

NICU Family Advisory Council

# *nicu* Family News



The NICU Family News is produced by the Saint Barnabas Medical Center (SBMC) 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. There are also many apps you can find for free or low cost on your smartphone to help with mood and stress management. 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.

## Perinatal Mood and Anxiety Disorders and the NICU

Research shows that most women (about 80 percent) experience the Baby Blues in the first few days to two weeks after giving birth. It is usually marked by some mood swings and/or 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, 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 are diagnosed with PPD. NICU parents would probably not be surprised to know that those rates have been reported to be much higher, perhaps as high as 40 percent, 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.

Unfortunately, the NICU can be a very stressful place and the sights, sounds and the fear in the NICU can affect parents. The good news is that these problems are treatable.

**So what to do?** Do NOT suffer alone. Tell someone about your feelings. If you feel like you are going crazy, share it, because that is often how NICU parents describe their feelings.

**But who should you 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 they have not heard before. Plus, they should be ready to help you decide if you need a referral to a therapist to talk more or, if maybe a short-term trial on medication would help. Sometimes they can prescribe it and sometimes they will need to refer you to another doctor. These are the proven treatments for these problems. If you are more comfortable, talk to your "regular" doctor/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. Be sure if you were taking medication or undergoing therapy before the birth or pregnancy that you return to doing so.
- Talking to other people who have had experiences similar to yours could help you feel less alone. The NICU has a NICU Buddy Program which matches current NICU parents with graduate NICU parents who have had similar experiences and can provide support. For more information, email [Hayley.Hirschmann@rwjbh.org](mailto:Hayley.Hirschmann@rwjbh.org)

(continues on page 4)



# Interview With Cindy Garcia, MSN, RN, RNC-NIC, Neonatal ICU Nurse

**Q: How long have you been working at Saint Barnabas Medical Center (SBMC)?**

A: My journey at SBMC began in 2001. I proudly have been working in the NICU for 20 years as a staff nurse. Within those years, I was also briefly employed as a full-time school nurse, but quickly learned that my heart and soul truly belong to the NICU.

**Q: Where did you do your nursing education and training?**

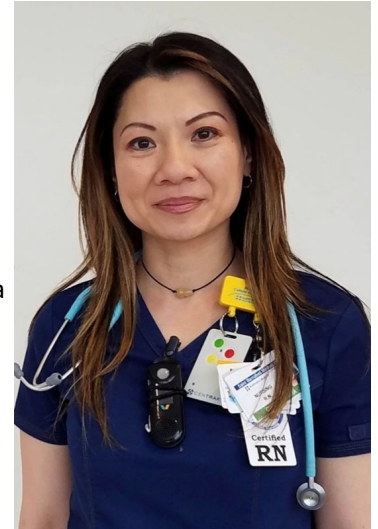
A: I earned my diploma of nursing from Englewood Hospital & Medical Center School of Nursing in 1995. Then, I immediately enrolled in an RN to BSN program, and obtained my bachelors of science in nursing from Seton Hall University in 1997. I obtained my certification in low-risk neonatal nursing in 1999 and by 2011, I had attained my certification in high-risk neonatal nursing. I then realized I wanted to show my sons the benefits of education and how knowledge is power that can open up many doors. This led me to obtain a masters in nursing: leadership and management in 2018.

**Q: Please describe what your role /responsibilities are in the NICU?**

A: My main role is caring for this fragile population of babies at the bedside. My responsibilities include admitting infants in need of intensive care, assessing and reporting changes in condition with the NICU team, administering feedings and medications, inserting IV's, assisting with procedures, drawing and interpreting labs, educating and supporting the parents, etc. My other roles in the NICU include charge nurse and transport nurse. I am also involved in the Family Centered Care Breastfeeding Committee and the NICU Breast Milk Unit Practice Council. Both these committees enable me to promote all aspects related to breast milk and breastfeeding. I have served on the NICU Quality and Leadership Practice Council as well. This council strives for the best evidenced-based quality practices to achieve the best outcomes for our babies. I am also a peer reviewer to ensure that NICU policies and procedures are understood and followed by all staff nurses.

**Q: How did you know you wanted to be a nurse?**

A: Throughout my schooling, health-related sciences always interested me. In college, I knew I would have a career in a medical field. I decided on nursing because I liked direct-patient care and the opportunity to get to know my patients and their families and sometimes form closer relationships.



My learning rotation in the NICU in nursing school was only a four-hour observation day. So, my passion at first was cardiac, which led me to a telemetry unit right out of nursing school. However, I realized that telemetry was not for me. It's great as a nurse to have the ability to change departments, or settings, or travel to another state or country to practice.

**Q: What do you like the most about working in the NICU?**

A: Working in the NICU is one of the most fulfilling parts of my life, other than my family. I usually leave work knowing that I made a difference helping these babies get a step closer to being home with their families. I also love the teamwork environment where all the NICU staff work towards common goals with the patients and families. I also enjoy developing relationships with the families and earning their trust. I often offer them support when they are understandably filled with uncertainty and fear.

**Q: What does Family Centered Care (FCC) mean to you?**

A: FCC is an approach that includes caring for patients and involving their families in the decision-making process to promote health. It is more than just treating the disease of the patient. FCC takes into account factors that affect the patient as a whole and uses the collaboration of the whole NICU team including the family.

**Save The Date: 21th Annual Miracle Walk to benefit the SBMC NICU  
Sunday, October 10, 2021**

**For details and to learn more about this virtual event or make a donation, visit:**

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

## Two 29-Weekers

On the morning of May 7, 2014, I woke with lower back pain thinking it was normal symptoms of pregnancy. I went about my morning routine and commuted into NYC. But, once I got to the subway, I knew going to work was the wrong decision. I had shooting pains down my legs and worse lower back pain. I was in so much discomfort that I only lasted a short time at work before deciding to head home. As I got up to leave, my water broke. I called my OB/GYN in NJ who said I needed to go to the nearest hospital for treatment. I was in denial because at only 28+6 weeks pregnant, I did not think I was going to have my baby, but I was. Thankfully, the hospital I chose had a level III NICU but still to this day I wish I could have delivered at Saint Barnabas Medical Center (SBMC).

When I got to the hospital, I was 4 cm dilated with a broken water. I was put on magnesium, given steroids and eventually an epidural for back labor. I stayed like that overnight but by the next morning, I was almost 10 cm dilated and knew my baby boy was coming. Indeed, Jaxon arrived on May 8, 2014, at 11:10 am, weighing 3 pounds, 11 ounces; he was 29 weeks exactly. He was rushed directly to the NICU. I did not hear him cry, I did not get to see him until hours later, and when the shock of delivering a baby 11 weeks early wore off, the hardships of being a NICU mom began to set in.

The first time I saw him, I did not know what to think or how to feel. I was numb and only remember feeling sorrow and fear. I loved him beyond measure and was overjoyed to meet him but this was far from how I expected us to meet. I had barely begun my third trimester and didn't even have my baby shower yet, but there I was, staring at my tiny baby boy, intubated and covered in wires. It hurt so badly to see him like that and it broke my heart knowing that I was the main cause of his early arrival due to my uterine anomaly.

By day 4 of life, Jaxon had his first head ultrasound. Being new parents and new NICU parents, we did not know all the terms, the risks or the procedures being done. We went along with what the doctors did/said and hoped he was in the best hands. Call it a mother's instinct, but I knew the second I entered the NICU that day that something was not right with my baby and I was right. A neonatologist came to speak to my husband and me in the hallway to let us know that Jaxon had a grade 2, almost 3, bilateral brain bleed or as he said an intraventricular hemorrhage (IVH). I remember him saying, "We hope it resolves on its own and does not progress." I also remember him saying things like hydrocephalus, and the possibility of cerebral palsy, mental retardation, developmental delays, motor and eating problems, speech and vision issues. This was the exact moment when the trauma of my delivery, met the post-traumatic stress I was experiencing, and eventually met the postpartum anxiety. This is the moment where bonding with my new baby became hard because I feared losing him more than having him.

By day 7, Jaxon's diagnosis worsened and his IVH progressed to grade 3. He was starting to develop hydrocephalus. I was never comfortable having Jaxon in NY so once his diagnosis worsened, it was time to have him transferred. I called SBMC on a Thursday and by Tuesday, Dr. Kamtorn had arranged to have Jaxon transported via ambulance from NY to NJ. A huge weight was lifted off my shoulders when the neonatologist, two nurses and the respiratory specialist from SBMC arrived in NY to transport Jaxon. Once he was at SBMC, the neonatologist reviewed his records and ran his own set of tests and scans, but the results remained the same as in NY. Doctors tried spinal taps three different times to relieve some of the intracranial pressure and his hydrocephalus but, unfortunately, it did not. The NY hospital told us that a shunt in his brain would not be considered until Jaxon was 6-9 months of age, but Dr. Kamtorn and a pediatric neurosurgeon at SBMC felt differently. They suggested that a shunt should be considered as soon as possible to relieve pressure and lessen the risk



Jaxon and Weston in the NICU and now!

of brain damage. I am so thankful they persisted and we listened. Within one week of arriving at SBMC, Jaxon was taken into surgery to have his VP shunt placed. I trusted the staff at SBMC's NICU fully and put my child's life in their hands. Surgery was a success. A blood transfusion assisted him in bouncing back after surgery and by the next week we were bottle feeding a brave, resilient boy. Learning to feed was a long process for him. It took him six frustrating weeks but I learned patience and began the process of healing from my trauma. After 76 days in the NICU, Jaxon came home one day before his due date. He met his milestones between his actual and adjusted age and seemed to defy all the odds. He's an amazing, spirited and creative boy; you'd never know the challenges he has overcome in his 6 years.

After being home with Jaxon I remember thinking that maybe I would only have one child. I was scared to try again because I feared going through the NICU again. But, when Jaxon was 15 months old, we were blessed with our second planned pregnancy.

## 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

## Perinatal Mood and Anxiety... (continued from page 1)

- Additionally, the hospital holds a psychologist-led Mommies Mood group (virtually at this time). Group facilitator, Dr. Lauren Meisels, says NICU parents often don't come to the group until later on, after the baby has come home from the hospital. She feels this is because NICU parents often seem to be in "survival mode" until that point. They don't become concerned until they are actually home with the baby and realize they still feel 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, held 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 eating well, getting as much sleep as possible and asking others to help you with meals or groceries if you are not up to it. You may also find taking walks, getting fresh air, praying and meditating to be helpful.

## The 29-Weekers (continued from page 3)

Doctors said "every pregnancy is different" but for me, that was not true. Weston arrived via c-section on April 17, 2016 at 29+1 weeks, weighing in at 3 pounds, 15 ounces. The doctors tried everything but it seemed carrying a baby closer to term did not seem possible for me. Jaxon and Weston's birth timing and weight were almost exactly the same but they had very different journeys. Much of my trauma from Jaxon's birth was due to him being born at an unknown hospital, with unknown doctors. Weston was born in the trusted hands of my NJ OB/GYN and with the SBMC NICU team waiting to tend to his every need. Weston did not need intubation at birth and was a champion feeder, but he faced his own challenges. He developed IVH grade one, had a protein intolerance, severe reflux and had many apnea episodes. There were countless times I would watch his oxygen saturation plummet and his skin turn blue. Weston's nurses would compassionately talk me through every frightening moment and remind my little guy to breathe. With time, Weston grew out of most of his apnea problems but he did come home on an apnea monitor. He was discharged from the NICU after 65 days and just like the fighter who came before him, he conquered every challenge thrown at him with a giggle and a smile. He wears his heart on his sleeve and is such a funny, inquisitive and bubbly, little boy.

This Spring, Jaxon will turn 7 and Weston will turn 5. They are happy, healthy, thriving and growing out of shoes faster than Amazon prime can deliver! We are beyond thankful for the incredible care we received at SBMC's NICU. The NICU staff will always hold a special place in our hearts and we cherish their dedication to caring for premature and sick babies.

If you are currently in the NICU or just graduated, please know that it does get brighter and there are plenty of better days ahead. You will see the rainbow through the storm clouds. Like me, if you feel you are suffering with PTSD, Post-Partum Anxiety, or any mental health related concern, seek counseling and seek it as soon as you can. Mental health is incredibly important after going through a journey like the NICU. Please reach out and take care of yourself. A nourished and cared for mom, is the best mom to care for her baby. - **Krytal G.**