

# nicu Family News



The NICU Family News is produced by the Cooperman Barnabas Medical Center (CBMC) Neonatal Intensive Care Unit (NICU) Family Advisory Council (FAC). It is designed provide you with information we hope you will find useful during and after your family's stay in the NICU.

## DID YOU KNOW...

*May is Mental health awareness month and a reminder that if you are feeling anxious, depressed, or overwhelmed, you should not ignore it. Try to follow some of the advice in this cover article. To help, there are also many apps you can find for free or a low fee on your smartphone. Headspace, Insight timer, Calm, Slumber and Omvana are just a few recommended by our NICU parents, but search for one that fits your needs best.*

**Cooperman Barnabas  
Medical Center**

**RWJBarnabas  
HEALTH**

## Mood and the NICU

Some research shows that most women (about 80 percent) experience the Baby Blues in the first few days to two weeks after giving birth. This is usually marked by some mood swings, feeling irritable, overwhelmed and anxious. When these reactions do not get better by two weeks after birth, or get worse, and are in addition to ongoing difficulty bonding with baby, difficulty sleeping or eating, lack of interest in others including baby, tearfulness and other symptoms, it's likely Post-Partum Depression (PPD). About 10 to 15 percent of women who give birth to a newborn baby are diagnosed with PPD. NICU parents probably would not be surprised to know that those rates have been reported to be much higher, perhaps as high as 40%, in parents of premature babies. Additionally, that percentage is even higher if you look at all Perinatal Mood and Anxiety Disorders (PMAD), and include dads who are also sometimes traumatized by NICU experiences.

So, are all NICU parents doomed to suffer with Anxiety, Depression and Post Traumatic Stress disorder? **Definitely not.** And, these problems are treatable. It's true the NICU can be a very stressful place and the sights, sounds and the fear in the NICU can really get to parents but... you should try to tell someone how you are feeling. Do NOT suffer alone. Tell someone about your feelings. If you feel like you are going crazy, as is often how NICU parents describe their feelings, share it.

### Who should I tell?

A great first resource is your OB/GYN, but you MUST be honest with them about how you are feeling. You will not be telling them anything new and they should be ready to help you decide if you need a referral to a therapist to talk more or if a short-term trial on medication would help. Sometimes, they can provide a prescription. Other times, they will send you to another physician for medication. These are the proven treatments for these problems. If you are more comfortable, talk to your "regular" doctor or internist as they can also be a great resource.

### What else could help?

- If you have a history of anxiety or depression or someone in your family does, you are also more likely to have a PMAD. In such cases, if you were taking medication or doing therapy before the birth or the pregnancy, it is important that you resume doing so.
- See page 2 to learn more about Caroline Parks, MSW, LSW, NICU Social Worker, including how she can help and how to contact her.

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# Interview With Caroline Parks, MSW, LSW NICU Social Worker

**How long have you been working here at Cooperman Barnabas Medical Center (CBMC)?**

I started working in the NICU in early October 2021.

**Where did you work before?**

This is my first professional job post graduate school. In 2020, I graduated from Salve Regina University with a bachelor's degree in social work. After completing my undergraduate degree, I attended New York University and graduated with my MSW in May, 2021. While completing my social work degrees, I interned at a shelter for individuals experiencing homelessness, a Veterans Home in Rhode Island, and most recently, the South Orange Maplewood School District. In the past, I have worked at a day care and a summer camp for children with special needs.

**How did you know you wanted to be a social worker and/or work in the NICU?**

While in college, I began volunteering and going on service trips. Having the ability to volunteer and assist a variety of people around the United States, and internationally, inspired me to switch my major from marketing to social work.

I am the daughter of former NICU parents and the younger sister of an 26-weeker. Growing up, my family members always referred to my brother as "a miracle" and they frequently talked about the "NICU superheroes" that saved his life and provided comfort and support to them during a challenging time. Although my brother was born at a different hospital, I wanted to work in CBMC's NICU to give current NICU families the assistance and support my parents and grandparents were given nearly 30 years ago.

**What are your responsibilities in your role here in the NICU?**

I am actually a maternal child health social worker and work on the Antepartum, Labor & Delivery, and Post-Partum Units, so some of you may have seen me before you were a NICU parent! In addition to providing support and assistance while your baby is in the NICU, I can also provide support and resources for Post-Partum Depression if needed. You can always call my office at 973-322-5503., even after your baby has been discharged, whether its 6 weeks or 6 months later, and I'll be here to help guide you.

**What have you liked the most about working in the NICU here so far?**

One of the things I love the most about working in the NICU so far is getting to meet so many strong and beautiful babies and families. I really love talking to all the parents about their newborns. It's wonderful to watch their faces light up when they talk about their new baby/babies. Being able to witness the parents' excitement as their babies grow and reach new milestones is very special. It's an honor to be able to work with parents during this time.

**What does Family Centered Care mean to you?**

To me, Family Centered Care means providing support to all family members, not just the patient. Focusing on Family Centered Care allows us to work closely with parents, guardians, grandparents, etc. Our NICU has a wonderful multidisciplinary team to support family members throughout their NICU journey and we are always working on ways to provide better support to the families we have the pleasure of meeting.

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## Save The Date: 22nd Annual Miracle Walk

The 22nd Annual Miracle Walk to benefit the Cooperman Barnabas Medical Center NICU will be held on Sunday, October 9, 2022, in Verona Park. Hope to see you there! Lots more details and information about the event to come.

**Learn more:**

[miraclegwalk.com](http://miraclegwalk.com) | [facebook.com/miraclegwalk](https://facebook.com/miraclegwalk)



## Everest's Story

"Even the smallest person can change the course of the future." -JRR Tolkien



Baby Everest in the NICU and now!

This quote is mounted in my son's bedroom. Every day when I see it, I am reminded of how much a tiny human at 4 pounds, 13 ounces, can impact you and change your life forever. My husband and I never imagined being in the NICU or having a premature baby. Throughout the majority of my pregnancy, blood test results and ultrasound scans had been normal. I did not think I would deliver early since there had been no signs of a premature birth happening.

Midway through my pregnancy, my husband and I attended a breastfeeding class at the hospital. I remember clearly the part where the lactation consultant talked about how feeding NICU babies was very different. Oftentimes, premature babies were given milk through feeding tubes or small droppers. I listened to the nurse and thought to myself, *this won't apply to me. I am sure my baby will come late or right near my due date, and I just plan to breastfeed.* Fast forward a month later, and this part of the breastfeeding presentation would come to be very important for helping our premature son grow, develop, and be able to graduate from the NICU.

At 32 weeks, I had my baby shower. My husband and I were grateful for the love and kindness from friends and family, but a bit nervous about all we still had to do before welcoming baby. In my mind, we still had 8 more weeks to prepare! My recent prenatal appointments had been normal, and the baby was measuring normal size during my 20-week scan. A couple days after my baby shower, I realized that I was having minor bleeding. After being examined by my gynecologist, I was sent to the PET Unit, where they explained that I was 1 cm. dilated. As I was nervously walking into the hospital, I happened to see my friend's mother who was a nurse. She explained that I was far enough along to deliver the baby and that the doctor would most likely give me steroid shots to help the baby's lungs. As she explained this to me, I was in shock. I thought, *how can I deliver this baby? I don't have my hospital bag packed, let alone with me!*

However, my friend's mother calmed my nerves because she reassured me that I was in the best care. I was able to receive

the steroid shots and was monitored for a few more days at the hospital. The bleeding stopped, so I was able to go home, but needed to be on bed rest. Again, I was still trying to wrap my brain around what was happening. I had not planned to begin my maternity leave for a few weeks. However, I needed to accept what was happening and focus on my health. This was the start of learning to be flexible and realizing that you cannot plan or control everything.

A few days into bedrest, I started having contractions and we headed to the hospital. This time, my husband and I brought the hospital overnight bag just in case we were going to stay while. After checking into the PET Unit, I was transferred to Labor and Delivery. The nurses were transparent and explained what would happen after I gave birth and how my baby would go to the NICU to get the care they needed. I always thought I would be afraid to give birth especially with a preemie baby. I just tried to meditate and stay calm, so that my baby would not be in distress. About 12 hours later, Everest was born at 6:59 pm, just as the nurses were doing their shift change. I was able to give my newborn a quick kiss on the cheek before he was taken to the NICU.

For the next 3 weeks, we spent just about every day at the NICU. I was not able to breastfeed Everest in the beginning because he was on a feeding tube. We were grateful that the NICU was able to give Everest banked breast milk in the beginning days, so that he was able to get important nutrients. Eventually, Everest graduated from a feeding tube, and then a milk dropper, to a combination of bottle and breastfeeding.

Everest's main issues were being able to suck, swallow, and breathe during feedings. He suffered from apnea of prematurity and would have periods of shallow breathing and moments when he stopped breathing. Sometimes the monitor in his NICU room would go off to indicate a change in breathing. This would make us worried. Although we wanted to welcome Everest into our home, we were nervous to take him home from the NICU when he was having these breathing issues.

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## Important Phone Numbers

NICU  
973-322-5300

NICU Clinical Director  
973-322-8938

NICU Social Worker  
973-322-5503

NICU Case Managers  
973-322-5909/973-322-2678

Birth Certificate Office  
973-322-5327

Lactation Consultants  
973-322-9088

NICU High Risk Infant  
Follow-Up Program  
973-322-2631

## Want to Help the Family Advisory Council?

The FAC is made up of graduate parents dedicated to helping new NICU parents. We meet monthly to discuss ways to do this. We're always looking for recent graduate parents to share their experiences and ideas to make our NICU the best it can be. We welcome your ideas and participation. Contact:

Hayley Hirschmann  
FAC Coordinator  
Hayley.Hirschmann@rwjbh.org  
973-322-9486

## Mood and The NICU (con't from page 1)

- Talking to other people who have had similar experiences could also help you feel less alone. The NICU Buddy Program can match you with another graduate NICU parent who has had a similar experience and can give support. For more information, email [Hayley.hirschmann@rwjbh.org](mailto:Hayley.hirschmann@rwjbh.org).
- Additionally, the hospital holds a virtual Mommies Mood group, led by psychologist Dr. Lauren Meisels. She often says NICU parents don't come to the group until later on, after the baby has come home from the hospital because they are in "survival mode" until that point. It is not until they actually see the baby at home with them, that they grow concerned as their mood might still be depressed or anxious. She shared that, "The group format creates a wonderful healing environment where attendees are able to share their similar feelings and worries without judgement." For more information or to register for the group on Fridays from 11:00 am to 12:30 pm, contact her at 973-322-5360 or [lmeisels@icloud.com](mailto:lmeisels@icloud.com).
- It may seem difficult, but make your self-care a priority for you and your baby. This means eat well and sleep as much as possible. Ask others to help you with meals or groceries if you are not up to it. Take walks, get fresh air, pray, meditate, etc.

## Interview with Caroline Parks, MSW, LCSW (con't from page 2)

### What suggestions or advice do you have for NICU families?

My advice to NICU families is to try to take everything one day at a time. Your baby's NICU stay is a journey and it can feel overwhelming at times. Taking it one day at a time will help you to focus on the progress and successes your baby has had so far without worrying about what the future may hold. Remember, your baby is a fighter and working really hard! I also always encourage parents to try to practice self-care and ask for help whenever needed from NICU staff, supportive friends, family, etc. It can be hard to focus on yourself when you have a child in the NICU, but your mental and physical health are important too!

## Everest's Story (con't from page 3)

The doctors suggested that Everest go home from the NICU with a monitor that would record changes in breathing and his heart rate. The monitor was sometimes frustrating because Everest always had to be connected with all those wires. We had to cut holes in his clothes to allow the wires to come through and sometimes there would be false alarms in the middle of the night. After about 6 weeks, Everest no longer needed the monitor. He had outgrown his apnea and was doing much better breathing and gaining weight from feedings.

When we look at Everest now, at 2 ½ years old, it is easy to forget the struggles he had. He eats, drinks, and breathes without any issues. We are so grateful for the amazing doctors and nurses that assisted him during his 19-day NICU stay. As first time parents, we learned so much valuable information from the NICU staff and felt completely supported during our journey.

Today, I stay connected to the NICU by volunteering as a member of the Family Advisory Council. I have enjoyed giving back to the NICU doctors, nurses, babies, and their families as well as the sense of the community with the other NICU graduate parents. Although our NICU stay ended over 2 years ago, our family will always have a deep connection to the NICU for many years to come.