



Progressive Care/Special Care Nursery in Huntsville Hospital's NICU

Some babies go home directly from the Intensive Care side of the nursery, but most NICU babies are eventually transferred to a step-down area for less intensive care before discharge. The step-down area may be designated either Progressive Care or Special Care Nursery, depending on availability. Both areas are part of the Neonatal Unit and are referred to as Progressive Care.

Knowing what to expect in the way of routines, staff members and your role during this period of hospitalization will help alleviate your stress and enable you to participate in your baby's care more fully.

PROGRESSIVE CARE DEFINED

Your baby's transfer means they have matured beyond the need for intensive life support. With a few rare exceptions, your baby is on the road home. Parameters for progressive care vary but, in general, your baby is off the ventilator and now needs less intense nursing care and observation.

As your NICU nurses prepare you for your baby's transition to this new phase of care, they may describe the Progressive Care Nursery as a quieter place, more able to work with your baby's sleep-wake cycles and abilities to interact with his/her less hectic surroundings.

Because growing babies need a lot of undisturbed rest, feeding time or "care time" is usually the best time for interaction; therefore, your nurse may suggest that you begin to spend this time with your baby, learning about their emerging personality, cues, and behaviors. Your baby no longer requires frequent intensive nursing care, so expect the nurses to have 3 to 4 babies under their care. Nurses in the NICU work all areas of the unit, so you still will see some familiar faces in the Progressive Nursery. Some nurses work only in the Progressive Care area, so you will notice new people taking care of your baby as well. You will meet specially trained nursing techs who help with feeding, vital signs, baths, and other care tasks. Volunteers who are trained with the Cuddler Program will be available to hold and comfort your baby if needed. Lactation and personnel with the Neonatal Therapy teams may be more visible in Progressive Care as they work with you and your baby on feeding skills, positioning, comforting, and other behavioral and physical tasks that may benefit your baby in the long term. In Progressive Care, there is a greater focus on parent involvement.

Learning to care for your baby becomes the focal point of your visits. When you call to check on your baby in Progressive Care, there will be a different focus on what is reported. Unless some complication occurs, your baby's condition will change much less often than in the NICU. Lab work, X-rays, and other tests are less frequent in Progressive Care, and monitor alarms are heard less often. The staff focuses on your baby's progress and your plans for actively participating in care and discharge planning.

EMOTIONAL CHANGES

In the Intensive Care side of the nursery, you probably developed trusting relationships with members of the staff — usually those staff who always discussed your baby's case openly and honestly and were willing to listen to your feelings and concerns. Your move to the Progressive Care Nursery means a change of personnel; you'll probably miss the comfortable working relationships you shared. You and your baby will need some time to get acquainted with a new team and to learn how to communicate well with that team. Eventually, you will develop good communication and trusting relationships with staff members in the Progressive Care Nursery, just as you did with those in the Intensive nursery.

As things slow down, you may find that emotions from the past weeks are catching up with you. Your baby's major crises are over, but as you start to relax, you may also begin to feel the emotions that you've been too numb to acknowledge until now. You may have been too frightened or overwhelmed to express some of those feelings, but now they seem to be tumbling out at your partner, the nursery staff, and anyone else who is willing to listen. This outpouring will slow down eventually.

There are ways to gain control over these emotions. Think about what you are feeling. See your behavior as an expression of overwhelming emotion. Talk to a friend, your partner, or a counselor. Write in a journal or record what you're feeling on your phone. The length of time this process takes depends on the length of time your child has been in the NICU, how early in your pregnancy your infant was born, how many life-and-death crises your baby experienced in the NICU, your support system, and your personal coping style. Ask your baby's nurse if you would like to speak to the Family Liaison, a social worker, chaplain, or other person who supports the emotional needs of parents. Do not be afraid to share your feelings with the doctor, nurse practitioner, charge nurse, or bedside nurse caring for your baby. Everyone is available to help. These emotions and feelings are normal. Keep in mind that what you have been going through would be very stressful for any parent. Find coping skills that work for you.

By now you've observed and learned so much about NICU practices, your biggest challenge in adjusting to this new area will be accepting that different is not necessarily wrong. Adjusting to new faces and new routines will take time. Your communication techniques may need review and fine-tuning as you negotiate a new plan of care for your baby. Ask about the plan for the remainder of your baby's hospital stay. These discussions will help you get comfortable so you can focus on learning to care for your baby before discharge. In addition to learning about the new routines, communicate your baby's likes and dislikes, including typical behavior patterns, with the staff. They will be most appreciative of the information during this period of adjustment for both you and your baby.

Source

Newborn Intensive Care: What Every Parent Needs to Know, 3rd Edition (Copyright © 2010 American Academy of Pediatrics)
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