



CHU Sainte-Justine
Le centre hospitalier
universitaire mère-enfant

Université 
de Montréal

WELCOME TO THE NEONATOLOGY TEAM OF THE CENTRE HOSPITALIER UNIVERSITAIRE SAINTE-JUSTINE

A practical guide for parents

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at CHU Sainte-Justine

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Welcome to neonatology at CHU Sainte-Justine

In this document, you will find information on how the unit operates. It is important to understand the work of all team members and to familiarize yourself with your role as a team partner. This will allow you to better understand what parents can do to help their babies, and how we all come together to care for the babies. In an effort to ensure comfort, wellbeing and safety for all, this guide offers all of the information needed for your stay.

1 **Some general information on the neonatology service**

What is neonatology?

Neonatology is a pediatric (childhood medicine) specialty for newborns requiring specialized care. Babies are admitted in neonatology for a number of reasons: premature birth, certain malformations, infections or other conditions requiring special monitoring.

The neonatology unit has 65 beds, and specialized care is offered to more than 1,000 babies each year. Once their condition stabilizes and they no longer need specialized care, many babies are transferred to another hospital closer to home in order to complete their recovery.

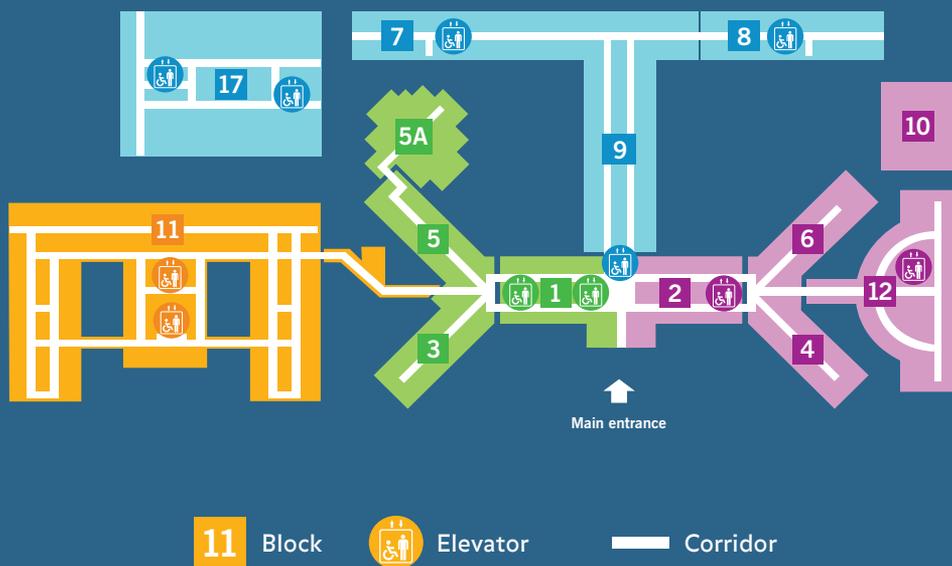
The Centre hospitalier universitaire Sainte-Justine is affiliated with the Université de Montréal. We welcome many students interning in various specialties. Many of them are part of the team caring for your child. Research is also an important part of our unit. Medical advances help us improve the quality of care offered. If your child meets the criteria for a specific research project, the team will discuss it with you.

Finding your way around the hospital

Here is some useful information:

Understanding room numbering, e.g. **Room 5.11.21**

- The first element (digit or letter) corresponds to the **5th floor**
- The second number corresponds to **Unit 11**
- and the following numbers refer to room number **21**



Finding your way around the unit

The neonatology service is made up of two units—intensive and intermediary—based on the level of care needed. At the intensive care unit, the babies generally need intensive monitoring or assistance breathing. As soon as they become more independent in terms of their breathing, they are transferred to the intermediary care unit. Once here, discharge or transfer to another hospital soon follows.

Telephone

To call a room at CHU Sainte-Justine, dial 514-345-4931, extension 4754, and ask for the room number or the patient's last name. Collect calls are not accepted. To use the phone from the room to dial out, press 9 and dial the number.

Parents can call at all times—day, evening and night—for an update. If possible, avoid calling during the caregivers' meal times (11 a.m. to 1 p.m. and 6 to 8 p.m.), and during reporting hours (7:15 to 7:30 a.m., 3:15 to 3:30 p.m. and 11:15 to 11:30 p.m.), as the nurse may not be available to speak on the phone at those times.

Precautions to be taken

Like you, we take your baby's health to heart. It is therefore crucial to follow certain rules in order to prevent infections, such as:

- Washing your hands up to your elbows when entering the neonatal care unit;
- Using hand sanitizer before entering and after exiting the room, as well as before and after having physical contact with the baby;
- Washing your hands with soap and water if they are dirty;
- Removing any jewellery from your hands and forearms;
- Nail polish, fake nails or gel nails are prohibited.
- In order to protect your child, if your clothes have been in contact with animals, cigarette smoke, sick people, etc., please put on the purple gown available at the entrance to pick up the baby. Please leave the gown in the room and do not wear it to walk around in the unit.
- **For your child's health and safety, we ask parents to make sure all visitors are healthy, that is, that they do not have a fever, cough, runny nose, sore throat, diarrhea, vomiting, rash, cold sore or conjunctivitis. When in doubt, speak to the nurse.**

Washing your hands is the best way to prevent infections. It is fine to remind each other and anyone who has contact with the baby to wash their hands before touching a baby.



During flu season or contagious virus outbreaks, visits may be cancelled for anyone but the parents. You will receive messages to that effect should this happen.

Parents' role in neonatology

You are crucial

The world of neonatology can be overwhelming for new parents. In neonatology, parents are often facing several "losses": a healthy pregnancy, normal birth, the baby held after birth, breastfeeding immediately after birth and returning home with baby shortly after birth. Parents also face various sources of stress: fear for their child's health, for their future, for their family and fear of the unknown, of this new world of neonatology.

Learning to be a parent is often very challenging alone, not to mention having to learn to help baby get better and develop at the same time. It is important to go at your own pace and respect your limits. You play a very important role in the unit; your presence brings your baby comfort and support. You are part of the team.

Visits and visitors: When can you be present?

All parents are different, all babies are different.

Every parent has a different reality. Babies also have different needs, depending on their condition. Some babies are admitted directly to intermediary care, others start their stay in intensive care and are transferred to intermediary care when their condition allows it. It is not uncommon for a baby to change from intensive and intermediary care, regardless of their condition.

Your presence is encouraged as often and as long as you wish, based on you and your family's reality. You can also choose significant people to support you during the hospitalization. Visits from family and friends are encouraged, as they are part of the healing process. Visiting hours are determined based on our patients' needs and comfort. The table below summarizes the unit's visiting policy.

VISITING POLICY

	PARENT	SIGNIFICANT PERSON	SIBLINGS	VISITORS
Definition	Person legally responsible for the baby hospitalized.	Adult (18 years or over) identified by the parents, who can participate in the basic care of the baby or babies with the parents' consent, even in the absence of the parents. The significant person must sign the visitors' log at reception.	Brother or sister of the baby, step-brother or step-sister, aged 2 to 18 years old, who meet the requirements. Visits are allowed in the case of twins where one twin has been discharged.	In intermediary care, visits by 2 additional people per day are allowed during visiting hours. These visitors must sign the visitors' log at reception and be accompanied by a parent during the visit.
Number of significant persons allowed	The 4 significant persons can visit at any time. Parents can designate a maximum of 4 significant people (excluding siblings) to support them during their baby's entire stay. Parents need to complete a list to that effect at the neonatology unit's reception. Because the choice of significant persons cannot be changed during the course of the hospitalization, it is important to take the time needed to choose them.			
Number of visitors admitted at the same time at the baby's bedside	2 people only (INCLUDING THE PARENTS)		Ratio of one child per adult, maximum 2 children NB: The staff is not responsible for supervising siblings.	2 people only (INCLUDING THE PARENTS)
	Based on the recommendations of the infection prevention service, the neonatology department can limit or prohibit access to visitors (grands-parents, significant persons or siblings) during certain periods of the year or in exceptional situations (e.g., respiratory virus outbreak) in order to ensure a safe environment.			
Visiting hours	At all times	At all times	From 10 a.m. to 8 p.m.	
Visit duration	Unlimited	Unlimited The staff reserves the right to end a visit based on the baby's condition.	The staff reserves the right to end a visit based on the baby's condition or siblings' health or behaviour.	The staff reserves the right to end a visit based on the baby's condition.
	Parents and/or significant persons are expected to stay with the baby and to not enter other patients' rooms. Lounge areas reserved for the families and the kitchenette are available to you.			

How can you participate?

The first few weeks are often the most difficult. In addition to the stress and fatigue associated with giving birth, you are entering the unknown world of neonatology.

Slowly but surely, you will get to know the unit and your baby. The neonatal care unit is a place where your baby continues to develop following birth. The outside world is very different from the mother's womb.

The parents, family and baby are discovering and getting to know each other every day. If the mother is unable to visit her baby in the first few days, pictures can be taken and shared with her. You can also place a picture of the family by your baby's bedside.

All babies are different, and after a few weeks, you will become a specialist of yours: you will know what he or she likes, makes him or her feel safe or stressed, and the best way to calm him or her. This takes time and requires lots of patience and presence on your part. Throughout your baby's hospital stay, you will also get to know yourself and how to get involved.

Interacting with your baby

Your baby can give you many signs pointing to the ability or difficulty to adapt. Generally speaking, the more premature or ill babies are, the more they save their energy for vital functions and the less they interact with their environment. As his or her condition becomes more stable, your baby will begin interacting with you. The bedside nurse will help you interpret what your baby is telling you and guide you in your interactions with your child.

Even if your baby is small or fragile, you can hold them and care for them. Your baby's nurse will teach you how to interact with your baby, change diapers, give baby a bath, apply cream, change electrodes, etc. It is important for your baby to hear his or her parents' and family's voices, which helps with brain and sensory development. Speak calmly, use their name, sing them songs or read a story. These interactions will be positive and beneficial. However, when baby is asleep, let them rest, as this is what they need to grow and heal.

INTERACTION WITH YOUR BABY

	PARENT	SIGNIFICANT PERSON	SIBLINGS	VISITORS
Person who can touch or hold the baby(ies) and give care E.g., bathing or feeding	Yes, depending on the clinical condition of the baby(ies).	Significant persons can hold the baby and give care, based on the clinical condition of the baby(ies).	Adolescent siblings can hold the baby. Siblings can touch the baby, with the parent's supervision, if the baby is in a bed , subject to the nurse's approval and based on the patient's clinical condition.	Visitors can touch the baby, with the parent's supervision, if the baby is in a bed , subject to the nurse's approval and based on the patient's clinical condition.
Person who can get information from the nurses regarding the hospitalized baby's condition	Yes	At the bedside only, with a parent present.	Information is given by the parents.	
When the patient is in isolation: wearing the necessary equipment	None	None	All visitors must wear the personal protection equipment. No children 12 or under may visit.	All visitors must wear the personal protection equipment when the patient is in isolation.
<p>RULES TO FOLLOW DURING SIBLING VISITS</p> <p>A health sheet must be completed by the parents, with the help of a nurse, for each child and BEFORE each visit. It must be approved by the AHN. In the event that the baby's twin has been hospitalized in another hospital, he or she could visit his or her hospitalized twin after certain precautions have been taken. To prevent the transmission of resistant bacteria, a screening will be performed on this twin, and the visit will only be authorized if the screening is negative.</p>				

Nursing

Mothers who wish to give their baby breast milk need to use the breast pump as soon as possible after birth, i.e. within four hours following the birth. Seek the help of the nurses in the unit where the mother is hospitalized or of the neonatology unit. The father or another significant person can bring the milk to your baby's nurse as soon as there is some, even if only a few drops. Unless there is a feeding contraindication, baby can have the colostrum (first milk, filled with antibodies), which will help him or her. A breast pump is available to mothers in all rooms in the unit.



Pain and discomfort

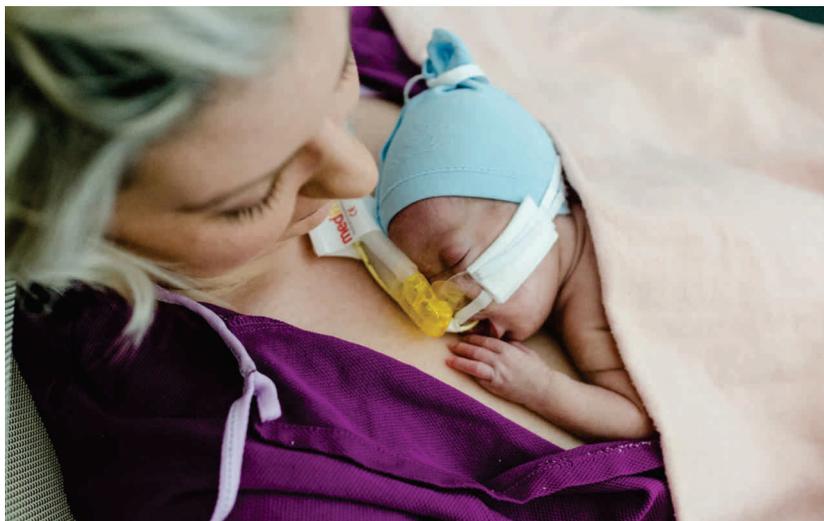
Bedside nurses the wellbeing and regularly assess the comfort of the babies, as they can feel pain. Your baby can show different signs of discomfort, which you will learn to interpret. It is our priority to prevent and relieve pain or discomfort. There are existing calming methods to reduce stress and discomfort. Your baby's position can also help relieve and reduce his or her stress.

Sucrose is a sweet liquid given in very small quantities, creating a pleasant sensation. The administration of sucrose is very effective in fighting pain during procedures such as blood collection. In some cases, stronger medication is used to fight pain.

You can be present for interventions, such as IV installations, blood collection, eye exam or resuscitation, if you so desire. Some parents want to be with their baby for certain if not all interventions. However, for other parents, this is stressful or induces a significant amount of anxiety. We encourage you to listen to your body and be there when you feel comfortable being there.

Kangaroo method

When your baby's condition is stable, you can hold him or her using the kangaroo method. Your baby is placed on the mother's or father's chest, skin on skin. Parents sometimes have concerns at the beginning, but this moment is often very gratifying. For the baby, the kangaroo method brings pleasant sensations reminiscent of those experienced inside the womb (the smell and taste of your skin, hearing your heartbeat, etc.). There are other benefits for your baby, such as stabilizing his or her temperature, breathing



and development. The kangaroo method also facilitates milk production for the mother. Only the parents are authorized to hold the baby using this method.

3 Your baby's environment and the people taking care of your baby

Your baby's environment

Babies are either in single or double-occupancy rooms

Seeing your baby connected to wires and tubes is overwhelming. These devices help monitor and care for your baby. Each one is very useful. Several of them have alarms that can often be heard. The nurses caring for your baby are used to these alarms, which help them in their work. Here is more information on the devices used.

The incubator (isolette)

Your baby's bed. It provides a warm and damp environment similar to the mother's womb. It provides heat, protection from noises and light, and makes it possible to observe the baby at all times. A sensor attached to your baby allows us to control heat distribution. There are four doors allowing



you to touch the baby without loss of heat on the inside. Based on your baby's weight and the amount of monitoring needed, your baby may be in an incubator for a certain period of time before being transferred to a small bed. As long as the incubator is needed, your baby will not wear any pyjamas. He or she could wear them once transferred to a small bed.

Cardiorespiratory monitor

Your baby is connected to the monitor with three stickers called electrodes, which are placed on the baby's torso and stomach. The small electrodes send information on the baby's heartbeat. The pulse oximeter sends information on blood oxygen levels, also known as saturation, to the monitor. It is



a small red light placed on the hand or foot. The monitors are used to check key elements—heartbeat, respiration and saturation.

Feeding tube

Many neonatology patients cannot be fed by mouth, neither from the breast or bottle. These babies receive their milk via a tube that goes into their stomach. During meals (feedings), the tube is connected to a pump, which slowly pushes the milk into the stomach. The tube remains in place to avoid bothering the baby at each meal.



The intravenous route, central catheter and umbilical catheter

If your baby needs to be fed intravenously or to receive medication, he or she will either have an intravenous route, a central catheter (called a peripheral central venous catheter, which is inserted into a large vein in the body), or a catheter placed into the umbilical cord (from the bellybutton). The intravenous route can be on the arms, hands, feet or even the head. The installation process is unpleasant, but once in place, the catheter does not hurt your baby. Installing the catheter into the umbilical cord is not painful, but it can be uncomfortable. A perfusion pump is used to administer whatever the baby needs.

Respiratory support

Your baby may need help to breathe. Some babies need additional oxygen, and others also require the use of a respirator.

■ Nasal cannula

Babies can receive oxygen via small tubes called nasal cannula, which are inserted into the nose. These cannula allow us to supply developing lungs with more or less air. High-flow nasal cannula send pressure with a higher gas or oxygen flow to help breathing.



■ CPAP (Continuous Positive Airway Pressure)

When a baby needs further breathing assistance, the respirator can push air or oxygen into the lungs via a device placed on the nose. A small cap helps it stay in place. This device is known as a CPAP.

The device offers your baby various modes of breathing assistance.



■ Intubation and endotracheal tube

If your baby has trouble breathing despite the CPAP, a tube known as the endotracheal tube can be inserted into the baby's nose or mouth and into the trachea—the tube allowing the passage of air to the lungs. It is located between the vocal cords, which are necessary to produce sounds. It is therefore normal not to hear your baby's voice or cries when intubated. The endotracheal tube is connected to the respirator ensuring or supporting breathing.



Who takes care of your baby?

The different stakeholders

It is not a person but a team who cares for your baby. We all share the same goal: to optimize your baby's comfort and help get him or her healthy, grow and develop. You are part of this team. It is important to know the other members. If you do not know a person, please feel free to ask who they are and what their role is.

Because CHU Sainte-Justine is a university hospital centre, the care administered to your child is the responsibility of a doctor working with a team of residents, externals, medical consultants, care teams and specialized professionals.

From the various stakeholders, parents can expect to see every day:

The medical team is made up of several members. They wear scrubs (green hospital suit) or dress in plain clothes. **The neonatologist** (the “boss”) is a doctor specializing in sick babies. He or she is responsible for the medical team and babies' medical care.



A **neonatology fellow** is a pediatrician specializing to become a neonatologist—a doctor for babies. The neonatology fellowship lasts two to three years. Fellows are often in the neonatology unit during these years.

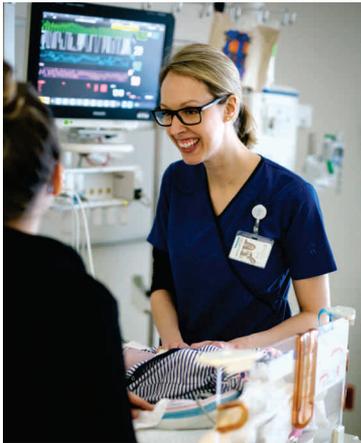


A **resident** is a doctor specializing to become a pediatrician—a doctor for children. The pediatric residency lasts four years, during which residents serve several internships in neonatology.



Neonatal nurse practitioners: Wear green scrubs or plain clothes.

The neonatal nurse practitioners specialize in newborn and family care. They ensure the medical and nursing follow-up of the babies from their admission and, generally, until their discharge.



Nurses: Wear a uniform with a royal blue top.

At any time of the day or night, a nurse is there for your baby, ensuring his or her care and assessing your baby's condition to meet his or her needs. They are also there to support you, provide you with information, teach you how to care for your baby and answer your questions. A nurse is also at your baby's bedside in intensive care. This nurse is responsible for one or two babies at a time.

Pharmacists: in civilian clothes

They are the drug specialists. They ensure the optimal use of medications and fluids that may be needed to care for your baby. They will also answer your questions about the possible effects of medications during pregnancy or breastfeeding. Brigitte Martin, Josianne Malo, Sabine Matar, Myrna Abou-Karam et Charles-Olivier Chiasson.



Nursing assistants: Wear a uniform with a green top.

In intermediary care, a nurse and nursing assistant are at the babies' bedsides. A nurse who coordinates the care and different treatments necessary cares for your baby, with the help of one or several nursing assistants. The nurse is responsible for 3 to 8 babies.



Respiratory therapists: Wear a uniform with a red top.

Respiratory therapists are care professionals who support babies who present respiratory problems. They treat and care for the babies who need support and ensure the respirator is working appropriately.



Patient attendants: Wear a uniform with a purple top.

The oversee all tasks associated with the material, bedding, medical equipment and transfer of samples within the hospital. Their role is to ensure all babies have the all material they need.



Administrative officers: In plain clothes.

They are the go-to resources for all administrative processes. They ensure communication with the other services, answer your calls and know the operational details of our entire administration. They greet and guide you through your visits.



Janitors:

They ensure the cleanliness of all of the unit's spaces. They do a thorough cleaning of the room during transfers and discharges.



Assistant head nurses (AHN)

All of these professionals are supported by a team of assistant head nurses, or AHN. They are resource people for all of the nurses and the parents. They ensure the unit is running smoothly. They are trained nurses and wear a royal blue uniform.



Parents will meet other professionals as needed, such as lactation consultant nurses, pharmacists, psychologists, social workers, physiotherapists, occupational therapists, nutritionists, entorostomal therapists, spiritual caregivers, and members of the neonatal transport team and medical imaging technicians.

Several medical teams are also consulted to help care for the newborns in the unit: cardiology (heart), infectiology (infections), respirology (lungs), surgery, genetics, radiology, etc.

How is the team's work organized?

During the day, each baby is followed by four medical teams, designated by colour—the yellow, green, orange or blue team. These colour codes exist simply to identify the doctors assigned to the babies, based on the work schedule.

The neonatologists are generally in service for two consecutive weeks during the day to follow the babies. Your baby will not necessarily be with the same coloured team throughout his or her stay in the neonatology unit. Here is an overview of the composition of medical teams between 8:30 a.m. and 5 p.m.:

- Yellow team: one neonatologist, one fellow and residents;
- Green team: one neonatologist, nurse practitioners and sometimes a fellow or resident;
- Blue team: one neonatologist, one nurse practitioner, externals and sometimes residents and a fellow;
- Orange team: one neonatologist and sometimes a fellow.

In the evening and at night (between 5 p.m. and 8:30 a.m. the next morning), the on-call neonatologist is responsible for all babies in the unit. A resident and a fellow are generally on call with the neonatologist and share in supervising the patients in the unit.

Patient rounds

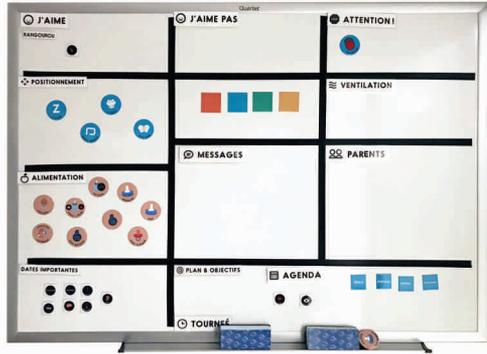
Patient rounds are done every day. During this time, your baby's health and short, medium and long-term interventions are discussed as a team. Generally, the rounds take place between 10 a.m. and 3 p.m. Even though the time of the rounds cannot be determined exactly, you can ask your nurse for the estimated time of the rounds in order to be present. We encourage you to be present and participate so as to stay informed and establish care plans together. You are the experts of your baby. You can eventually introduce your baby if you wish. However, several parents do not feel comfortable commenting on their child's condition at the start of hospitalization. Feel free to share your perception of your baby's condition with the attending team and ask for medical information.



Sound advice

Remember to write down your questions along the way to make sure nothing gets forgotten.

There is a white board at your disposal in each room. This is a tool used by you and the professionals to communicate.



A few safety rules

4

- In order to facilitate emergency care and interventions, your child's bed should be accessible at all times. The room, therefore, cannot be messy. It is important to store all personal belongings in the closets and not near the bed.
- If necessary, you may be asked to leave the blinds open at all times in order to ensure constant monitoring.

Please notify your nurse when you leave the room. Sound advice: Only bring the bare minimum to the hospital. Do not leave any valuables in the room (telephone, wallet, tablet, cell phone or others).

Rules of existence in the unit: caring together

Various installations are available to you to meet your daily needs, such as a shower, kitchenette with lunchroom, and lounge area with a television. To make life in the unit more enjoyable and harmonious, we ask everyone to:

- avoid excessive noise (television, telephone, music, etc.);
- keep the common areas neat and tidy;
- respect the privacy and confidentiality of each family;
- not eat in the corridors, your baby's room, common areas and the playroom;
- respect the condition of the premises, material and furniture at your disposal.

Your child's safety

Babies' safety is a responsibility shared by the entire team. We must all:

- make sure your child's bed rails are always completely raised, even when you are close by. This is also true of the incubator doors;
- make sure your child is wearing his or her identification bracelet at all times;
- report anything that seems unusual;
- give information that seems relevant to the attending team.

To sleep

A **daybed** is at your disposal to allow you to stay with your baby whenever you want, day and/or night. You can use it to sleep or rest, making sure to keep the area clean. Please fold it up when not in use. Only one parent or significant person can sleep in the room over night. It is important that the daybed not be moved to ensure safety and quick access for the staff in the event of an emergency.

At night

Your child requires close clinical monitoring both at night and in the day. A member of the team will regularly visit your baby's bedside to assess his or her clinical condition and offer care or treatment as needed. All of these interventions require a minimum of lighting. They are performed as discreetly as possible so as not to disturb your child's sleep.



Many parents choose to rest and spend the night outside the unit. We remind you that it is possible for you to rest or sleep outside the hospital. It is important for you to regain your strength. You can also have a significant person replace you as needed. Rest assured that we will contact you as needed.

Meals

For hygiene and infection prevention purposes, it is forbidden to eat or keep food in the room. If you want a hot drink, it is possible insofar that you use a non-spill cup or thermos.



Flowers, plants and balloons

In order to prevent allergic reactions and infections, flowers, plants and latex balloons are not permitted.



Dress code

We ask that you wear appropriate clothing at all times, including when you are resting or sleeping.



Electric devices

For safety reasons, it is forbidden to use the following items in the neonatal unit:

- Electric devices (boilers, toasters, air conditioner, refrigerator, etc.)
- Television
- Electric radios
- String lights
- Extension cords

Cell phone use for all

L'utilisation du téléphone cellulaire est restreinte à la zone parent/intervenant.



- Cell phone use is restricted to the parent/stakeholder zone.
- For hygiene purposes, the phone must be kept in a plastic bag, which can be removed temporarily to take pictures. Be sure to wash your hands after each use.
- In order not to disturb the children, cell phones must be kept on vibrate at all times.
- Do not use a tablet or cell phone when holding the baby.
- Keep your voice low when speaking with others or on the phone, so as not to disturb your child's rest.

Wi-Fi access

You have access to the hospital's Wi-Fi network. This network is independent from the hospital's professional and medical Wi-Fi network. It does not provide access to professional and confidential data in the CHU Sainte-Justine network.



To access it:

- Select "CHU-Public" from the list of available wireless networks.
- A home page will open in your browser: follow the daily agreement and terms of use procedure.

For any questions or support: 1-888-ihotel5.

Pictures and videos

It is forbidden to take pictures, record, film or distribute pictures or videos of other patients and their families online and on social media (e.g., Facebook, Twitter, Instagram, Snapchat, Youtube or others) without their authorization. If you wish to take or distribute pictures or videos of staff members on social media, please ask for their permission beforehand.



Alcohol, illegal substances and dangerous objects

The possession and use of alcohol, drugs and dangerous objects is strictly forbidden.

Non-violence

CHU Sainte-Justine has a non-violence policy that stipulates that all verbal or physical violence is strictly forbidden and will in no case be tolerated. We need to ensure our work environment and care are free of all forms of violence and based on respect, dignity and physical and psychological integrity of people.



Smoke-free environment

CHU Sainte-Justine's policy on tobacco use aims to promote good health and offer a sound and safe environment, conducive to recovery, for clients and staff.

It is forbidden for anyone to smoke or vape on all of the establishment's premises, including the entrances, access paths, and outdoor and underground parking.

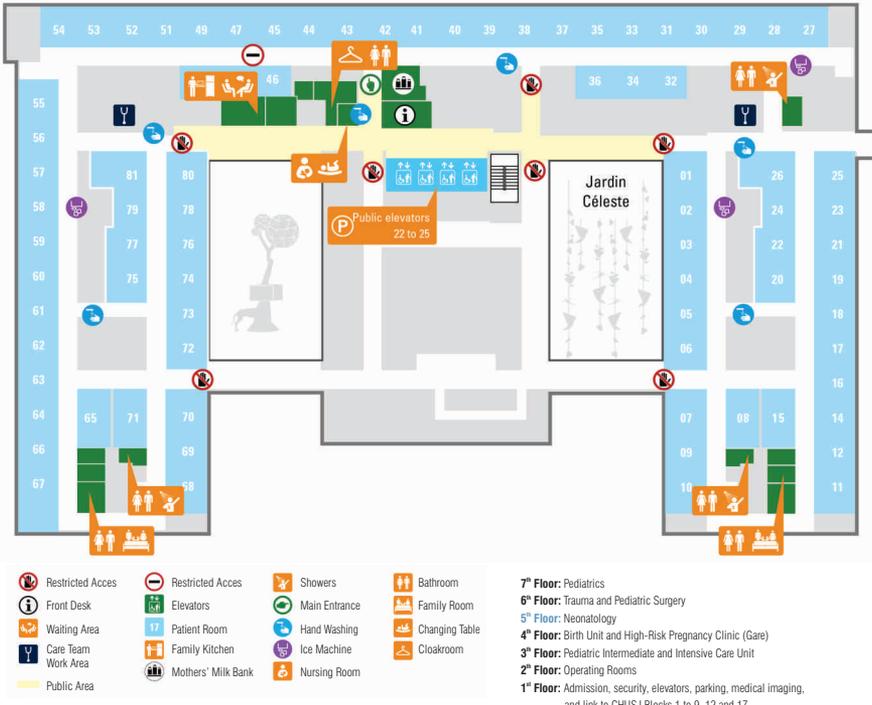
Animals and guide dogs

Animals are not allowed inside the establishment, with the exception of guide or service dogs. In such cases, please refer to the care team for the rules on this matter.



5

Useful places for families



Places in the unit

Family lounges

A quiet, furnished area for rest, reflection and entertainment. There is a lounge for families in intensive care and another in intermediary care. However, to ensure greater access at all times, sleeping in these lounge is forbidden.

Families' kitchenette

There are refrigerators and microwaves at your disposal in the kitchenette in the unit and in the room reserved to families. Make sure to label food containers in your child's name and write the date of storage. At discharge, be sure to retrieve the food stored in the kitchenettes. We inspect the content of the refrigerators every Thursday. All unidentified and expired food (more than 7 days, undated) will be disposed of.

Showers

There are showers at your disposal in the unit. Notify the administrative officers when you are done using the shower; they will contact the janitorial staff. Bring your own toiletries (soap, shampoo, tooth brush, tooth paste, etc.). There are towels and washcloths at your disposal. Please place them in the baskets intended for this purpose after using them.



Sound advice

Like all public showers, wearing sandals is recommended.

Various useful places at your disposal

Parking

Client parking is located West of CHU Sainte-Justine. It is accessible from Chemin Côte-Sainte-Catherine or rue Decelles. Value packages are offered to those who regularly visit the hospital: one-day package, unlimited access, weekly, family and monthly packages. For more information, visit the care units, clinics or security service.



Drop-in daycare

CHU Sainte-Justine offers you a drop-in daycare service for siblings of hospitalized or external clinic patients. The children are looked after by an educator and volunteers. This service is available Monday to Friday, from 8 a.m. to noon and from 1 to 4 p.m.



The drop-in daycare is located at Level C of Unit 8, Room C-822.

Telephone: 514-345-4931, extension 5372.



Parent Child Centre

The Parent Child Centre is a place for parents and families to peacefully learn and get documentation. The librarians can help them in their research using documentation on site or available online. Furthermore, all Éditions du CHU Sainte-Justine books can be consulted or purchased on site.

The Parent Child Centre is located inside the library facilities, on the 5th floor of Unit 9. It is open Monday to Thursday from 8 a.m. to 6 p.m., and Friday from 8 a.m. to 4 p.m.

Le Havre

A meditation room named Le Havre is available to you at all times. It is located in Unit 1, Level A, room A-110.

ATM

You have access to a Desjardins ATM at Level A of Unit 1, near the *Délipapilles*.



Jean-Coutu drug store

The Jean-Coutu drug store is located at Level A of Unit 1. Its operating hours are displayed at the entrance of the store.



Food courts



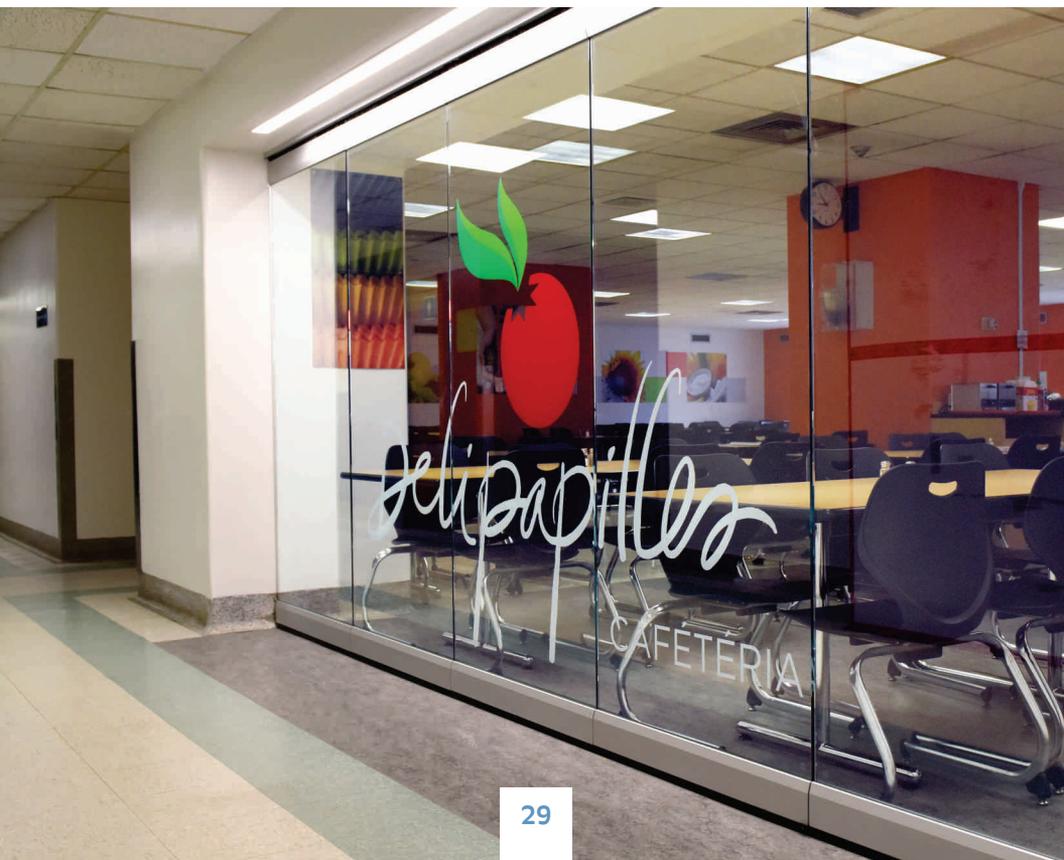
Cafeteria

The main cafeteria is located at Level A of Unit 9. It is open for lunch, from 11 a.m. to 2 p.m., Monday to Friday.

Bistro

Located in the Jardin 4 saisons in the Unit 17 Atrium, this Délipapilles point of service serves the clients and staff of Units 11 and 17 every day from 7 a.m. to 2 p.m. There, you will find:

- **Café Van Houtte:** coffee, tea, pastries
- **La Marmite:** a variety of soups
- **Repas sur le pouce:** sushi, sandwiches, salads, fruit and vegetable cups, smoothies and snacks



Délipapilles

You can also get meals and snacks at Level A of Unit 1, near elevators 1 and 2. There are complete meals seven days a week, from 6:30 a.m. to 8 p.m.



Meal delivery

Meal delivery to the unit's kitchenette is offered. To order, dial 4747. A flyer with more details is available.

Vending machines

Several products are available at Level A of Unit 2. There are also snacks in various locations: the main entry hall, 1st floor of Unit 2, Level B of Unit 1, etc.



Temporary accommodations for families



Hôtellerie Chez Cachou

Hôtellerie Chez Cachou is located on the 5th floor of Unit 8. It offers accommodations based on availabilities and the priorities set out by the establishment:

- Breastfeeding mothers whose baby is staying in the nursery or neonatology;
- Patients receiving treatment at the day centre, without hospitalization, accompanied by a parent;
- Mothers whose baby is hospitalized in neonatology.

For more information, please call 514-345-4898 from 7:30 a.m. to 3:30 p.m. Monday to Friday. On evenings, nights or weekends, call 514-345-4616.

Ronald McDonald House

Ronald McDonald House is a family-type residence for families from remote areas (more than 55 km from Montreal).

For information or reservations: 514-731-2871, 8 a.m. to 8 p.m. Monday to Friday, and 9 a.m. to 8 p.m. Saturday and Sunday.

Users Committee

The Users Committee ensures the rights of CHU Sainte-Justine families are respected. They represent the child and his or her family to promote the improvement of the quality of users' living conditions and support users as needed.

You can reach the Committee at 514-345-4931, extension 5902.



Local Complaints Commissioner

We hope you are satisfied. Your comments help us improve the quality of care and services. If you are dissatisfied with the care and services your child receives or has received and if you feel that his or her rights have not been respected, we recommend that you first speak with the staff responsible for care and services. Oftentimes, the issue can be resolved quickly this way. After this, if you are not satisfied, the Ombudsman - complaints and quality services is there to process your complaint and promote the quality of services. Complaints can be made verbally or in writing. You can make your complaint:

- In person: at the Office of Local Service Quality and Complaints Commissioner, located at Level A, Block 9 (local A.9.21)
- By phone: 514-345-4749
- By mail: Local Service Quality and Complaints Commissioner, CHU Sainte-Justine, Local A.9.21, 3175 Chemin de la Côte-Sainte-Catherine, Montreal QCH3T 1C5
- By email: commissaire.message.hsj@ssss.gouv.qc.ca

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Administrative procedures

When a baby is admitted to neonatology at birth, administrative procedures can get complicated. Here is a short summary of possible benefits. We are there to help you with these processes.

Declaration of civil status

You can declare the birth of a child by completing the paper Declaration of Birth form or by using the online Electronic Declaration of Birth service. You have 30 days to do so at no cost.

<http://www.etatcivil.gouv.qc.ca/en/birth.html>

This service can be done directly by the staff of the mother and child unit where the mother is hospitalized.

ATTENTION : If you wish to give your child another nationality in addition to Canadian, you need to keep the originals of the declaration, which will serve as proof for the consulate or embassy. Validate this information before submitting the declaration.

Private insurance

If you have private insurance, please register your child immediately at birth.

Québec Parental Insurance Plan (QPIP)

If you are eligible for parental leave under the QPIP, you need to register and declare your child's birth, even if he or she is hospitalized. However, you can ask that your benefits be suspended to take advantage of another type of benefit (Family Caregiver Benefit for Children – see below) for the duration of your child's hospitalization.

The request must be made in the three weeks following the birth, or you may lose weeks of benefits.

Information : 1-888-610-7727

http://www.rqap.gouv.qc.ca/index_en.asp.

Family Caregiver Benefit for Children (formerly known as Employment Insurance claimants in receipt of parents of critically ill children)

You have access to this benefit if you are eligible for employment insurance (based on the regular conditions), you need to provide care to your child and your salary is cut by more than 40%. The period granted is at most 35 weeks, at an amount representing 55% of your income up to a maximum amount.

Note that there is one-week wait time (without income) before receiving these benefits.

Registration for benefits is done online, with mailing (or delivery to a Canada Service Centre) of a medical certificate signed by the doctor. Moreover, authorization to issue the medical certificate shall be sent. We will help you fill it out.

[For information, registration and forms:](#)

www.canada.ca > [Benefits](#) > [Family benefits](#)

** Please note that generally speaking, in the context of hospitalization in neonatology, parents are accepted for these benefits. Processing time for these applications is about 28 days (benefits will be retroactive to the examination date on the medical certificate).*

You are not eligible for the past benefits, or these benefits do not meet the needs of your situation and you feel psychologically/physically unable to work:

We can provide you with proof of your presence at your child's bedside for your employer if necessary.

- **If you have group insurance at work:**

- You need to see a doctor to get a medical certificate to be off work.
- Contact your own family doctor or a doctor in a clinic or hospital of your choice. You will need to explain your child's medical situation to this doctor, specifying how this affects you. Describe **how you feel in order to justify the fact that YOU are in no condition to work.** Your insurance covers **YOUR** incapacity to work and not your dependent's illness.

** Please also note that a doctor from CHU Sainte-Justine cannot give you a medical certificate, as this is a pediatric hospital centre, not an adult hospital centre.*

- **If you do not have group insurance at work:**

- The process is the same with regard to the doctor and obtaining a medical certificate to be off work. However, it will be EI Sickness Benefit that will ensure payments up to 15 weeks, based on your unemployment officer's assessment. The amount is 55% of the gross income, for a maximum amount established by the government.

For information and forms:

<https://www.canada.ca/en/services/benefits/ei/ei-self-employed-workers.html>

You are an EI claimant (unemployment):

Refer to your officer, who will look over your situation with you and advise you accordingly. You can also refer to your regional MOUVEMENT ACTION CHÔMAGE organization

You are a Social Assistance claimant:

Refer to your officer. With proof of your child's hospitalization, which we can provide for you, and a medical certificate asking that you be present at your child's bedside every day, your travel expenses, parking, accommodations and meals should be covered by social assistance. You will need to provide your officer with your receipts, along with the above-mentioned documentation.

Supplement for handicapped children (Régie des Rentes du Québec - Provincial):

This supplement is granted to parents of children born at 29 weeks of gestation or less. Contrary to the name of the supplement, this does not mean babies born at 29 weeks or less are all handicapped. It is a compensation for parental resources invested for extremely premature children. If your child is born at 29 weeks or less, you will be given the necessary documents. Once both parts are completed (parent portion and professional portion), you can send them to the RRQ yourself in the pre-addressed envelope. Expect a 3 to 4-month delay before receiving the benefits (retroactive to the date of the diagnosis). You will receive payments monthly.

These documents are filled out when your child is one month old to ensure your eligibility for this supplement.

Taxes

Your medical expenses are tax deductible. Keep your receipts (meals, km, accommodations, parking) and refer to Revenu Québec and the Canada Revenu Agency (or your accountant) when producing your income taxes.

PRÉMA-QUÉBEC

Préma-Québec's mission is to improve quality of life for premature children and their family by offering moral support to parents affected by prematurity, ad hoc financial assistance and documentation adapted to their needs.

<http://www.premaquebec.ca/en>

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Discharge

Once your baby no longer needs intensive care, he or she will be transferred to intermediary care. This means that your baby's condition has stabilized and you are all being increasingly independent together. This is excellent news for you and your baby. It is a transition period for the eventual return home or the transfer to a hospital closer to you.

In intermediary care, you are encouraged to take part in your baby's feeding and overall care as much as possible. This is when you discover the importance of your baby's routines and will develop your own, in line with your family balance. Establishing a routine early on in neonatology is useful to both parents and their baby. You can determine a schedule with the nurse, although sometimes, tests or interventions may change the routine. Your baby's development will also change. For instance, when your baby begins to feed by mouth, it is important to establish detailed plans and schedules to maximize the number of feedings or nursing you will give. If you are nursing, your presence is essential to ensure feeding is success.

As your baby's discharge approaches, your presence becomes increasingly essential. It is important to adapt to your family reality while being ready for your return home.

Before discharge, you will be given important information. During your stay, you will have learned how to care and administer the necessary medication to your baby. You can write down everything you have learned in your Family passport – Next stop: Home! document.

Sound advice

We encourage you to quickly look for a pediatrician to avoid delaying care following discharge. If necessary, you may be given a pediatric consultation by the attending team.

Here is a short checklist of items you need for your discharge:

- baby carrier
- bassinet
- infant car seat
- infant car seat cover
- romper
- newborn/preemie pyjamas
- onesies
- blankets
- hat
- mittens
- socks
- clothing adapted to the season for discharge (e.g., snowsuit)
- newborn/preemie diapers
- bottles
- pacifier

Backtransfers

The organization of perinatal care in Québec stipulates that centres specializing in neonatology, such as CHU Sainte-Justine, are required to return patients to their region once their condition has stabilized in order to guarantee access for more vulnerable patients. CHU Sainte-Justine works closely with more than 20 regional hospital centres in caring for these patients, from birth to discharge.

Once your baby's condition allows it and following the directives of the medical team, you will be met to plan your baby's transfer to the hospital centre closest to your home.

Thank you for working with us!

Remember

- You are our team's preferred partners when it comes to caring for your baby.
- You are essential to the success of your baby's hospitalization.
- You can stay by your baby's bedside at all times.
- There are several services in our hospital or department to which you are entitled. Please feel free to ask about them.
- You can assign significant persons for you or your child who will support you during the hospitalization.
- Your milk is best for your child. The more you are able to give early on, the easier nursing will be in the end.
- You play a very important role with your child during the various interventions, treatments, rest periods, feedings and wakings.
- We are there to help you as a family to progress toward your hospital discharge.

Small glossary/dictionary of neonatology

Anemia	Reduction of red blood cells, which are necessary for blood to carry oxygen to the baby.
Apnea	When the break between breaths is longer than usual (about 20 seconds).
Astrup (blood gas)	A blood test indicating certain molecule levels in the blood, such as CO ₂ , an exhaled gas that should not accumulate in the blood.
Bradycardia	When the heart rate is too low compared to the norm, below 80 beats per minute for more than 10 seconds.
Caffeine	Stimulant to help the baby breathe: reduces apnea in premature newborns.
Peripheral central venous catheter	A central catheter is an IV inserted into a large vein. It delivers liquids, nutrition and/or medication to the baby.
Co ₂	Carbon dioxide, exhaled gas for which the rate may be higher than usual when the baby has diseased lungs or when they have difficulty breathing.
Umbilical artery catheter	Catheter inserted into an artery from the baby's bellybutton, through the umbilical cord. The catheter is used to perform blood tests without pricking the baby or to take blood pressure.
Umbilical venous catheter	Catheter inserted into a vein from the baby's bellybutton, through the umbilical cord. This catheter is used to distribute liquids, nutrition and/or medication to the baby.
CPAP (Continuous positive airway pressure)	Air or oxygen pressure given to the baby to help with breathing, generally through a mask placed over the nose.

Cyanosis	Bluish discolouration of the skin and mucous membranes.
Heart rate deceleration	Temporary slowing of the heart rate.
Respiratory distress	Difficulty breathing in the baby, which may be caused by several factors.
Bronchopulmonary dysplasia	Complication of immature lungs in certain premature babies who were under a respirator.
Iron	Supplement administered to prevent or as a result of an anemia diagnosis.
Blood count	Blood analysis evaluating the number of red blood cells (which carry oxygen), white blood cells (which fight infections) and platelets (which are responsible for blood clotting).
Gavage	When baby is fed directly into the stomach via a feeding tube (gavage tube).
Hemoglobin	Protein in the red blood cells (transport of oxygen in the blood). When hemoglobin level is too low, this is known as “anemia”.
Intubation	Insertion of a tube between the vocal cords, into the trachea (natural breathing tube), to assist with breathing with a respirator.
Kangourou method	When parents hold their baby on their chest, skin on skin.
Infant respiratory distress syndrome (IRDS)	Pulmonary problem that affects premature babies. The condition manifests itself primarily by trouble breathing and a need for oxygen after birth.
Meconium	Baby's first stools: dark and sticky.
Pause in breathing	When baby stops breathing for a short period then starts breathing again on his or her own.
Prematurity	Baby born before 37 weeks of gestation. The average at term is 40 weeks.
pH	Indicator of blood acidity. Varies based on CO2 levels

Regurgitation	When the content of the stomach moves back up to the baby's mouth (or the natural tube leading to the stomach, known as the oesophagus).
Respirator	Machine that helps baby breathe by sending oxygen and pressure to keep the lungs open.
Retinopathy of prematurity	Complication due to the exaggerated development of blood vessels in the eyes of premature babies.
Developmental care	Individualized approach of care for babies, aiming to reduce their stress, increase their comfort and provide conditions conducive to their development.
Sucrose	Sweet liquid given to baby by mouth. It helps prevent discomfort and pain during certain interventions.
Synagis	Injection of antibodies to fight bronchiolitis, a viral respiratory infection. The injection is given to certain babies before they go home, and then every winter month during their first year of life.
Meconium aspiration syndrome	Presence of meconium in the baby's lungs, causing respiratory problems at birth.
Transient tachypnea of the newborn	Short-term respiratory problem that begins after birth, where there is still a little liquid in baby's lungs.
Very premature	Baby born before 28 weeks of gestation (a normal pregnancy lasts beyond 37 weeks).
Transfusion	Replacement of a blood component by intravenous route.
Vaccines	Injections to protect babies from different diseases.
High-frequency ventilation	Respirator that pushes small volumes of oxygen very quickly compared to a "traditional" respirator. The baby's thorax will appear to be vibrating.
Noninvasive ventilation	Respiratory support provided by the ventilator to babies who can breathe on their own, without intubation.

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