

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 connected 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 and/or after surgery.



Touch and Contact:

It may not be possible to hold your baby right away, until they are 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:

Because of the stress on the intestines caused by the omphalocele, your baby may have some feeding difficulties. For this reason, they will be given special **fluid** that contains sugar, proteins, and fats through their IV.



While your baby may not be ready to receive milk immediately after birth, the goal is to start feeding as soon as it is possible. **Breastmilk** is recommended for feeding as it is more easily absorbed and digested. Even if your baby can't feed directly at the breast to start off, you can still breastfeed if you wish to. The most important you can do to stimulate milk production is to begin **expressing milk** in the first hours after birth. Bring **any quantity** (even tiny 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. Progression to full feeding can take weeks to months, depending on the condition of the intestines.

When your Baby is Born with...



Omphalocele

Specialized Care in the NICU

Omphalocele is a **birth defect of the abdominal wall**. The infant's intestine, liver and other organs (depending on the size of the defect) are **outside the abdominal cavity**, through the belly button and are **covered with a thin, almost transparent sac**. Some babies with omphalocele might have other birth defects, including problems with the heart, spine and digestive tract.

Babies born with omphalocele need to be admitted to the **Neonatal Intensive Care Unit (NICU)** immediately after birth to receive specialized care. Your baby will be under the care of Neonatal Intensive Care team, working with the Pediatric General Surgery team.



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

Immediate care

Once in the NICU, your baby's breathing will be stabilized as needed, and the team will assure that the **omphalocele is in good condition**. This is very important in order to prevent the sac covering the organs from rupturing. Once your baby is stable, the surgery team will decide on a **plan of action for the repair**, depending on the size of the omphalocele.

Treatments

- Babies with a **small omphalocele** may often be able to have their omphalocele closed very soon after birth. The surgery team will place the organs inside the abdominal cavity and close the abdominal wall in one procedure.



- If the surgical team decides that the size of the defect is **too big to be closed right away**, they may only have a full repair after several months, allowing the lungs and abdominal cavity to grow. While waiting, an antimicrobial dressing or ointment and covered with gauze, which allows the skin to grow over the defect over time. The organs are then surgically replaced in the abdominal cavity.



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 Pediatric Surgical 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**.

