When your child is admitted to the NICU or NMCU

Information for parent(s) or legal guardian(s)

For your information:
We use the word **parents** in this brochure for simplification. You can also substitute this word with single parent, caretaker, and/or guardian. Where we use the words he or him, we also mean she or her.

Welcome to the Neonatal Intensive Care Unit (NICU) or to the Neonatal Medium Care Unit (NMCU). Together, these units form the neonatology department. The neonatology department is part of the Vrouw Moeder-Kind (Woman Mother-Child) Centre (VMK). The VMK includes the departments of Neonatology, Single Room Maternity suites (SRM), OHC/Gynaecology, Children's Department and gynaecology/obstetrics and paediatrics outpatient clinics.

At the VMK, we work according to the Family Centred Care principle. In this vision, we aim to offer the child the best opportunity to develop a close relationship with his or her parents and other family members. Together, we work on the five points of Family Centred Care: safety, quality, respect, openness and hospitality.

Your child has been admitted because he is premature, has a low birth weight or for other reasons. Your start together has probably been very different than what you had imagined. Both the NICU and NMCU teams are very committed to your child and to you as parents, not only with their knowledge and skills, but also by offering empathy, understanding and compassion.

Information about your child

The doctor has probably already explained to you why your child is being admitted and how he is doing. The nurse taking care of your child will also explain everything to you. Information will only be provided to the parents.

You can make an appointment for a weekly meeting with the doctor through the nurse who takes care of your child. In the meanwhile, you can always ask us how things are going with your child. Also feel free to ask your questions again if you do not remember the answer or you did not fully understand.

The information in this brochure is general in nature and is intended to give you an idea of the care and guidance you can expect. In your own situation, other advice or procedures may apply. This brochure is therefore only an addition to the specific (verbal) information from your specialist or practitioner.

This brochure

We recommend that you read through this brochure as soon as possible, because it contains the most relevant information you need when admitting your child to the unit. You may still have questions after reading this brochure. Feel free to ask the staff of the department. They will be happy to assist you.

Telephone access
Day and night:
NICU at (040) 888 9350
NMCU at (040) 888 9371

On behalf of the NICU and NMCU teams, we wish you and your child a pleasant stay in our department - Management nursing staff

Staying in the NICU or NMCU

Expected admittance

Sometimes it is already clear before the delivery that your child will be admitted to the NICU or NMCU after birth. It is, therefore, always possible to take a tour of the department prior to giving birth.

Unexpected admittance

If your child needs to be admitted to the unit unexpectedly, the nurses will inform you as soon as possible about how everything works in the department.

Admittance

Admittance procedure after birth

After the birth, a doctor and/or nurse will bring your child to the NICU or NMCU in the transport incubator. Both of the parents or just the partner will go with the child. Your child will be placed in an incubator or in a bed and if necessary, connected to monitoring equipment.

Identification

The child's surname, first name and date of birth will be recorded on a name tag which will be placed on their wrist or ankle. A name tag will also be placed on the incubator or bed (in the NICU, the wristband is also attached to the incubator). If your child needs to leave the department, e.g. for an examination or for transfer to another hospital, he will wear the wristband.

Registration of your child

To ensure that your child's admission goes smoothly, we need a number of administrative details from you and your child. We would like to ask you to come to the desk/secretariat (route 106) in the first days after admission. The secretaries will enter the missing data together with you. They are also happy to help you with other questions. The secretaries are available from Monday to Friday from 08:00 to 16:30.
Telephone number secretariat: 040-888 9350. Email: NICU.secr@mmc.nl

Patient Assignment
There are usually only a limited number of people who care for a newborn child in the home setting. In the NICU and NMCU, we strive to do the same thing by using the same group of doctors and nurses to take care of your child. In your room, you will find a whiteboard on the wall with information about which nurse and/or doctor will care for your child that day.

Admission interview
An admission interview will be scheduled with you. During this interview, the doctor and nurse will inform you about:
• The situation of your child
• Medical policy
• Possible complications
• How things work in the department

Primary physician
Every patient on the NICU and NMCU has a medical specialist - a pediatric neonatologist - as a primary physician. You, the parents, will be informed of the identity of your child's primary physician. The primary physician coordinates examinations, treatment and care on the ward, and is the main point of contact for the parents. During admission, the primary physician is closely involved in your child's care in the nursing ward. You will be regularly informed about the course of your child's illness and the treatment plan. As a parent, you can contact the primary physician if you have any questions about your child's admission.

Co-treating physician
The primary physician is in charge of the problem for which your child has been admitted. At the request of the primary physician, another medical specialist may be temporarily put in charge of part of the diagnostics and treatment due to their expertise.

Team of care providers
Care is provided 24 hours a day, 7 days a week. This means that you will have contact with multiple care providers during your child' admission. Your child's treatment will be provided by the team of pediatric neonatologists and/or other medical specialists supported by nurses and other care professionals.

During the hospitalisation, the nurses and doctors will keep you informed about all of the above issues. This is done “bed-side” or during a conversation in a separate room. You can also request an interview.

Feeding

Feeding tube and drinking
When your child is unable to drink on its own, small amounts of milk can be administered through a feeding tube (a thin tube that goes through the nose or mouth to the stomach). Your child can also receive nutrients through a drip feed. The amount is gradually increased. Once your child’s situation has improved, he may start breastfeeding or drink from a bottle directly.

Feeding Times
The feedings are prepared by the staff during a 24 hour period at the following times:
12 x = 2 – 4 – 6 – 8 – 10 – 12 – 14 – 16 – 18 – 20 – 22 – 24 hours
8 x = 2 – 5 – 8 – 11 – 14 – 17 – 20 – 23 hours
7 x = 4 – 8 – 11 – 14 – 17 – 20 – 23 hours
6 x = 7 – 10 – 13 – 16 – 19 – 23 hours
5 x = 7 – 11 – 15 – 19 – 23 hours

Breastfeeding
Breast milk is the best food for all newborns. This is especially true for premature babies. If you choose to breast feed, you may need to express milk several times a day. The nurse can provide you with the information about the use and rental of breast pumps. There are lactation consultants available at the VMK. They are breastfeeding specialists and can advise and guide you in expressing/using the pump and breastfeeding. If you choose not to breastfeed, or if expressing does not work, there are also plenty of good infant formulas available for your child.

Practical information
You can make use of the family room, coatroom, pantry, the breast pump room and maternity bathrooms in our department. The restroom for visitors can be found in the maternity department (SRM).

Visitation rules for parents/immediate family
As a parent, you can visit your child 24 hours a day. The child's brothers and sisters are also always welcome. The temperature in the department is kept high, between 22-25°C (71-77°F). We therefore suggest that you wear light clothing. Please keep your coats and bags in the coatroom. You can use a small safe for your handbag and or other items. Please remove your jewellery and watches. We advise you to leave any jewellery or other valuables at home. Expressed breast milk can be placed in the refrigerator across from the coatroom right where you come in. Please wash your hands with soap when entering the room.
For security reasons, the department entrance is locked between 21:00 and 07:00. There is a doorbell next to the door. Simply ring the bell and a nurse will open the door for you as soon as possible; if the nurses are busy you may need to wait a moment. When you exit the department, press the button next to the door and the door will open automatically.

Visitation rules for family and friends
You can make your own arrangements with friends and family to schedule visits. It is up to you to maintain peace and quiet for yourself, your child and the department. We advise you not to have any visitors during Kangaroo care and or feedings.
Children under the age of 12 years old who are not part of the child's immediate family are not allowed to visit. This is due to the potential for infection with childhood diseases. During the visit, only two people can visit the room along with the father and/or mother of the child. Other visitors are asked to wait in the main hall or the visitor's restaurant.
All visitors must also leave their coats and bags in the coatroom. Visitors must wash their hands with soap when they enter the room.

Please remember that every child has a right to privacy. We therefore ask you not to look at other children. Circumstances may occur in which we need to ask the visitors to leave the room. Should this occur we ask for your understanding.

Infection prevention
Children in the NICU and NMCU are far more susceptible to infections than the average newborn. If you have any type of infection, please consult with the department staff or the nurse who takes care of your child before you enter the ward. For example, an infection can be a fever, colds, diarrhea or cold sore.
More information about infection control can be found in Chapter 3.

Mobile phone and Wi-Fi
Because mobile phones can affect our medical equipment and disturb the peace in the department, the use of mobile phones in the NICU and NMCU is not allowed. You can make calls or send text messages outside of the department. You may only use your phone in the room when it is in airplane mode, e.g. to take pictures. You can use MMC's free Wi-Fi network.

Visitors restaurant and shop
You can find the visitors restaurant and a shop where you can buy a variety of reading material, toiletries, gifts, etc. at the hospital's main entrance.

Smoking
Smoking is strictly prohibited.

Parking policy
If you park at the MMC regularly, you can park at a reduced parking rate. You can get a subscription for a parking pass; you can pick up the pass (abonnementspas) at the main reception.

Medical care for your child

The medical staff
In the NICU and NMCU, we work with paediatricians, neonatologists, specialty registrar, nurse specialists, nurses and other staff. We work as a team to care for your child. Below we explain what they do individually.

Paediatricians and neonatologists
A paediatrician can also specialise as a neonatologist, intensivist, cardiologist, etc. They work together in the paediatrics/neonatology group. The paediatric neonatologists specialise in caring for newborns and provide medical advice to the team in the NICU and NMCU. Together with specialty registrars and nurse specialists, they discuss how things are going with your child and set up a treatment plan that they will execute together.

Specialty registrar
The specialty registrar is a medical doctor in training to become a paediatrician. There are also specialty registrars who are not in training. There is always a specialty registrar present in the department, including in the evening, at night and on weekends. The specialty registrar is part of the team that treats and takes care of your child.

Nurse specialist
A clinical nurse specialist is a neonatal nurse who has completed further education so that he or she has the same knowledge and skills as a specialty registrar.

Nursing team
The nursing team will give your child the necessary nursing care. As parents, you will have the most contact with them because they will offer the primary care for your child.

Managers
The managers are in charge of the nursing team.

Service staff
The service staff are in charge of your baby's nutrition and will provide meals for parents staying with their child. They also perform supportive tasks for the nursing staff. You can talk to the service staff if you have any questions about nutrition and other matters regarding your stay.

Other staff members
There are also secretaries, service staff, lactation consultants, speech therapists, physiotherapists, a social worker, a medical psychologist and a chaplain that work in the NICU and NMCU.

The technology surrounding your child

Incubator
The children admitted to the ward are placed in either an incubator or a crib. An incubator is a special closed “treatment unit” in which the temperature can be controlled precisely. It always has fresh air inside, which is heated and humidified.

The incubator provides protection against germs and your child can be easily observed inside it. In order to dampen sound and light we can make use of a cover (protective blanket).

Equipment around the incubator
Around the incubator you will notice all kinds of equipment that is needed for the observation, monitoring and treatment of your child.
We continuously monitor the following:

- The heart rate and breathing, using three-electrode patches placed on your child’s chest and connected to the monitor.
- The blood oxygen level, using a strap with a red light around a hand or foot (oxygen saturation).

- The body temperature (not always), using an electrode on the skin. The temperature may sometimes also be measured rectally.

The monitor is connected to the central monitoring system and any alarm will also come straight to the nurse's pager. They can see what is going on, even if they are not the room.

The following may also be present:
- One or more IV pumps to help administer fluids and or medication that your child may receive through an IV drip.
- In the NICU ward we often initially place an IV into one of the main arteries to measure the blood pressure. This IV can also be used to collect blood for laboratory research.
- Equipment to measure the blood pressure and to support breathing.
- Equipment to measure brain activity for children with problems in this area.

Examining your child

Blood will be drawn from your child regularly, X-rays and ultrasound examinations will be done. Below you will find a list of other examinations that may take place.

Heel prick screening and hearing tests
Every newborn has their blood taken for the heel prick screening on the 4th day after birth. The blood is tested for a variety of disorders. You will only be notified if abnormal results are found. If you object to the heel prick screening, you can tell the nurse that takes care of your child. Your child's blood will also be tested to see if they may be carriers of the disease sickle cell anemia. If you do not want to receive information about this disease, please inform the nurse that takes care of your child before they do the heel prick.

Right before your child is discharged from the hospital, a hearing test will be performed. This test is not uncomfortable or painful for the child. Most children sleep during the test. The results of this test are immediate. If the test does not give a clear result, we will repeat it at a later point in time. The nurse will give you an explanation about this.

Brain examination
Your child's development later on in life will be determined primarily by the condition of their brain. In newborns, the brain is still developing. The blood vessels in the brain are still fragile and the regulation of the blood flow through the brain is not as good as it will be later. This means that the newborn child's brain is especially vulnerable.
We therefore conduct a thorough brain examination on all children admitted to the NICU. The brain examination consists of a neurological examination in which your child's response and reaction level are assessed. Additionally, during the first week of life, an ultrasound will be made of the brain two to three times a week. If necessary, a scan (CT or MRI), and an EEG will be made of the brain. The doctor will discuss with you what all of the tests will mean for your child. It is important to realise that the more examinations they perform, the more they may find. Not all abnormal findings will have implications for your child. On the other hand, not all developmental problems are visible at birth.

Eye examination
A premature baby's eyes are not yet fully mature and still vulnerable. This is why children in the NICU that are at risk of eye damage are given an eye examination about 5 weeks after birth. This eye examination is performed by an ophthalmologist.

Medical problems with premature babies
This chapter provides an overview of medical problems that may occur with premature babies, along with a brief description of the treatment. This is not to say that all these problems will occur in every child.

Respiratory problems
Breathing problems are usually reflected in rapid and difficult breathing. Breathing problems can be diagnosed by taking an X-ray and blood tests.
There are a number of possibilities in offering respiratory support. Sometimes oxygen can be given through a small nasal tube or oxygen mask, fresh air and oxygen will be pumped into the nose (CPAP). Babies sometimes need extra help breathing, in which case they may be connected to the ventilator by a tube inserted in the trachea (windpipe).
For babies who have underdeveloped lungs, a drug (surfactant) is administered once through the tube to help the lungs function better.

Apnea and bradycardia
In preterm infants, the ability to control their breathing with their brains is also underdeveloped; this can cause breathing pauses (apnea) to occur. These breathing pauses are also associated with a slow heart rate (bradycardia).
Although the occurrence of these breathing pauses is in line with and appropriate to their age, they are still treated by "waking them up", administering caffeine or respiratory support.

Bloodstream
The circulatory system is constantly monitored by registering the heart rate, blood pressure and oxygen content. A newborn's blood pressure is normally much lower than that of adults. If necessary, drugs are given in order to help raise the blood pressure.

The circulatory system is different after birth than before birth. Before birth, the blood does not pump through the lungs, but through a special blood vessel (the duct) directly to the body. After birth, this blood vessel usually closes and one half of the blood goes to the lungs while the other half goes to the body. In premature babies, this vessel does not always close automatically, in which case this needs to be achieved through medication.

Jaundice
Many newborns turn yellow during the first few days of life. Jaundice (icterus) occurs when blood is broken down into bilirubin. This bilirubin should be processed by the liver. Young children, especially premature infants, are still unable to do so during the first days of their life. This is treated by breaking down the bilirubin with phototherapy (light therapy). Phototherapy is administered by placing a lamp above the incubator.

Infections
Infections can be a serious threat to newborns. If an infection is suspected, it is examined and, if found, treated with antibiotics.

Infection prevention and safety

Infection prevention
Your child is very susceptible to infection. The most important measure to prevent infection is good hand hygiene. Before you start washing your hands, take off any jewellery, such as rings, bracelets, and watches. We advise you to leave all jewellery at home, also to reduce the chance of losing it. Wash your hands with soap and water, dry your hands thoroughly. Always wash your hands:

- upon entering your child's room and before leaving the room;
- in case of any visible contamination of the hands;
- after changing a diaper;
- after visiting the toilet;
- after coughing or sneezing and after blowing your nose;
- after eating;
- in the NICU, hands must always be disinfected before opening the incubator.

Please hang your coats on the coat rack in the coat room. Bags and other valuables can be stored in a small safe.
If a parent, brother or sister has an infection, we ask that you consult a nurse before visiting your child. If you've been in contact with someone who has an infection, you should also consult with the nurse and find out if you should take any special precautions. Visitors who have colds or are sick should not come inside. This means, do not come in to the ward if you have:

- cold/flu;
- diarrhea;
- fever;
- cold sore;
- inflamed wound;
- another infection.

Foods and beverages can also be a source of infection and must not be kept in the room. There is a refrigerator in the pantry where parents can store food. You can get your own coffee/tea, juice and other beverages in the pantry for yourself and your children (note: not for visitors). Only food and beverages supplied by the hospital may be consumed in the patient rooms. It is preferred that meals are consumed in the family room.
Please do not leave plates, cups and or leftover food behind in the room; clean them immediately after use and return them to the pantry.

Flowers and balloons are not allowed in the room.

Your and your child's safety

Do not wake your child; let him sleep peacefully until you need to given him care. Taking him out of bed or the incubator unnecessarily costs a lot of energy for your child, and it might make him too tired for any other activities later. Do not take your child out of bed or the incubator on your own. Do this together with the nurse when:

- your child is still receiving IC treatment;
- your child has an IV-drip;
- your child is on a ventilator, CPAP or nose mask;
- your child is on a monitor.

Do not forget to close up the sides of the crib or incubator after you put the child back.

Never leave your child alone or unattended when they are on the changing mat.

For your own safety and that of our staff it is important that all access areas and walking routes always remain open and clear and that the room remains tidy. This ensures that your child can be helped and accessed easily and quickly when needed.

Personal clothing, belongings, pacifier and bottle

For the initial hospitalisation, the department can provide clothing for your child. If you bring your own clothes, please note that they should be:

- cotton/soft clothes;
- easy to put on;
- no fasteners (i.e.) buttons, zippers that can cause pressure sores;
- clothing should not be too tight.

Stuffed animals

Any stuffed animal or teddy bear that you want to place inside of the incubator should either be new and straight out of the packaging or it should be washed first. The material should be easy to wash. All personal clothes, blankets, towels and stuffed animals must be washed every day.

Music box

You are not allowed place a music box inside of the incubator (sound box effect). However, it may be attached to the side of the bed or be placed by the headboard.

Scent cloth

A piece of cloth with the parents' scent on it will stimulate the child’s smell recognition. This needs to be washed daily.

Care folder with journal

This folder allows you to write down your child’s daily events and your own experiences. Sometimes the nurses or other caretakers will also write something in the journal. You will find more information about this folder in Chapter 4.

Baby bottles and pacifiers

If you have already purchased your own bottle and nipple, please bring it to the department as soon as your child starts drinking, so he/she can get used to it. Feel free to ask the nurse for advice.

It is your personal responsibility to clean the bottles, teats and pacifiers; this can also be done with the microwave in the pantry.

What you can do for your child during his hospitalisation

Spend as much time with your child as possible.

Family Centred Care and Rooming-in

The objective is for you to be separated from your child as little as possible, so you can bond and build a good relationship and connection with him. This is very important for you and your child, especially under these difficult circumstances. As parents, you will be actively involved in caring for your child.

One of the parents can stay with the child overnight. This is called rooming-in. However to stay with your child day and night at the hospital requires a lot of energy. Try to take breaks and get some rest when you can and take turns with your partner.

During the postnatal period, the mother will receive free breakfast, lunch and dinner while rooming-in. Maternity care is provided by Kraamzorgbureau VDA (maternity care agency). In this case, your stay will be charged to your health insurer up to 28 days after the birth. This is covered by your basic insurance. However, it will come out of your deductible. If you have supplemental insurance, it is possible that less or none of the amount will come out of your deductible. Ask your health insurer for more information on your personal situation.

The Ronald McDonald House

If your child needs to be hospitalised for a longer period, you and the other members of your family can stay at the Ronald McDonald House. You can choose to stay there full-time or only during weekends. The Ronald McDonald House is located on the Máxima Medical Centre premises.

You are also welcome to make use of the Ronald McDonald House living room which can be found on the ground floor in the Woman Mother Child Centre. Please ask the nursing staff for the brochure with more detailed information.

Contact with your child

Touching

Touching your child is very important in order to establish contact and give love at an early stage. Especially in this situation, contact is vital to your child. Your child will get to know you and you will start to understand his behavior and reactions. Even though your child will be very sick at first, we always encourage you to touch, caress, be affectionate and speak to him.

Personal care
Once your child's health begins to improve, you can take over a portion of the care, such as changing diapers and providing feedings. In the beginning, you may find dealing with your child to be uncomfortable, as he is so small and delicate. However, you will get used to this quickly and the nurses will guide you in this.

Kangaroo Care
When your child becomes stable enough, you can hold them on your lap or try Kangaroo Care (or kangarooing). This means holding your child on your bare chest. If you find that either you or your child are not ready for Kangaroo care, there are other ways to still be close to your child and to have as much contact as possible. Due to privacy and hygiene, Kangarooing is done preferably without any visitors present.

Video interaction guidance
With our video interaction guidance program, we make a video recording during kangaroo care or a nursing moment. We will review these recordings with you later and discuss what we see. This way you can see that a relationship has been created between you and your child, despite all of the medical equipment around you. The nurse that cares for your child can tell you more about this process.

Pictures and Video
It's fun to take pictures and video of your own child. However, we ask that you please respect the privacy of the other children, parents and staff and refrain from taking their pictures. Please also ensure that you do not inadvertently or unintentionally record others.

Care folder and diary/journal
We recommend that you keep a journal during your child's hospitalisation. A lot is happening in a short amount of time; too much to remember at once. Many parents enjoy reading back what they wrote about all of these experiences later. For this purpose, each child is given their own care folder when they are admitted. Besides the journal section, the folder provides a lot of information and advice. You can also save all the important papers, postcards, drawings, or any advice and information documents in this folder.

Parent schedule
In the care folder you will find a schedule list which allows you to specify when you want to be present and what you want to participate in when it comes to your child's care. By filling in your preferred schedule, the nurse that takes care of your child will know when he or she can expect you and can plan your child's care accordingly. You can also use the folder to write about your own findings regarding your child.

Support for parents during the hospital stay
Having your child admitted to the NICU or NMCU can cause a great deal of stress and can be an emotional period for you. Many parents find that they need professional, emotional support and answers to practical questions during this difficult period. Do not hesitate to

consult with the nurses, doctors, physician associate, nurse specialists and managers. In addition, social workers, medical psychologists and clergy can also help to offer you support.

Social worker/psychologist
When we say support, we mean help with any psychosocial and physical problems directly associated with the hospitalisation of your child.

If you need to talk, please mention this to the nurse who takes care of your child. He or she will ensure that the social worker or psychologist will contact you as soon as possible.

During your child's hospitalisation, the social worker or psychologist can help guide you. However, for certain questions, you may be referred to other health care providers, such as a physiotherapist or speech therapist.

You may still need support after your child is discharged from the hospital.
You can contact the social worker or psychologist who has supported you while your child was in the department. If you did not have any contact with a social worker or psychologist while your child was in our unit, then you can arrange a referral through your own GP/family doctor or your gynaecologist.

The social worker or psychologist will assess and discuss with you whether you can best get this support in our hospital, in your own hospital or elsewhere. If it is decided that it is better for you to find this support elsewhere, the social worker or psychologist will provide you with a proper referral.

Spiritual counselling and meditation centre
You can also ask for the support of a member of the clergy. This may be in the form of ideological support and/or in dealing with life issues. If there is a need for a baptism or other forms of ritual and symbolism, the clergy member can search for the most suitable and appropriate way to do this together with the parents. For acute situations, there is a 24-hour service where there is always a spiritual counselor available. You can make use of the meditation centre at any time during your stay; it is located on the 3rd floor of the hospital.

Transfer and discharge

Transfer of the NICU infants to the neonatal department
If your child no longer needs intensive care, they will be transferred to our own NMCU or to the neonatology department of a hospital in your own area. The team of doctors and nurses there will take over the treatment and care of your child. Any follow up appointment after discharge will also take place in the hospital in your own area.

Most parents experience a transfer as a major transition. The care we offer in the NICU is very intense and you are familiar with the team and the manner of treatment and care there. At the Neonatal Medium Care Unit, the care given is less intense and you do not know the team. In turn, the team there also does not know you and your child yet. We therefore strongly recommend that you make an appointment with the department where your child

is going, prior to the transfer. This will enable you to receive all the information about the department and the rules ahead of time.

We aim to inform you about the transfer time and help you to prepare for it. However, for organisational reasons, your child may be transferred unexpectedly or sooner than originally planned. We realise that this is not an ideal way to end the NICU period. However, we ask for your understanding should this occur.

Follow up
After they are discharged, a number of children from the NICU usually return to our follow up clinic, where we can check on any developmental issues, enabling early detection and treatment if needed. The newly acquired knowledge also the continuous improvement of any future care.

Discharged from NMCU
If your child's condition improves to a point where hospital care is no longer needed, you may take your child home. We aim to inform you about the exact time of the discharge to allow you to properly prepare the homecoming. However, it may occur that your child can go home sooner than planned.

Pharmacy
If you are given prescriptions for your child’s medication when they are discharged, you can pick up the medication at the pharmacy de Run (Veldhoven). They have most of the drugs that are prescribed in Máxima Medical Center in stock. Please note: there is an additional fee outside of regular office hours.

Home Care
Once your maternity period is over and you know when your child is allowed to go home, please contact the home care centre (in Dutch: Thuiszorg). They can also offer you “post incubator care”, a service created especially for children who were in an incubator. You can check with your health care insurance provider if you are covered for this service.

General information
Practical issues for parents
For more detailed information about the following practical issues, please contact the social worker.

Registering your child after the birth
You are required by law to register your child within 3 days after birth. This is done at the registry office of the municipality in the city where your child is born. You have to make an appointment for this.
The father, mother, or someone who was present at the birth, is authorised to register the child.

When your child is born on a Sunday, Monday or Tuesday, you have to report within 3 days after birth. If the child is born on a Wednesday or Thursday then you can still register the birth up until the following Monday. If your child was born on Friday or Saturday, you can register him up until the Tuesday thereafter.

You must bring the following to the appointment:
- A valid ID and/or that of the parent(s) of the child.
- If the parents are married, you can bring a marriage certificate. The municipality will then enter the child immediately onto the marriage certificate.
- If you have acknowledged the child in advance, please bring along the declaration of the acknowledgement of the unborn fetus.

It is also possible to register the birth at the Woman Mother Child Centre. An official from the municipality office in Veldhoven can take care of the registration there on weekdays between 08:30 and 10:30. This is an extra service offered to you as parents. The birth certificate is printed out directly, so that you can sign it on the spot. The official from the Civil Registry department will take the signed documents back to the civil affairs department of the municipality of Veldhoven.
If you want to make use of this service, please inform the nurse or care coordinator of the maternity suites. The official will come to your room for the registration and you no longer need to go to the town hall.

If you do not want to or cannot take advantage of this service, you can also register by making an appointment at the municipal office in Veldhoven. This appointment can be made online: www.veldhoven.nl or by telephone: 14040 (no area code needed). This call can only be made at the front desk or by mobile phone.
Address:
Meiveld 1, 5501 KA Veldhoven

Health Insurance
It is your personal responsibility to register your child with your health insurance provider. To do this, you must send a copy of the birth certificate or a certificate of proof of residence to your insurance company. Once you receive your child's insurance number, we ask that you give it to the department as soon as possible.

For the hospital administration and for your health insurance provider, it is important that it is clear which surname (last name) your child is given.

Allowance for travel expenses
If you live far away from the hospital, the travel costs can increase significantly. These costs are not generally covered by your health insurance. Sometimes a contribution towards these extra expenses is included in your policy if you have added supplementary insurance, but that varies for each insurance provider and is usually linked to certain conditions (such as the travel distance one way, breast feeding).

You can find more information from your health insurance provider. If you are on financial assistance or unemployment benefits, you may submit a request for compensation for the extra incurred travel costs in the context of the National Assistance in the Department of Social Affairs of your town.

If the options mentioned above do not apply to your situation, you can try to write off the extra travel costs as a tax deduction. It is necessary to save all train and bus tickets. If you travel by car, you can get an overview of your visits from the department.

Scientific research

Any new treatments must first be thoroughly tested before they can be used or applied. Scientific research is needed for this. The doctors in the NICU and NMCU are also involved with or participate in a variety of scientific research projects.

There are two types of research. First, scientific research which consists of the collection and processing of data that becomes available during regular treatments.
Known information about your child:

- X-rays and laboratory data;
- how they respond to the treatment;
- how their breathing, heart activity and blood pressure behaved during their hospital stay.

In the future, more data on the development of your child will become available. Any use of this data in scientific research will be anonymous, and we assume that you will give us your permission in advance.

Another form of scientific research could mean that your child may not only benefit from it, but could also experience some form of discomfort. This type of research first needs to be presented to the Máxima Medical Centre medical ethics committee and then the national Central Committee for Medical Research (CCMO) should be notified and they need to approve it. You will always be asked first to give your consent for this type of research.

Rights and obligations of the young patient

Just like adults, children and young adults have rights and responsibilities as patients. These rights and duties, along with the rights and duties of the hospital staff an overview of these rights and obligations can be found in the Law on Medical Treatment Agreement (WBGO).

For children and young adults these patient's rights and responsibilities change according to their age. The WBGO divides them into three age categories. In general this means:

- For children younger than 12 years, the parents make all decisions for the child.
- For children aged 12 to 16 years, the parents and the child decide together. If the parent(s) disagree(s) with the child, the staff member can still follow the child's wishes.
- People aged 16 years and older may decide on their own. They have the same rights as adult patients.

When it comes to the various rights and duties of the parents and the young patients, the main issues are:

- The right to information and the caretaker's duty to inform the patient;
- Giving consent for treatment or research;
- The right to a second opinion;
- The right to have access to their medical record;
- The right to privacy.

Detailed information about these rights and obligations can be found in the brochure "Rights of the young patient". You can also find information on the website: www.jadokterneedokter.nl.

Second opinion

A second opinion implies that a different medical doctor (other than your own doctor) examines your child's illness or problem and makes their own independent diagnosis. If you want a second opinion from another medical specialist, you will need a referral from your GP/family doctor.
You do not need your own doctor's permission for a second opinion but we strongly recommend at least discussing it with them first. You may request a second opinion at any time, even if the treatment has already begun. Make sure to check your coverage of these expenses on your insurance policy or contact your insurance company.

Access to the nursing and/or medical records

Access to your medical records can be requested verbally from the treating physician. They can supply you with this file.
In addition to a medical file, the NICU and NMCU also keep a nursing file about your child. You are entitled to access both of these files. For a small fee, you can also ask the secretary to make copies of the files.

Complaints

Please inform us of any all complaints immediately. This allows us to respond quickly. If we cannot come to a solution or agreement about the complaints on our own, the complaints officer can offer mediation and support. More information can be found in the brochure "complaint procedure". This brochure is available in the department.

Paediatricians' policy on providing important medical information

The paediatricians at Máxima Medical Centre are required to keep everything that they know about your child confidential. There are exceptions, however. They may pass on information about your child's case to certain doctors who are also involved in the treatment and supervision of your child. This applies only to the information that those physicians need in order to do their job properly.

Perinatal registration in the Netherlands

During your pregnancy you have given permission to your midwife or to your GP to register the details of your pregnancy, your birth and your child to be added to the Netherlands

Perinatal Registry. At the request of the government, this organisation registers perinatal data (perinatal = relating to the birth) in order to improve care.

Child Health Care
The paediatricians believe that any and all doctors working in the field of child health care (consultatie bureau, the consultation office) should have access to all relevant medical information about your child. This is in your child's best interest. To be as thorough as possible, the paediatricians send all important medical information in their possession to the doctor at the consultation office. The paediatricians assume that you do not object to this process.

Note: If you do object to the paediatricians sharing important medical information about your child, please inform your child's paediatrician as soon as possible both verbally and in writing.

Patient Associations

Child and Hospital Foundation
The Hospital and Child Foundation strives to ensure that the care children receive in the hospital is tailored to them in all respects. This concerns all medical treatments and nursing care provided to the child, and in particular the guidance of the child during the hospitalisation. More information is available on the website: www.kindenziekenhuis.nl

Association of Parents of Incubator Children
The Association of Parents of Incubator Children (in Dutch VOC) was established to fight for the interests of premature babies and their parents. The association supports the parents of children who are born prematurely, or who were admitted to the neonatology department for any other reason. More information can be found on the website: www.couveuseouders.nl.