



# Level II Special Care Nursery



Fort Belvoir  
Community  
Hospital



The staff at Fort Belvoir Community Hospital welcomes you to our Level II Special Care Nursery. We realize this may be a stressful experience for you, your infant, and your family. We've made this booklet in an effort to keep you informed of policies, procedures and the care we provide. Please feel free to ask questions, seek additional information, or provide feedback at any time.

Our goal is to provide safe, compassionate, high quality nursing care in a state-of-the-art, patient-family centered environment. We strive to meet the individual needs of our beneficiaries while meeting the collective needs of the military community.

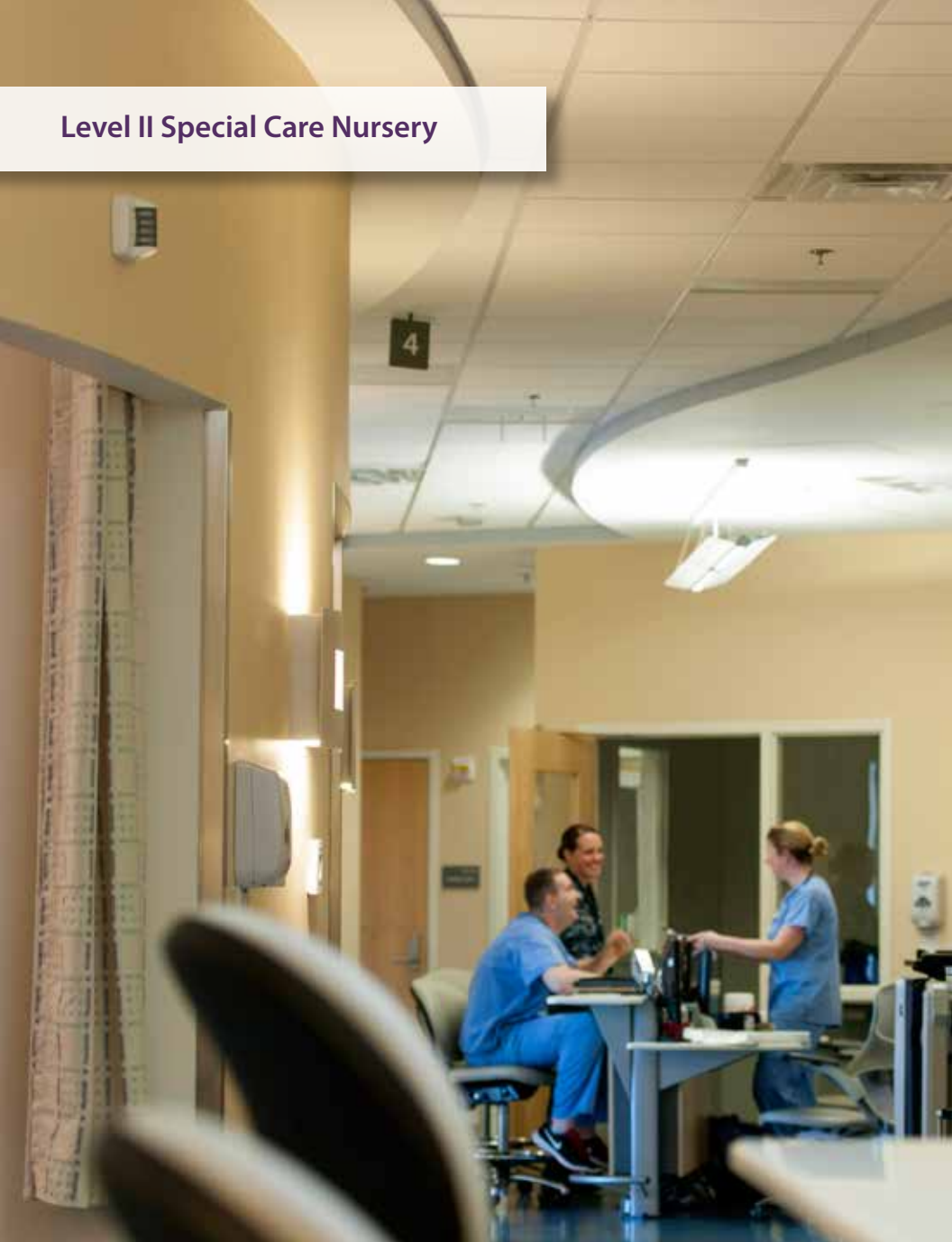
Congratulations on your new addition!

*The Level II Nursery Staff*

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## Level II Special Care Nursery



A Culture Of *Excellence*

## Staff

The Level II Special Care Nursery is staffed with registered nurses who work with neonatal nurse practitioners, pediatricians, family practice physicians, respiratory therapy technicians, corpsmen and medics to meet your infant's needs during this transitional phase. The team is comprised of military and civilian personnel.

Staff is required to wear the Fort Belvoir Community Hospital photo identification badge with a pink outline around the photo. Feel free to ask to view anyone's badge or question anyone not wearing a badge.

## Visitation

As part of family-centered care, family member presence at the bedside is highly encouraged. Parents are welcome 24 hours a day, seven days a week. We recommend that parents participate in infant care and provide tactile and verbal stimulation as appropriate to your baby's condition.

A maximum of three visitors, include the banded individual — parent or designated support member — are allowed to be at the bedside. Siblings are welcome as long as they are not sick, as infection is very dangerous for our infants. Parents or guardians will be asked to fill out a sibling health assessment for the nursing and physician staff to review prior to sibling visitation. Additionally, adults that are sick should avoid visiting infants.

**We require all visitors and staff to scrub-in prior to entering the nursery. Detailed instructions for scrub-in procedures are located at the main nursery entrance.**

## Security and Safety

We have several safety measures to ensure your infant's safety:

- **Matching identification bands:** Placed at time of birth on infant, mom, and one other designated person of your choice.
- **Umbilical security tag:** Placed around your baby's umbilicus. This will automatically lock all exits if your newborn is taken near any exiting doors.
- For safety reasons while walking in the hallway with your infant, your baby must be transported in the bassinet, with the bassinet flat. Only the banded persons and staff may transport your infant in the hallway.

## Nutrition Services

Nutrition Services are available in the Mother Baby Unit and steps for ordering a meal can be found in the *Mother Baby Unit Welcome Binder*. For the safety of our newborns and to ensure optimal infection control, we ask that you do not eat in the pods. Water and small drinks with lids are permitted.

Subway is located on Floor 3 in Sunrise Pavilion and Starbucks is located on the opposite side of the building on Floor 3 in Eagle Pavilion. A small Exchange store is located on Floor 1 in Oaks Pavilion and the Dining Facility is on Floor 3 in Oaks Pavilion.

### Dining facility hours

- Breakfast:** 6 to 9 a.m. weekdays  
6 to 8 a.m. weekends and holidays
- Lunch:** 11 a.m. to 2 p.m. weekdays  
11 a.m. to 1 p.m. weekends and holidays
- Dinner:** 4:30 to 6:30 p.m.
- Hasty Snack Attack (grab and go):** 10 a.m. to 3 p.m. weekdays  
6:30 to 8 p.m. weekends and holidays

## Vital Signs

Vital signs are the measurements used to determine the stability of your newborn. Vital signs include the heart rate, breathing rate, temperature, blood pressure and pulse oximetry.

Pulse oximetry gives the level of oxygen in the newborn's blood. Although pulse oximetry is an estimate, it gives a good indication of how well your newborn is using oxygen.

Vital signs are measured and monitored to check an infant's level of physical functioning. When assessing vital signs we look at trends. It is acceptable for the newborn to fall out of the norm for short periods of time.

Vital signs can be done manually with a stethoscope and thermometer or we sometimes observe the vital signs continuously with a physiological monitor.

### Normal newborn vital signs

**Heart rate:** 100-170 beats per minute

**Respiration:** 30-60 per minute

**Temperature:** 97.8 F to 99.1 F

**Oxygen Level:** 90-100 percent

**Blood Pressure:**

Systolic (top number), 65-95

Diastolic (bottom number), 30-60



## Intravenous Access and Lab Work

Infant distress or maternal infection during labor, may require lab draws on your newborn. Standardized lab draws include, but not limited to, a Complete Blood Count and a Blood Culture.

The CBC may indicate if your infant has an infection. The blood culture will show what kind of bacteria is causing the infection. Blood culture results are monitored for at least 48 hours. Obtaining appropriate cultures before initiating antimicrobial therapy plays an important role in patient care.

The two most commonly used antibiotics are ampicillin and gentamicin. Antibiotic therapy can last for 48 hours or longer.

Your baby will receive a intravenous catheter or umbilical catheter for antibiotic therapy. IV locations are placed in the hand or arm, but may have to be placed in the foot or other locations. Stringent measures are taken to secure IV sites, as infants tend to move frequently.



## Breathing Support

Some infants have difficulty breathing after delivery. This presents as an increase in respirations, flaring of the nostrils, retraction of the chest, and/or grunting. These are all signs of poor oxygen consumption. Some infants will require supplemental oxygen in the form of nasal cannula or continuous positive airway pressure — CPAP — delivered through a face mask. The nasal cannula and face mask can help provide pressure support to assist with breathing. We monitor the baby's respiratory status and may need to increase the amount of oxygen rich air they are receiving.

## Hypoglycemia – Low Blood Sugar

Newborns can experience hypoglycemia for various reasons. Infants born to mothers with diabetes or gestational diabetes are more prone to hypoglycemia. Also, those born under stressful conditions can develop hypoglycemia.

Hypoglycemia is defined as blood glucose less than 40mg/dl in an infant less than 24 hours old. A glucometer is used to test the infant's blood sugar level via a heel stick. Hypoglycemia can be treated with breast milk, formula, and/or dextrose solution given intravenously.

Continuous glucose checks will be done to make sure the infant is maintaining an acceptable blood glucose range. When feeding is well established or the infant shows no continued signs of hypoglycemia, glucose checks can be discontinued.





## Feeding

There are a number of potential problems that may limit your newborn's ability to feed right away, such as respiratory problems or prematurity. When your baby is able to feed, we strongly encourage breastfeeding. However, sometimes supplementation with formula may be needed.

If your newborn is premature and just starting feedings, he or she will probably be started on "gavage" or "OG" feedings. This means that a soft plastic tube is passed through the nose or mouth down to the stomach, and the fluid is allowed to drip in slowly. This will start in small amounts and gradually increase as your infant tolerates. Eventually your infant will begin nipple feedings, either by breastfeeding or by bottle, and gavage feedings will be withdrawn.

Nurses can assist with breastfeeding. We have a lactation consultant available Monday through Friday. We also offer breast pumping equipment while you are hospitalized.

## Breast Milk Pumping and Storage

Breast milk is the best medicine for your newborn. Although your baby may not be able to breast feed immediately, it is still important that breast milk be established. This can be done through pumping and storage.

Pumping should begin within the first six to 12 hours of delivery, and repeated every two to three hours during the day and at bedtime, and at least every three to four hours through the night. Pumped milk should be transferred to a sterile syringe or bottle for storage.

All breast milk will be labeled with the baby's last name, medical record number, date of birth, date of pumping, and time of pumping, and will be stored in the breast milk storage refrigerator located in the Level II Nursery. Milk may be stored up to five days from the time it is pumped. All unlabeled milk will be discarded.



## Hearing Screen

The Fort Belvoir Community Hospital Audiology Clinic is located in Sunrise Pavilion on the second floor. Please call 571.231.2548 to schedule an appointment if your infant did not have a hearing test completed before discharge. Although this test is usually normal, hearing loss can occur after birth.

If hearing cannot be confirmed in the hospital, further testing may be required. If you have concerns at any time as your baby grows, please talk with your provider.

## Car Seat

Car seats are mandatory in Virginia. Please note that you will be required to bring your baby's car seat with you at the time of discharge. Sometimes it is necessary to do a car seat evaluation on premature or small infants to assess for any respiratory distress while in the car seat position. The evaluation is conducted with your baby in the car seat.



## Higher Level of Care Transfer

If your newborn does not show improvement from the interventions we complete in the Level II Special Care Nursery here, it may be necessary to transfer to a higher level of care. Typically we transfer within our military network, with Walter Reed National Military Medical Center in Bethesda, Md., as our first choice. If care is unavailable there, we can transfer to other facilities in the area.

When the decision to transfer care has been made by our medical providers, a team will transport your infant to the new facility via ambulance or helicopter. You will be unable to accompany your infant during transportation, but every effort will be made to transfer you to the accepting facility.



# Discharge Planning

Before going home, your infant will need:

- Discharge weight and head circumference recorded
- The infant screen
- Bilirubin check
- Pulse oximetry check
- Hearing screen completed by our audiology technician or scheduled by calling the audiology clinic
- Physical exam completed by a provider
- Discharge order
- Birth certificate worksheet completed and turned in
- Infant ID bands matched to parents
- Discharge paperwork
- Security transducer and cord clamp removed
- Car seat challenge if your infant is less than 2500 grams or younger than 37 weeks at birth
- Car seat check
- To be able to keep a stable body temperature without an incubator or warmer
- To be able to breathe on his or her own
- To be able to breastfeed or take a bottle
- To not have symptomatic central apnea — pauses in breathing that result in decreased heart rate or low oxygen levels.

Complete discharge instruction for your newborn will be given at the time of discharge. A follow-up appointment will be scheduled at the Fort Belvoir Community Hospital Pediatrics Clinic, usually within 48 to 72 hours after discharge.





# Helpful Contact Information

Nursery nursing station ..... 571.231.4791 / 4793  
Mother Baby Unit ..... 571.231.4733

## Follow-up care

Pediatric Clinic ..... 571.231.1015  
Dumfries Health Center ..... 703.441.7500  
Fairfax Health Center ..... 571.432.2600  
Marine Corps Base Quantico Clinic ..... 703.784.2802  
Joint Base Andrews Clinic ..... 240.857.2979

## Breastfeeding support

Lactation consultants ..... 571.231.4732  
Navy relief nurse (home visits) ..... 703.432.0271  
La Leche League ..... [www.llli.org](http://www.llli.org)

## Parent support

Fort Belvoir New Parent Support Group ..... 703-805-2781  
Quantico New Parent Support Group ..... 703-784-4248

Nurse Advice Line ..... 800.874.2273

Fort Belvoir Community Hospital ..... 571.231.3224  
TTY ..... 571.231.1799



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Hospital**

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