

What to expect

You can **contact the nurse of your baby in the NICU by dialing (514) 412-4400, extension 22389**. Simply ask to speak to the nurse caring for your baby – any time of day or night.

Rounds with the NICU team happen starting at 9:30 in the morning on weekdays, and we encourage you as parents to participate and be present if possible.

The following are some of the things you can expect for your baby during his or her stay in the NICU.

Wires and Lines:

- Your baby will be in an **incubator** and attached to a **monitor** that will help the neonatal team monitor his or her **vital signs**.
- There will be a **tube** placed in her **nose or mouth** to help remove air from the stomach, and your baby will have an **intravenous catheter (IV)** inserted for nutrition and medications.
- Your baby may also have a **breathing tube** inserted to help stabilize his or her breathing immediately after birth.



Touch and Contact:

It may not be possible to hold your baby until he or she is stable enough to tolerate being held.

Touch is important for healing, and we strongly encourage you to touch your baby and do **modified kangaroo care**. Your nurse can help guide you. Your baby will also **recognize your voice**, and **talking, singing** and/or **reading books** will bring comfort to your baby.

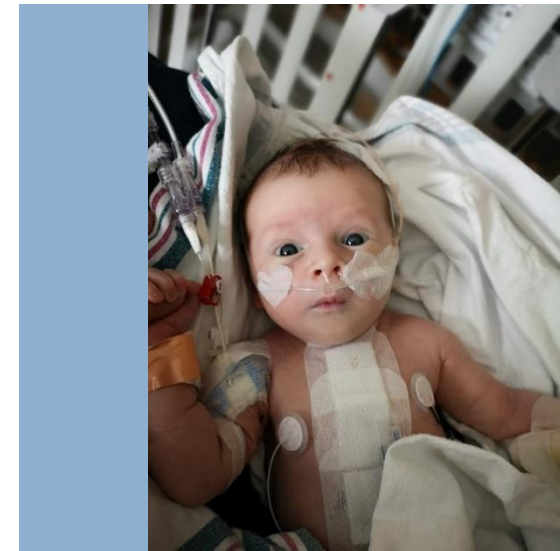


Feeding:

Depending on your baby's clinical status, it is possible that they may not be ready to drink or receive any milk for some time. In this case, your baby will be given special **fluid** that contains sugar, proteins, and fats through their IV until they are ready to be fed.

It is recommended to give breast milk for feeding as it is easily absorbed. Even if your baby is not ready to feed at the breast, you can still breastfeed if you wish to. The key will be to start **expressing** your milk in the **first hours** after you give birth to stimulate milk production. Bring **any quantity** (even drops) to your baby's nurse, and we will make sure to **preserve** it in a way that we can give it to your baby **once they are ready to take milk**. If breast milk is not available, a NICU team member will reach out to you about permission to give your baby **human donor milk** if they are eligible.

When your Baby is Born with...



A Cyanotic Congenital Heart Defect

Specialized Care in the NICU

A **cyanotic** heart defects means that your baby's blood is **not being oxygenated properly**. When your baby is born, nurses and doctors from the **Neonatal Intensive Care Unit (NICU)** will assess your baby. Babies born with this type of defect will need to be admitted to the NICU. There, your **baby's vital signs** will be monitored and the NICU team will work with the cardiologists (heart doctors) to check your baby's heart. It is possible your baby will be started on a machine to **help their breathing**. Your baby will get **intravenous fluid**, and maybe some **medication** to help their heart.

Your baby will be under the care of Neonatal Intensive Care team, working with the Cardiovascular and Thoracic (CVT) surgery team.



In the NICU, parents/guardians are **welcome at the bedside** of their baby 24 hours per day, 7 days per week.



Procedures & Tests

Once your baby is transferred to the NICU, they will require certain **tests** to guide their care. To help oxygenate their blood, they may need to undergo a procedure called a **balloon septostomy**. During a septostomy, a catheter is introduced into an artery to create an **opening between the right and left sides of the heart**, facilitating blood oxygenation. Before performing any intervention on your baby, a member of our team will contact you to explain the procedure to you and obtain **consent**. It is important that you are **available via phone at all times**.

Risks and Complications

When obtaining consent for a procedure, the doctor will explain the associated **risks and benefits**. The most common risks associated with common interventions for congenital heart defects include infection, bleeding and changes in heart rhythm. When speaking with the doctor, do not hesitate to **ask any questions** you may have about the procedure.

Looking Ahead

If your baby requires surgery in the first few weeks of life, they will stay in the NICU until their surgery. After surgery, they will be transferred to the **Pediatric Intensive Care Unit (PICU)**. From there, it is possible to be **transferred** back to the NICU, to a medical ward or even go straight home!

Throughout your stay in the hospital and after you go home, you will be visited by a nurse from the **cardiology clinic**.

Taking care of yourselves as parents

It is important to acknowledge the fact that this time in the NICU will probably be very challenging. You will experience **great milestones**, as well as some **setbacks**. It is important to take care of you, in order to take care of your little one. Here are a few tips:

- **Rest** as much as possible
- Accept the **help** of those around you
- Don't be shy to ask for support: family, friends, social services, and/or a psychologist
- Ask your nurse **how you can participate** in your baby's day-to-day care
- Recognize that your **feelings** are valid and deserve attention

The NICU and Cardiovascular and Thoracic (CVT) surgery team will be present along the way to guide you as well as possible through this challenging time.

For more information on the NICU at the Montreal Children's Hospital, please scan this **QR code** to have access to our **booklet made for parents**.

