

What to expect during your time at the Neonatal Intensive Care Unit (NICU)

Welcome to Michael Garron Hospital



Welcome

This is the NICU — the Neonatal Intensive Care Unit.

This is a place where babies get extra care and extra time to grow stronger and feel better.

Being here might not be what you expected.

It is okay to feel many things at once.

You are NOT alone. We are glad you are here.



Why is my baby in the NICU?

Babies come to the NICU for many reasons.

Some babies are born early. Some babies are very small. Some babies need help with breathing, feeding, growing, or extra care for a while.

This is about giving your baby the care they need right now.



What will I see in the NICU?

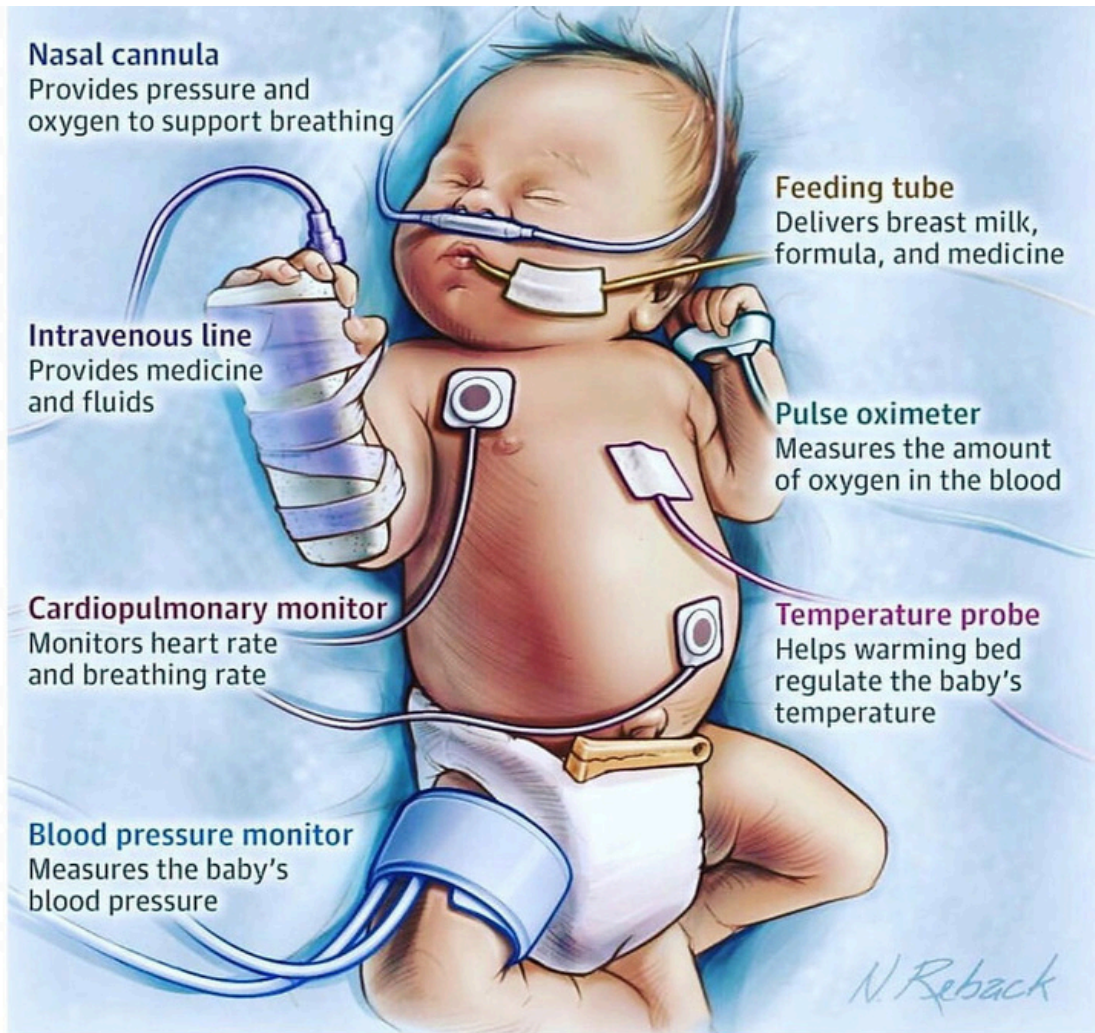
The NICU can look and sound different from other hospital rooms.

You might see:

- Wires on your baby's skin
- Tubes near the nose or mouth
- Machines that beep or glow

The machines might look scary, but they are there to **help the baby.**





Remember, the machines are not hurting your baby. **They are helping.**

They help doctors and nurses check how babies are doing. The beeps and buzzes are the machines talking to the team.

For example:



What is an isolette?

Your baby might be in a special bed called an isolette.

An isolette:

- Keeps your baby warm
- Protects them from germs
- Helps them save energy

It is a **safe space** made for little bodies.



For example:



Who is on my baby's care team?

Many people work together to care for you baby. Each person has a role. All share the same goal: **your baby's safety and growth.**

You may meet: doctors, nurses, social workers, lactation consultants, child life specialists, pharmacists, dietitians, and other members of the healthcare team...



What does a child life specialist do?

Child life specialists support: babies, parents, siblings, and families.

A child life specialist:

- Explains the NICU in simple ways
- Supports bonding
- Helps with stress and big emotions
- Supports siblings and family coping



What does a dietician do?

Babies in the NICU sometimes need special milk or special amounts of food to help their bodies grow.

A dietitian:

- Helps decide what kind of milk is best (breast milk, donor milk, or formula)
- Makes sure your baby is getting the right amount of nutrition
- Talks with families about feeding plans for home



What does a lactation consultant do?

A lactation consultant is someone who helps parents with breast milk and feeding, they are there to support you.

A lactation consultant:

- Helps you learn how to pump breast milk
- Shows you how to breastfeed safely in the NICU
- Helps if breastfeeding feels painful or hard
- Answers questions about milk supply
- Respects your feeding choices

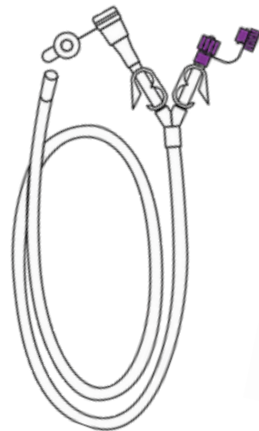


Feeding and growing

Some babies eat by:

- Tube
- Bottle
- Breast
- A mix of ways

Feeding looks different in the NICU. Every small step is progress.



How can I support and love my baby?

Even in the NICU, you are still your baby's parent. Your love is still felt and your voice and presence matter.

Babies know their parents by:

- Voice
- Touch
- Smell



You can:

- Talk softly to your baby
- Sing or hum
- Read a book
- Do gentle touch and skin-to-skin

Participate in care routines (e.g., diaper changes, infant massage, helping with feeds) to have those moments of meaningful interaction.



Skin-to-Skin (when appropriate)

Sometimes parents can hold their baby skin-to-skin. This is also called **kangaroo care**.

Skin-to-skin can:

- Help with bonding
- Help baby feel calm
- Support growth and healing

The team will tell you when this is safe for your baby.



Our volunteer “cuddler” program

Sometimes parents cannot be at the hospital all the time. You may need to rest, work, care for other children, or go home to sleep.

When you cannot be here, your baby is still cared for with love.

When it is safe, your baby may be cuddled by:

- Nurses
- Child Life Specialists
- Trained volunteer “cuddlers”



It is okay to ask questions!

You may have many questions. You may forget answers. That is okay.

You can:

- Ask again
- Ask for simple words or translation services
- Ask for pictures or drawings

You deserve to understand your baby's care.



Caring for yourself is important

Caring for yourself is part of caring for your baby, too.

- Take breaks whenever you can
- Accept help from friends and family
- Connect with support communities
- Go home and sleep/shower

Taking care of your body and mind helps you care for your baby.



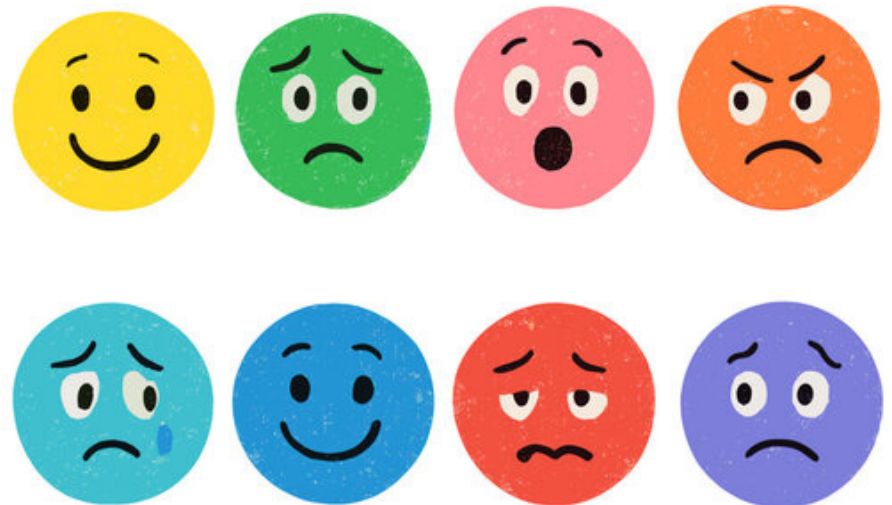
Big feelings are normal

You may feel love, fear, hope, exhaustion. All of this is normal and support is available. You do not have to hold this alone.

You can talk to:

- Nurses
- Doctors
- Social workers
- Child life specialists

There is no “right” way to feel when someone you love is in the NICU.



Supporting siblings

Having a baby in the NICU can be hard for siblings, too. They may not fully understand what is happening. Clear and simple words can help them feel safe.

Use simple explanations:
you can say, “The baby needs extra rest to grow,” or “The machines are helping the baby breathe.” Short, honest answers are often enough.



Involve siblings in small ways: let them sing to the baby, draw a picture, or help choose a blanket. Having a “big sibling job” helps them feel important and included.

Make time just for them: even a few minutes of focused attention each day can remind them that they matter, too. A short walk, a bedtime story, or quiet talk time can help them feel seen and loved.

Keep routines when you can: familiar bedtime stories, favorite snacks, or simple daily habits can bring comfort during uncertain times.



When will the baby come home?

Most babies in the NICU get stronger every day. Some stay for a short time. Some stay longer.

The NICU is part of the journey, not the whole story. The team will help your family take things **one day at a time**.

The NICU journey can feel long. Remember, your baby is growing. You are learning. You are doing enough.



You are important here!

You matter.

Your feelings matter.

Your questions matter.

You are part of this baby's care team just by loving them. You are not alone.

We are here to help.



**If you have any questions, please
ask your doctor, child life
specialist, or nurse!**

Book by: Julia Ruiz Roveló, Child Life Student &
Morgan Livingstone, CCLS

Reading Behavioral Cues: Overwhelmed

When I am not ready to interact, or need a break, I might:

- Yawn or sneeze
- Extend my arms
- Spread my fingers out wide
- Scrunch my eyebrows
- Look away from you



Reading Behavioral Cues: Ready to Play

When I am ready to interact, I might:

- Hold my hands near my face
- Make a soft, relaxed expression, or an “ooh” shape with my mouth
- Smile
- Open my eyes

