him circumcised. Full-term baby boys usually can be circumcised before they leave

the hospital. Usually the same applies to a healthy pre- mature baby.

* **Medications.** Your baby’s provider may prescribe medications to give to your baby at home. Before your infant is discharged, your baby’s healthcare team will ask you to get the prescriptions filled and bring them to the hospital. They will teach you what the medicine is, why your baby needs the medicine, and how to give it to your infant. They also will help you with a home schedule for the medicines.
* **Special Equipment.** Some babies require home oxy- gen, a home apnea monitor, or other special equipment. The healthcare team will arrange for all the needed equipment for discharge. The company that supplies the equipment will train you to use it.

# Discharge Follow-Up

* **Developmental Follow-Up.** Babies who were very small at birth or who had other difficulties that may affect their development are referred to follow-up clinics or early intervention services. Providers, occupational therapists, and physical therapists who specialize in infant development examine the babies. If any problems are found, early treatment is recommended to improve your baby’s development.
* **Other Specialists.** At discharge, your baby may need to be seen by other specialists such as a pulmonary (lung), urology (urinary tract), cardiology (heart), or ophthalmology (eye) specialist. It is very important for the health of your baby to get follow-up care. Please be sure to follow the recommended appointments as scheduled.

# When to Call Your Baby’s Provider

If you are concerned about your baby and wonder whether you should call your primary care provider’s office, call them. If you see something unexpected or different that concerns you, call them. Here are some important reasons for calling your pediatric provider:

* temperature 100.4 °F (38 °C) or higher (in babies younger than 3 months) or when fever rises above 104

°F (40 °C) repeatedly for a child of any age

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* + symptoms of dehydration (crying without tears, sunken eyes, a depression in the soft spot on baby’s head, no wet diapers in 6–8 hours)
  + a soft spot that bulges when your baby is quiet and upright
  + a baby who is difficult to wake up
  + rapid or labored breathing (Call 911 if your baby has breathing difficulty and begins turning bluish around the lips or mouth.)
  + repeated forceful vomiting and an inability to keep flu- ids down
  + bloody vomit or stool
  + more than eight diarrhea stools in 8 hours.

If your concern is urgent, call your provider or take your baby to the emergency room.

# Visits from Family and Friends

Don’t be afraid to tell friends and family not to visit right away so you can spend precious time with your baby and settle in to home life together.

Once friends and family do start to visit, remember that premature infants and babies who have had a long NICU stay are more likely to catch an infection, so if someone is even a little sick, they should not visit. Visitors should be limited and should always wash their hands before touching the baby. Visitors should not be around the baby if they are smoking or have been smoking. Trips outside the home should be limited to appointments for the first several weeks. This is especially important if your baby is discharged during the winter months. Try scheduling follow-up appointments as the first of the day or request to wait in an examining room instead of the main waiting area.