



# PRACTICAL INFO FOR PARENTS

NEONATAL INTENSIVE CARE UNIT



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# 01 WELCOME

First of all, congratulations on the birth of your baby!

Your baby has been admitted to our Neonatal Intensive Care Unit. We will ensure he or she receives the very best care.

After admission, a doctor will meet with you as soon as possible. You will receive daily information from the nurse during each of your visits. You can also contact the administrative office at any time to make an appointment with the doctor responsible for your baby.

This brochure provides you with more details about how our department works. If you still have questions after reading it, please feel free to contact one of our team.

## 02 TEAM

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### Medical team

The medical team consists of neonatologists (supervisors) and paediatricians specialised in intensive care for newborns. You will see several neonatologists during your stay on the ward. They alternate with each other. The neonatologists are aided by paediatricians in training (assistants).

Upon admission, your baby will be assigned a particular supervisor. This supervisor is responsible for monitoring your baby during your stay and is your point of contact.

The neonatologists are:

You may also see other specialised doctors during your stay. This depends on your baby's pathology.

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### Nursing team

A large group of specialised nurses is responsible for taking care of your baby each day. Your baby will be assigned a nurse per shift.

Head nurse:

Deputy head nurse:

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### Support staff

Our team is assisted by:

- ▲ Administrative staff
- ▲ Kind & Gezin nurse (Child and Family Agency)
- ▲ Public health nurse
- ▲ Psychologist

## 03 USEFUL PHONE NUMBERS

- ▲ Reception: 09 332 35 37
- ▲ Ward A+B: 09 332 37 30  
09 332 47 30
- ▲ Ward C: 09 332 37 35
- ▲ Ward D: 09 332 37 36
- ▲ Ward E: 09 332 37 33
- ▲ N\* unit: 09 332 48 57
- ▲ Isolation room: 09 332 60 14

We can be reached day and night. Between 7 am and 9 am, many babies receive their morning care and are fed. So, during this period, we ask that you call us only when it is urgent.

We only give information about the babies to their parents. And never to other family members or acquaintances.

## 04 WARDS

Depending on the care needed, your baby will be nursed at:

- ▲ Intensive care (Ward A+B)
- ▲ Special care (Ward C+D)
- ▲ Basic care and observation (N\* unit + Ward E)

In exceptional situations, we use an isolation room.

## 05 PARENTS' ENTRANCE HALLWAY

You enter our department through the parent entrance hallway. This is an area where you can store your personal belongings in lockable cabinets. You must also wash your hands and disinfect them before entering the ward.

We ask you to silence your mobile phone before entering the ward. We try to keep it as quiet as possible in the wards. Which is we why we ask you not to make or take phone calls in the wards.

Directly opposite the entrance hallway, you will find the 'Miffy sign' (a big-eared bunny rabbit called Nijntje in the Netherlands). This will show you which room your baby is in.

## 06 HAND HYGIENE AND SAFETY

### Help prevent infections

We prevent the transfer of unwanted bacteria by properly disinfecting hands before and after any contact with a patient. Proper hand hygiene is the best way to prevent patients from becoming ill via hand-borne bacteria. It is not only the care providers who must observe proper hand hygiene, we also ask you to follow several guidelines:

- ▲ Thoroughly wash your hands with soap and water, dry them well, and disinfect them with hand alcohol in the entrance hallway.
- ▲ Never wear jewellery or watches when in contact with your baby.
- ▲ Always disinfect your hands before contact with your baby and afterwards. This also includes after changing a nappy.
- ▲ Wear a face mask if you have a cold or cold sore.
- ▲ Limit your use of mobile phones when visiting your baby and always disinfect your hands after touching your mobile phone. We also have wipes at the ward that you can use to disinfect your mobile phone. You can find these at the counter.
- ▲ Feel free to speak to your baby's care providers if you think they overlooked a hand hygiene moment. Care providers should disinfect their hands with hand alcohol before and after any contact with a patient or objects in the ward. Care providers wash their hands with soap and water only when their hands are visibly dirty. Sometimes, a care provider wears gloves to attend to a patient. It is important that the gloves are changed regularly.

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## Your baby's identification

- ▲ Check that the correct name and date of birth are indicated on your baby's identification bracelet.
- ▲ Your baby will always have an identification bracelet on one of their limbs in a (heated) cot. In an open or closed incubator, the identification bracelet is attached to the incubator.
- ▲ Your baby's bed or incubator is labelled with a Miffy tag with your child's identification details.

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## Know what medication your baby is taking

- ▲ Speak to the care provider if the medication looks differently than you expected.
- ▲ Ask for an explanation for the new medication: Why? For how long? Side effects? etc.

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## Be alert for the risk of falling

- ▲ Always close your child's cot or incubator when you leave or ask a care provider for help.
- ▲ Wear properly fitting closed footwear.

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## Ask questions and listen to recommendations

- ▲ Ask for information about your baby's treatment, surgery, pain measurement and management, medication, and discharge.
- ▲ Write questions down on paper so you can discuss them later with a care provider.
- ▲ Feel free to ask a care provider to introduce themselves.



# 07 VISITING YOUR BABY

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## Parents

As a parent, you are indispensable to your baby. We do not consider you to be a visitor. You are always welcome at the ward.

We ask you to put on headphones during the multidisciplinary patient meeting (every day around 5 pm and on Monday morning) out of respect for the privacy of other patients' parents. We have headphones on the ward. Of course, you can listen when your baby is being discussed.

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## Visitors

We restrict visits by people other than parents for certain reasons: space, the need for peace and quiet for you and your baby, the care provided by nurses and doctors, hygiene, and infection prevention.

The following visitation arrangement applies to non-parents:

- ▲ They may visit your baby if you want them to and are present yourself. This is possible each day after 11 am with a maximum of two people: one parent and one visitor per baby.
- ▲ The other visitors to your baby can wait in the visitors' corridor. However, we ask you to respect the privacy of the other babies and limit your visit to your baby.
- ▲ Additional visitors are allowed in all wards unless access is temporarily restricted due to the circumstances. We will post this in the entrance hallway and on the ward door. Sometimes, we ask additional visitors to leave the ward. Visits via the visitors' corridor will then usually remain possible. We ask you not to wait in the ward corridor, but to wait in the visitors' corridor. Our corridor must remain free for emergencies.
- ▲ We do not give medical information to parents when visitors are present. We do this out of respect for professional confidentiality and the privacy of the baby.
- ▲ If the baby is in an isolation room, you should discuss with the supervising nurse what extra precautionary measures are needed.

## Children

### Brothers and sisters

Your baby's brothers and sisters are very welcome in our unit. They can visit the baby every day, after making an appointment with the nurse who cares for your baby. At most, three people are allowed at the baby's bedside (always including one parent). If a brother or sister has a cold, is ill, or anxious, the visit must be postponed.

### In practice

- ▲ One of the parents tells the nurse that a brother or sister is coming to visit. The children wait in the entrance hallway.
- ▲ The nurse comes to the entrance hallway and helps the children wash and disinfect their hands.
- ▲ Each visiting child is given a face mask to wear.
- ▲ The brother or sister must not touch the baby due to the risk of infection.

### Other children

Other children under 12 are welcome in the visitors' corridor. They can watch the baby or play in the play area. We do ask that the children stay in the visitors' corridor and do not go to the entrance hallway or department corridor. Unfortunately, the N\* room is not visible from the visitors' corridor.

### Tips

You can involve your children in other ways when your baby is admitted to the Neonatal Intensive Care Unit.

- ▲ Take photos and/or videos of your baby and talk about him or her.
- ▲ You can look at the siblings' crate (see below) together with the siblings and answer their questions honestly.
- ▲ There are several children's books about babies in incubators (e.g. 'Vroeger dan verwacht' ('earlier than expected') by An Swerts).
- ▲ Brothers and sisters can help wash and fold the baby's clothes. This makes them feel useful.

### Sibling's crate

The sibling's crate is put together for the brothers and sisters of babies in our ward. Each child receives their own package. Ask the nurse for this.

### Content

- ▲ a colouring book adapted to the ward
- ▲ colouring pens
- ▲ a soft doll that can be decorated
- ▲ syringe, nappy, baby bottle, face mask

- ▲ a Raf de Giraf brochure
- ▲ a deLIeving playroom folder

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## DeLIeving playroom

When you visit your baby, brothers or sisters can also visit the deLIeving (the loved one lounge) playroom at the Princess Elisabeth Children's Hospital. They can play there, do their homework, eat, rest, and so on, in a pleasant setting... just like at home. The children are looked after by pedagogical staff. The DeLIeving playroom is located on the ground floor of the Children's Hospital (entrance 10, route 1006). Opening times: every workday 9 am to 7 pm including school holidays. Registration in advance is recommended and can be made via tel. 09 332 33 78 or [deLIeving@uzgent.be](mailto:deLIeving@uzgent.be).

# 08 PARENT PARTICIPATION

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## Care

As a parent, you can contribute to the care of your baby right from the start:

- ▲ Speak softly to your baby
- ▲ Touch your baby
- ▲ Freshening up your baby's mouth
- ▲ Change nappies
- ▲ Take their temperature
- ▲ Kangaroo care
- ▲ Feed your baby
- ▲ Give your baby a bath

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## Clothing

Personalised clothes are not necessary, but you may bring them provided that you wash them at 60 °C and write your baby's name on them.

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## Cuddly toys

You may bring a cuddly toy or blanket. You must wash these each week at 60 °C. The non-profit organisation CoCopus donates a free cuddly octopus to every baby in our ward. This offers your baby peace, comfort, and security. We wash the octopus each week. You may also do this yourself.

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## Photos

You can always photograph or record your own baby.

In the first few days after admission, the ward will also give you a photo of your baby.

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## Rooming-in

You can discuss with reception or the Patient Counselling Service the possibilities of staying overnight in the hospital. We also have an 'Overnighting in Ghent' brochure with addresses of hotels and bed-and-breakfasts in the vicinity of the hospital (also at [www.uzgent.be/logeren](http://www.uzgent.be/logeren)).

## 09 RECOGNISING YOUR BABY'S CUES

All newborn babies communicate using body language. Premature babies have their own way of communicating with us. Their behaviour tells us how they feel and react to their environment.

One of the most important things you can do is to take the time to sit with your baby and observe him or her. You will learn how your baby communicates, how they tell you what they like and do not like, and when they feel good or bad, energetic, or exhausted.

It is recommended that you shield your baby's eyes from bright light. If you put a cloth over the incubator, fold part of it open so that you can observe your baby while keeping their face in the shade.

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### Signs that show your baby feels well

- ▲ A relaxed expression on their face
- ▲ Calm and regular breathing
- ▲ Your baby tries to or successively:
  - keeps their arms and legs close to their body
  - brings their hands close to their mouth, make searching movements with their mouth, and suck on their hands
  - clasps their hands together, grab your finger or a small object
  - keep their feet together or support their feet against the bottom edge of the 'nest'
  - make fluid movements
  - quickly settles down and sleeps peacefully after being cared for
- ▲ They retain their colour when cared for

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### Signs that show your baby is having a hard time

- ▲ They have a worried or tense face
- ▲ They breathe irregularly
- ▲ Their body is limp or tense with arms and legs stretched out
- ▲ They often make trembling movements
- ▲ They yawn, cough, or sneeze often
- ▲ They seem nauseous, choke, or vomit often even though they did not receive too much milk
- ▲ They are restless and find it difficult to settle down
- ▲ They change colour during care; they become pale, red, or florid. If your baby is struggling, they may need support or a break.

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## Your baby's energy level varies throughout the day

The younger or sicker your baby is, the more support they need. The more your baby develops, the less support they will need. Instead, they will need more of a challenge. Your baby constantly gets better at interacting with their surroundings. Gradually, you will continue to discover what helps your baby to rest and relax.

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## How your hands, voice, and smell can support your baby

If your baby is restless, try to soothe him/her by holding your hand gently on their body. Offer your finger and see if your baby can hold it. Once your baby is relaxed and sleeping peacefully again, you can gently remove your hands.

You can also support your baby by talking softly to him/her. Your baby recognises your voice and this familiar sound helps him/her to wake up and go back to sleep. If your baby is restless, try speaking calmly to him/her while your hand rests lovingly on their body.

Use a fabric cloth or a cuddly toy that you have held for a while so your baby recognises your familiar smell.

Premature babies often prefer a quiet comforting hand that gives slight pressure. Stroking, even with feathery movements, can be too stimulating.

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## Taking care of your baby

If possible, we would like to involve you in the care of your baby from the time of admission. You can always count on the support of a nurse or midwife. Feel free to speak to the nurse or midwife who is caring for your baby to discuss practical arrangements.

(Premature) babies sleep for a large part of the day. Sleep is important for their development, energy conservation, and recovery. Which is why we try not to disturb their sleep as much as possible. Waking periods and transitions to light sleep are ideal for caring for the baby, feeding him/her, to start with kangaroo care, or making contact. You can support the transition to waking up by gently touching your baby and talking to him/her.

If you want to give your baby a bath before feeding, we ask you to be present at least half an hour before feeding time. If you only want to change your baby's nappy before feeding, you should arrive 15 minutes before the feed.

Your presence on the ward is of great value. To provide you with optimal help and plan the care, it is best that you inform the nurse in advance when you will be present to provide care.

It is best that you speak softly to your baby before touching or caring for him/her. This allows your baby to wake up peacefully and lets him/her know they will receive care.

Carrying out all care activities at the same time can be too much for a small baby. Extensive and medical treatments are particularly tiring. You can support your baby by giving him/her the opportunity to recover between treatments. Your baby's behaviour will show you the right pace.

Premature babies are sensitive to movement. You can support your baby by moving him/her gently and slowly and by rolling him/her as much as possible in contact with the underlay rather than lifting him/her. It is best for your baby if you stay with him/her for a while after the care to comfort him/her when needed, so that he/she can fall asleep peacefully.

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## Settling your baby into their 'nest': providing support, but also space

By making a 'nest', your baby feels supported and safe. To support their development, we make a sturdy and high nest with sufficient room to move around. As in the womb, your baby will discover boundaries when he/she is looking for them and be helped to gather their arms and legs toward their body. Feel free to ask the nurse or midwife for help in settling your baby.

Sucking is comforting and can help with digestion. You can help your baby by making it easy for him/her to bring their hand to their mouth or by offering a dummy. This need not have a negative effect on breastfeeding.

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## Kangaroo care

Kangaroo care consists of holding your baby skin to skin.

Both in the short and long term, kangaroo care positively affects your baby's breathing, heart rate, passing of gas, temperature management, sleep, and weight gain. Which is why we encourage you to do this as much as possible.

To provide kangaroo care, your baby is taken out of the incubator and laid on your bare chest with only its nappy on. Personal hygiene is very important here. Do not wear strong perfume when you are going to provide kangaroo care.

Kangaroo care can be provided by mum or dad.

At first, your baby will usually be very awake, looking around, making noises, and wriggling their hands on your breasts or chest hairs. It seems like your baby is exploring its surroundings and wants to communicate with you. After a while, your baby may fall into a deep sleep where he/she relaxes completely. Getting your baby in and out of the incubator can require a lot of energy from your baby. So, we recommend that you keep up the kangaroo care for at least one hour.



# 10 FEEDING

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## Breastfeeding

If you decided to breastfeed your baby's admission will not prevent you from doing so. If breastfeeding is temporarily not possible, you can express breast milk. You can express at the maternity hospital and later rent a breast pump via the health insurance fund or pharmacy.

You may express during your visit with the baby or do so in a separate room. We do ask you to bring your own device and breast pump because of the risk of infection.

Breast milk storage jars are available free of charge on the ward.

For more info, please contact the nurse or lactation specialist. Or ask for our brochures on breastfeeding and expressing.

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## Bottle feeding

The number of feeds your baby needs each day depends on their weight. This also determines the times when your baby should be given the bottle.

You can agree with the nurse when you want to give the bottle yourself.

The disposable bottles we use on our ward are not suitable for reuse at home.

# 11 WHO CAN YOU CONTACT FOR MORE INFORMATION?

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## Nursing information

The nurse responsible for your baby's care will be happy to give you an explanation.

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## Medical information

For medical information, please contact the neonatologist or assistant. You can also make an appointment with the supervisor responsible for you baby during the week.

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## Administrative information

For all administration and appointments, please contact the department reception desk between 8 am and 4:30 pm.

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## Social information

If you need the nurse from Patient Counselling Service or Kind & Gezin, you can also arrange this via the reception.

## 12 WORTH KNOWING

- ▲ Mothers are entitled to their maternity leave being extended if the baby remains hospitalised for more than 7 days counting from birth. This also applies to self-employed mothers.
- ▲ Dads or co-parents may be entitled to some type of care leave during or just after the birth in addition to their parental leave.
- ▲ Certain medical situations entitle you to additional child benefits.
- ▲ You can receive support from a midwife at home. They help you with your own care and diet, even if your baby is still in hospital.
- ▲ There are certain allowances if your baby returns home needing extra care or resources.
- ▲ There are various options for help and assistance at home even after a long hospital admission.
- ▲ It is worthwhile informing yourself about taking out hospital insurance for your baby.
- ▲ You can go to the UZ Gent Information Office for patients to find answers to all your questions about the financial aspects of the admission (entrance 12, route 1201, or entrance 75, route 7500).

The social worker can help you arrange all of this. The social worker also helps with other personal, relational, and social questions or problems during your baby's stay at the Neonatal Intensive Care Unit.

## 13 BADGES

The neonatal intensive care unit is a closed department. This means you need a badge to enter.

You can request a personal badge at the badge shop (entrance 50, route 520). You will receive a form for this from the administrative office. In the badge shop, as a precaution, you will be asked for your identity card and a deposit for each badge.

Please do not forget to hand in your badge when your baby is discharged from the hospital.

## 14 PARKING

You can park in the parking building.

You will be charged a cheaper 'care rate' during the first 14 days. Remember to have your parking ticket validated by the administrative office of the department before going to the payment terminal.

You are entitled to free parking starting on the 15th day of admission. Report this to the administrative office. The parking ticket is then linked to your personal badge.

The hospital is also easy to reach with tram 4 of the De Lijn transport company.

## 15 DISCHARGE

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### Parent and child room

Before your baby is allowed to go home, you can stay together for a few days in a room in our department. You will then be responsible for the care and feeding of your baby. Your child will always be monitored and followed up on and you can still contact the nurse or neonatologist to ask any questions. This facilitates the transition from hospital to home.

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### Discharge brochure

Upon discharge, you are given an information booklet and a brochure with specific information on your baby's medication, care, feeding, and follow-up appointments.







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## Neonatal intensive care unit

Entrance 50, route 650

T +32 (0)9 332 35 37

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Volg ons op

