

# WELCOME TO NEONATOLOGY

Hôpital Fleurimont



Information Booklet  
for Parents



WELCOME	3
WHAT IS NEONATOLOGY?	4
Observation Unit	
Neonatal Intensive Care	
Neonatal Intermediate Care	
TRANSFERS	6
RETURNING HOME AND DISCHARGE CLINIC	7
ROLES OF THE HEALTH WORKERS AND PROFESSIONALS	8
Psychosocial Support	
Volunteers	
CARE AND MEDICAL ROUNDS	10
Medical Rounds	
The Canadian Neonatal Network™	
Research Projects	
PARTICIPATING IN YOUR CHILD'S TREATMENT	12
INFECTIONS PREVENTION	14
Before Entering the Unit	
Hand Hygiene	
Flu-like symptoms and other viruses	
VISITING HOURS	16
Parents	
Support Person	
Siblings	
Other visitors	
RULES	18
Noise	
Respect Your Baby's Sleep	
A Safe Environment	
Cell Phones, Portable Digital Players, and Tablets	
Meals and Snacks	
Confidentiality	
WHICH ITEMS DO YOU NEED TO BRING?	22
For Your Baby	
For the Parents	
Breastfeeding Accessories	
BREASTFEEDING	24
Breastfeeding Policy	
Support	
Public Mother's Milk Bank	
Breast Pumps (at the hospital and rentals)	
Storing Breast Milk	
Identifying and Storing Breast Milk at the Unit	
Breastfeeding Support Organizations	
ACCOMMODATION	28
Reserving an Accommodation Room	
Renewal	
Rules of Conduct	
YOUR CHILD'S MEDICAL FOLLOW-UP	30
PRÉMA-QUÉBEC	30
THANK YOU AND CONGRATULATIONS!	31
SATISFACTION AND QUESTIONS	31
USEFUL COORDINATES	31

# WELCOME

Your baby has just been admitted to the neonatology unit. Whether this situation was planned or not, we are aware that you may be experiencing a wide range of emotions: worry, sadness, anger, joy, relief, and so on.



To watch the video of the unit, visit [santeestrie.qc.ca](http://santeestrie.qc.ca) | Childbirth and delivery | Stay in neonatology

This booklet has been developed to assist you during your baby's hospitalization. It introduces you to the unit and enables you to better understand how it functions. Because the neonatology unit serves an often fragile client group, it is important that you comply with the rules and regulations which foster the well-being and recovery of your baby and the babies of other parents, and which make it easier for the caregiving team members to work.

**Remember that all team members are there to support you during this period. Please do not hesitate to call upon us if you have any questions.**



The **CIUSSS de l'Estrie – CHUS** is a member of the *Réseau mère-enfant de la Francophonie* (RMEF) whose mission is to improve mother and child management, while supporting the development of best practices, and this, thanks to knowledge sharing among network members.

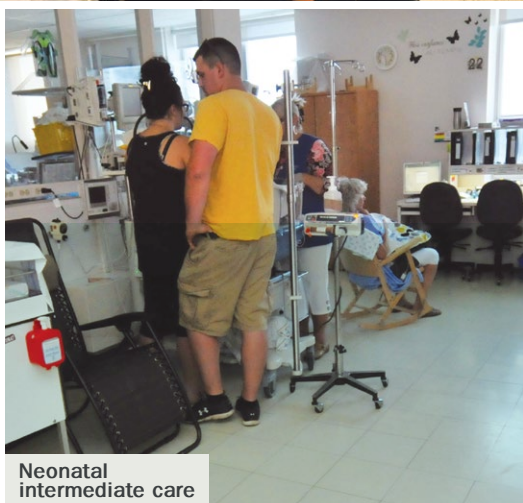
# WHAT IS NEONATOLOGY?

Neonatology is an ultra-specialized care unit which welcomes premature and full-term babies who have health problems or who require more specialized monitoring.

4



Neonatal  
intensive care



Neonatal  
intermediate care

**There are three levels of care at the neonatology unit, also called the neonatal unit.**

---

## Observation Unit

---

Following birth, the baby may be under observation in a neonatology unit bed for a maximum of 6 hours. After that, depending on his health status, the baby is either roomed in with his mother in the maternity unit or admitted to neonatal intensive care or to neonatal intermediate care within the neonatology unit, depending on his health condition.



---

## Neonatal Intensive Care

---

Admission to neonatal intensive care is determined by the intensity of care required for the baby. Usually, a baby admitted to intensive care is placed in an incubator and requires a respiratory support device, an IV solution, a gastrointestinal feeding tube, and a monitor to continuously track his vital signs. The baby's status or condition may require numerous examinations and medications.

---

## Neonatal Intermediate Care

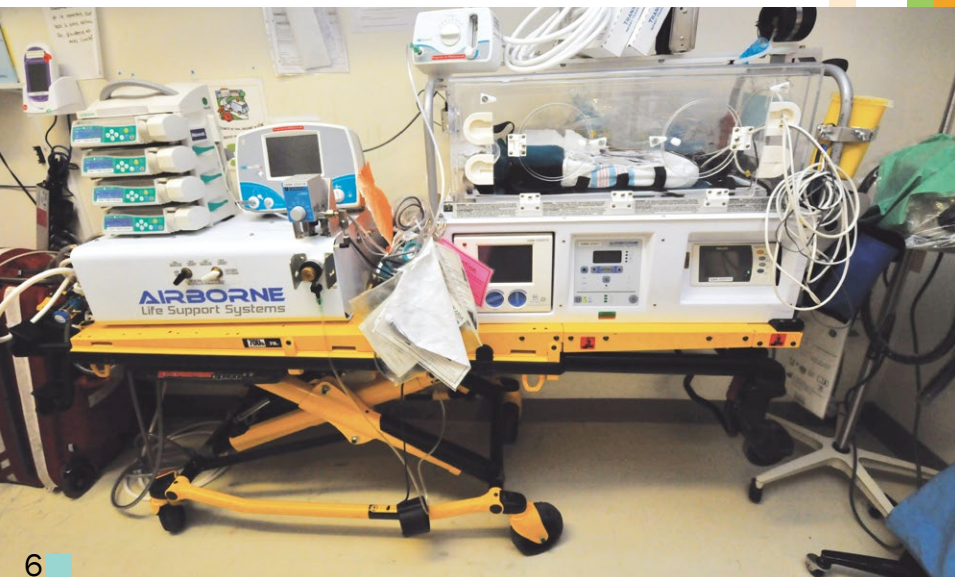
---

The intensity of care required is lower for babies admitted to neonatal intermediate care, but they are nonetheless under continuous monitor surveillance. Babies in neonatal intensive care are transferred to neonatal intermediate care when their medical condition has improved.

### Please Note

The number of babies admitted to the neonatology unit can vary unexpectedly. Your baby may be moved within the unit. When you arrive, do not be surprised if your baby is no longer where you last saw him. Simply ask the nurse to inform you where your baby has been moved.





6

## TRANSFERS

To a pediatric transition room  
or to your regional neonatology unit

Before your baby is discharged home, he may be transferred from our neonatology unit to the pediatric transition room at Hôpital Fleurimont, or to a care unit in your region, or even to another neonatal unit required for his care (e.g.: Montreal Children's Hospital or CHU Ste-Justine).

A transfer occurs when the baby's health condition allows it and the designated facility's capacity is respected. Inasmuch as possible, the attending team will notify you of the transfer. However, the transfer may occur during the evening or at night if there is a sudden surge of unexpected admissions to the unit. If that is the case, the assistant head nurse will telephone you.

# RETURNING HOME AND DISCHARGE CLINIC



You will attend a discharge clinic, offered by one of our nurses, to help you to be well-prepared for going home with your baby. The education will focus on a variety of important aspects particular to premature and full-term babies who have experienced a problem at birth. You can attend the clinic as many times as you want, regardless of whether your baby is ready to leave or not, or has been transferred to another centre. If no meetings are held before you leave the hospital, the information will be given to you individually.

7



# ROLES OF THE HEALTH WORKERS AND PROFESSIONALS

Here are the main workers you will be seeing every day at the unit.

## Neonatologists

Medical specialists who take care of newborns who present diverse health problems at birth.

## Residents and externs in medicine

Students in medicine who work under the supervision of the neonatologists.

## Respiratory therapists

Health professionals specialized in the evaluation, care, treatment, monitoring, and the cardiorespiratory system follow-up of your baby.

## Pharmacists

Health professionals who manage the medications your child needs during his hospitalization.

## Nurses

Pivot health professionals on the health team who are specialized in the assessment, care, treatment, monitoring, and clinical follow-up for one or more babies.

## Primary nurses

Depending on certain criteria, a primary nurse may be assigned to follow your child throughout his stay at the unit.

## Nursing assistants

Health professionals who collaborate with the nurses assigned to care for several babies.

## Department head

A nursing manager who manages the overall functions of the neonatal unit (caregiving team, equipment, etc.).

## Assistant head nurses

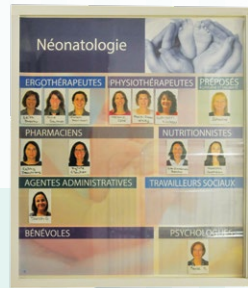
Nurses who ensure the coordination of care at the neonatology unit and of the attending team on site.

## You will also meet other workers in the unit:

- administrative officer
- audiologist
- volunteers
- occupational therapist
- nutritionist
- hygiene and sanitation attendant
- beneficiary attendant
- physiotherapist
- psychologist
- medical specialists
- social worker

The CIUSSS de l'Estrie – CHUS has a university and training mission. Residents, externs, and interns in medicine, and students in nursing and in other health disciplines who accompany or provide care to your child.





## Psychosocial support

You can request a consultation with the psychologist or the social worker if you feel the need to do so. We might also suggest that you consult.

The psychologist offers psychological guidance and support to adapt to disease and prematurity. He fosters the parent-child and parent-caregiver relationships while the baby is hospitalized.

The social worker assesses the social functioning and needs arising from the impact of disease and prematurity. He offers support, advice, and guidance in organizational procedures. He may collaborate with partners and guide families to appropriate external resources according to their situation.

*First consult the folder entitled The birth of your child /  
Procedures to follow*

## Volunteers

Volunteers are trained and supported by the caregiving team to assist you in various ways: listening and speaking to you about your experience, helping you out (cleaning the breast

pump, staying at the baby's bedside while you go out for lunch or dinner, etc.), or rocking the baby. Ask our volunteers for help! They are here for you.





## CARE AND MEDICAL ROUNDS

Upon arriving, your baby is managed by an interdisciplinary team composed of a nurse, a respiratory therapist, a pharmacist, and a physician. They will assess your baby and provide the appropriate care.

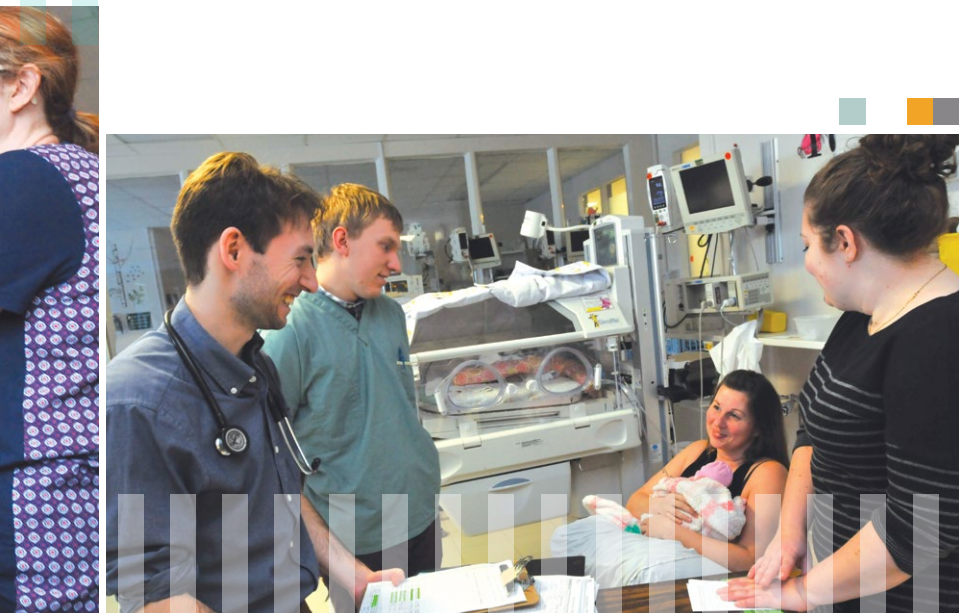
### Medical Rounds

Every morning, the interdisciplinary team participates in a medical round enabling them to discuss your baby's health status and to guide the treatment plan or the case management for the next 24 hours.

To learn the visiting order of the medical rounds, consult the table posted at the entrance to the care unit. Daily rounds usually take place in the morning.

The table is normally updated at around 9:15 a.m. on weekdays. The functioning is different on week-ends and holidays.

You are strongly urged to be present at your baby's bedside during the medical rounds. Write down your questions and concerns so that you can ask the physician about them during the rounds.



## Canadian Neonatal Network™ (Réseau néonatal canadien)

Our neonatology unit participates with the Canadian neonatal intensive care unit (NICU) database. Data are gathered from the medical record once the child has been discharged. You will not be solicited to participate in a survey or to fill out a questionnaire.

This database is anonymous, meaning that nobody can identify you or your baby.

If you have any questions regarding this subject, please speak to the medical team.

## Research Projects

Research assistants might meet with you during your baby's hospitalization at the neonatology unit. Their job is to introduce you to various current research projects. These projects aim to improve our knowledge of care and services provided to neonates.

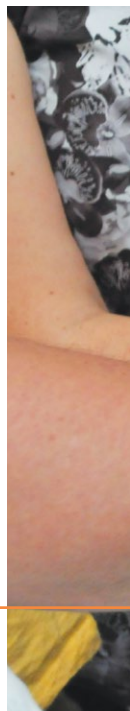
Please note that these research projects have all been approved by the institution's research ethics committee and by the neonatal unit team. You are free to choose whether to participate or not, and you can end your participation at any time.



## PARTICIPATING IN YOUR CHILD'S TREATMENT

As partners and as parents, you can contribute to your baby's care. Your presence is reassuring for him or her, and you can participate in various care activities: bathing, feeding, and certain treatments. The health professionals will explain what you can do for your child and how

to do it. Among others, they will guide you through kangaroo care, a technique which consists of placing the newborn in skin-to-skin contact with his parent. As you will discover, you will soon be comfortable using this technique.











14

# INFECTIONS PREVENTION

Babies in the neonatology unit have a fragile and immature immune system.

You can help us to prevent the spread of microbes within the unit. Be vigilant and follow the guidelines below as well as those posted in the unit.

## Before entering the unit

Leave your coat in the wardrobe. During the winter, put on shoe covers, available near the wardrobe.

## Hand hygiene

- Go to the scrub room (all those entering the unit must go there first).
- Remove and store your rings, watches, and bracelets.
- Wash your hands and forearms.
- Use the disinfectant gel (hand sanitizer) provided in the unit frequently.



## FLU-LIKE SYMPTOMS AND OTHER VIRUSES

### Parents

If you have **flu-like symptoms** (nasal congestion or discharge, cough, fever, etc.), notify the assistant head nurse who will explain which specific precautions need to be taken. In addition, follow these guidelines:

#### When entering the unit:

- Follow the hand hygiene procedures in the scrub room (see previous page).
- Put on a blue jacket.
- Put on a mask (found near the sink).

#### When leaving the unit:

- Remove the jacket and put it in the dirty laundry hamper.
- Discard the mask in the wastebasket.

15

### Visitors

In order to prevent the spread of infections, all visitors presenting with flu-like or digestive symptoms, or who have a virus, or who have been in recent contact (10 days or less) with infections such as whooping cough, chickenpox, the cold, or gastroenteritis **are not authorized to enter the unit.**



#### Please Note

A checklist reminds you of the questions to ask yourself before entering the unit.

Further preventive measures may occasionally be posted at the unit's entrance (e.g.: during the flu season). Visitors must refer to the checklist at all times.

# VISITING HOURS

16



## Parents

As parents, you are considered to be partners, not visitors. You are welcome 24/7 as soon as your baby is admitted. In order to get to know your baby, we encourage you to stay at his bedside as often as possible.

## Calling the Unit

You can call the unit at any time (24/7) for any information concerning your child or if you have any concerns regarding his health status. Ask to speak to the nurse attending your child. Mention your child's first name and the family name(s) written on his bracelet.

The nurse might not be available at the time of your call to give you information concerning your baby if she is administering care or is changing work shifts. She will gladly call you back as soon as she becomes available.

## Support Person

You can designate a support person to assist you. That person has the same visiting rights as you, and you determine which care that person may provide to your baby. The person's name must be given to the assistant head nurse so that it can be included in the record. **However, only you as the parents can make decisions concerning the care provided to your child.**



## Siblings

During weekdays, siblings are admitted in the evening only. On weekends, they are authorized to visit at the same time as other visitors.

## Other visitors

Other people who wish to visit your newborn can visit him at the following hours:

- 7:00 a.m. to 8:00 a.m.
- 1:30 p.m. to 3:15 p.m.
- 4:45 p.m. to 6:00 p.m.
- 7:00 p.m. to 9:00 p.m.

17

## Summary

Parents*	Support Person	Siblings	Other visitors
24/7 * (mother and spouse, adoptive parent or significant other for single mothers)	Identical to parents (24/7)	Monday to Friday: <ul style="list-style-type: none"><li>• 4:45 p.m. to 6:00 p.m.</li><li>• 7:00 p.m. to 9:00 p.m.</li></ul> Saturday, Sunday, and holidays: <ul style="list-style-type: none"><li>• 7:00 a.m. to 8:00 a.m.</li><li>• 1:30 p.m. to 3:15 p.m.</li><li>• 4:45 p.m. to 6:00 p.m.</li><li>• 7:00 p.m. to 9:00 p.m.</li></ul>	Daily <ul style="list-style-type: none"><li>• 7:00 a.m. to 8:00 a.m.</li><li>• 1:30 p.m. to 3:15 p.m.</li><li>• 4:45 p.m. to 6:00 p.m.</li><li>• 7:00 p.m. to 9:00 p.m.</li></ul>

## Please Note

- One healthy visitor (not sick) per patient accompanied by one of the two parents for a maximum of two people at the baby's bedside.
- Children under 14 other than siblings are not authorized to visit the neonatology unit.

Staff reserves the right to refuse access to visitors in specific cases (too many patients in the unit, infectious outbreak, unstable baby, etc.). This period is usually of limited duration and you will be notified as soon as the situation returns to normal.

# RULES AND REGULATIONS ■ ■ ■



18

---

## Noise

---

Excessive noise is detrimental to the brain development of premature babies. It is therefore important that you speak softly to lower noise levels, to allow your baby to rest, and to be able to listen to the numerous alarms. In fact, staff must constantly be vigilant in the intensive care unit. Alarms are often heard, many of which require staff to intervene rapidly.

However, do not worry about the alarms. The nurses know how to identify those which require immediate assistance (or not).





## Respect Your Baby's Sleep

Your baby needs rest to grow and his brain needs sleep to develop.

Respect your baby's sleep by:

- not touching or speaking to him while he is sleeping to avoid disrupting his sleep;
- silencing your ringer by putting your cell phone in vibrate mode before entering the unit, because noise can disrupt the babies' sleep;
- deactivating the flash on your camera if you take pictures of your baby. The light from the flash bulb can also disturb the baby if he is awake;
- tucking in the protective sheet on his bed when you leave.

You are important to your baby and there are many ways for you to be present despite the monitoring and the devices. Your nurse will explain how you can interact with your baby in a manner that respects his developmental stages.

In particular, he will be quite comfortable in your arms if you engage in kangaroo care (skin-to-skin contact). Moreover, you can consult the folder on kangaroo care and the members of the care team can help you to place your baby against your skin using this technique.



---

## A Safe Environment

---

Leave the area around your baby's incubator clear at all times so that staff can easily and quickly access his bedside to administer the care he requires.

Access to staff sinks and work areas must also remain clear at all times. Ask your nurse where you can store your purse or handbag.



---

### Cell Phones, Portable Digital Players, and Tablets

---

20

Silence your phone and switch it to vibrate mode before you enter the unit. Remember to wash your hands after handling your phone and before touching your baby because they may be covered with bacteria that you could transmit to your baby through contact, and also because there is a greater risk of falling while holding your phone. The same rule applies to other electronic devices (iPod®s and other portable digital players and iPad®s and other tablet computers).

In fact, for increased safety, you might be asked to put your electronic devices in a plastic bag.

#### Please Note

- The unit has no Wi-Fi; however, you can get a Wi-Fi signal at the cafeteria and at the snack bar (ZAP network).
- Telephones are available in the breastfeeding lounges as well as in the accommodation rooms. Dial 0 to make long-distance collect calls.



---

## Meals and Snacks

---

No meals are provided to parents during their baby's hospitalization at the neonatal unit. You can eat at the cafeteria (1<sup>st</sup> floor) or at the snack bar (2<sup>nd</sup> floor).

However, you can have a drink or eat a dry snack at your baby's bedside. Refrigerators and microwave ovens are made available for your use near the unit and in the accommodation rooms. Remember to wash your hands before touching your baby.

---

## Confidentiality

---

### **Your child's health status**

By virtue of the law as well as of the policies, rules and regulations of the CIUSSS de l'Estrie – CHUS, staff can neither confirm your baby's presence nor provide information about his health status to relatives who call us. On site, information concerning the child's health status is given solely to the parents and, if they give their consent, to the support person they have identified.


### **The health status of other babies hospitalized in neonatology**

The nature of the hospital environment may result in you hearing information about the health status of other babies in the unit. Out of respect, we ask that you not comment upon or share that information with anyone whomsoever, including on social media.

Furthermore, inasmuch as possible, avoid eavesdropping or listening to conversations among attending staff members and the parents of other hospitalized children, and do not ask questions about another baby.

Do not walk around the unit to see the other babies unless you are invited to do so by their parents, and this, only during visiting hours.

However, you can speak to the other families in the unit when you are outside the unit. Speaking to other parents who are sharing a similar experience can lift your spirits.



# WHICH ITEMS DO YOU NEED TO BRING?

## LIST OF ITEMS REQUIRED DURING YOUR STAY

### IMPORTANT

Label all your items with your baby's name.

#### FOR YOUR BABY

- ✓ Newborn diapers (for babies weighing more than two pounds)
- ✓ Pacifiers adapted to the child's needs (see note)
- ✓ Blankets
- ✓ Clothes impregnated with the mother's scent
- ✓ Family photo (optional)
- ✓ A small, meaningful object (optional)
- ✓ Nursing pillow



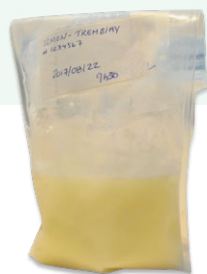
#### FOR THE PARENTS

- ✓ Comfortable clothes with front opening for skin-to-skin contact, and slippers
- ✓ Dry snacks and beverages
- ✓ Medications, if required
- ✓ Books and music to relax



## BREASTFEEDING ACCESSORIES

- ✓ Bags specially designed for storing an freezing breast milk
- ✓ Medium-size freezer Ziploc-type bags to store milk bags in the freezer
- ✓ A brush and a container to clean your breast pump accessories or baby bottles



Please speak to a nurse about the selection of breast pump accessories, pacifiers, and nursing bottles that best suit your infant.



### Please Note

You can purchase pacifiers (dummies or soothers), brushes and containers to clean your breast pump accessories through the neonatology unit. To learn more about the prices and how you can purchase these items, ask your nurse or assistant head nurse.





Maternal breast milk is both the recommended and privileged feeding method in neonatology. In fact, maternal breast milk lowers the risk of complications, and nursing fosters mother-baby bonding.

## Breastfeeding Policy

[illegible]

Our institution has adopted a policy that supports, protects, and promotes breastfeeding. Many of its facilities are *Baby-Friendly Initiative* (BFI) certified, and the institution is pursuing efforts to eventually have all of them certified.

The *Baby-Friendly Initiative* program aims to give every child the best possible start in life by creating an environment that is open and conducive to breastfeeding. Mothers who interrupt or choose not to breastfeed also benefit from the enforcement of the policy, including skin-to-skin contact, rooming-in, education on the rhythm of the neonate, and general care.

## Support

Nurses and nursing assistants are trained to assist and support you in breastfeeding. Furthermore, if you experience specific problems, you can always get advice from one of our nursing consultants. If your baby is not breastfed, you will receive personalized education on how to feed your baby.

## Breast Milk Bank

For a number of reasons, the physician may recommend that your baby be fed with breast milk from the breast milk bank. If that is the case, request and read the information folder. Please do not hesitate to speak to the members of the caregiving team if you have any questions.

25

## Hospital Breast Pumps

A few electric breast pumps are available at the neonatology unit if you need to extract breast milk. It is important to wash the pumps thoroughly before and after use, and to return them to the proper location between each extraction.



- **If you are hospitalized at the maternity unit**

Breast pumps are available in the hallway. You can extract your milk in your room.

- **If you are no longer hospitalized**

You can extract your milk at your baby's bedside or in one of the breastfeeding lounges that are available to you.

- **If you go home**

If you have not had time to rent a breast pump, we can loan you one for a period of 24 to 48 hours while you get one.

### Warning!

Do not go home without first drawing up a breastfeeding plan with your nurse and informing us of when you will bring breast milk to the unit to feed your baby.

## Breast Pump Rentals

Various stores and pharmacies loan breast pumps. A list of sites that loan breast pumps is available in the breastfeeding lounge. Rental costs vary. A deposit may be required. It is best to call before leaving the hospital to learn about the terms and conditions, and the availability of breast pumps.

## Storing Breast Milk

Freshly extracted breast milk can be stored in the refrigerator for up to 48 hours. If you cannot give your baby the breast milk within 48 hours, freeze the milk to prevent spoilage.

- If you extract your milk at home and do not plan to visit your baby for a few days, we recommend that you freeze your milk.
- However, if you regularly visit your baby, it is best to bring fresh milk (not frozen).

26

## Transporting Breast Milk

When leaving your home with fresh or frozen breast milk, keep it in a picnic cooler with ice packs to prevent the milk from warming up or thawing while travelling.



## Identifying and Storing Breast Milk at the Unit

The unit's administrative officer or your nurse will give you labels with your baby's name. On the label, you must write the specific time and date of each extraction and apply the label on your syringe or milk bag.

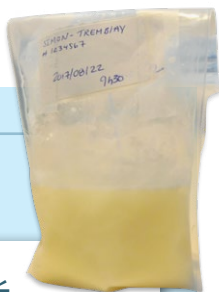
### Identification label example

**BB ROY-CÔTÉ**

Record number:

123456789

March 15, 2018 10:30 p.m.



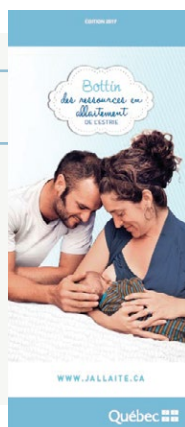
## Please Note

- Use a different bag for each breast milk extraction. For example, do not put the 9:30 a.m. and 12:30 p.m. extractions in the same bag.
- In addition, when writing the time, make sure that you distinguish the morning and afternoon (10:30 a.m. vs. 10:30 p.m.). Doing so can make a difference in your milk's conservation time.
- Make sure to store your milk in your child's plastic bin. Remember that many babies can have the same family name. Be careful!

27

## Breastfeeding Support Organizations

To obtain the coordinates of local breastfeeding support groups, consult the Estrie breastfeeding resources directory given to you at the time of your first visit for your pregnancy at the unit's discharge clinic. The coordinates are also available at: [jallaite.ca](http://jallaite.ca). (French only).





## ACCOMMODATION

You can stay close to your baby during his hospitalization by reserving one of the furnished rooms offered in accommodation or one of the breastfeeding lounges.

These areas are found in the neonatology unit and on the 4<sup>th</sup> floor of Hôpital Fleurimont. They are available for resting, both night and day, and for extracting your breast milk, if required.

The rooms are provided while factoring in certain priority criteria. When there is a high demand for rooms, you might have to share your room with another mother or be unable to reserve a room.

### Please Note

If all of the rooms at Hôpital Fleurimont are occupied, we can give you the coordinates of partners who, for a nominal fee, provide accommodation nearby to the parents of newborns hospitalized in the neonatology unit.





---

## Reserving an Accommodation Room

---

- Reserve a room any day of the week between 9:00 a.m. and 5:00 p.m. with the unit's administrative officer.
- After 5:00 p.m., you must speak to the assistant head nurse of the unit.

You can reserve a room for a maximum of 1 day at a time.

### Please Note

If you reserve a room but decide to go home, please notify the unit's administrative officer or the assistant head nurse. Notifying us prevents us from unnecessarily searching for you in the hospital to provide care to your child or in the event of an emergency.

29

---

## Renewal

---

- If you need to be lodged for a few days, you must renew your reservation every day before 11:00 a.m. (You might be assigned another room.)
- If you do not wish to renew your reservation, you must return the key to the room to the receptionist by 2:00 p.m., so that your room can be cleaned before it is assigned to another mother.

---

## Rules of Conduct

---

- You must keep the common areas clean at all times.
- To promote rest, no visitors or children are authorized in the accommodation rooms.
- It is forbidden to eat or drink in the accommodation rooms.
- When leaving the hospital, leave the cabinets unlocked.

N.B.: *The CIUSSS de l'Estrie – CHUS is not responsible for lost or stolen property.*



30

## YOUR CHILD'S MEDICAL FOLLOW-UP

Confirm with the medical team whether a pediatrician will do a follow-up with your child after you have left the hospital. If that is not the case, find out whether your family physician can do your baby's follow-up. If you do not have a family physician, take the steps now to get one by registering on the Québec Family Doctor Finder or by contacting your CLSC.

**Québec Family Doctor Finder: [www.gamf.gouv.qc.ca](http://www.gamf.gouv.qc.ca)**

## PRÉMA-QUÉBEC

The *Association québécoise pour les enfants prématurés*, Préma-Québec, provides moral support to parents whose children are born prematurely, one-time financial assistance, and documents tailored to their needs. Please do not hesitate to contact this organization.

**For further information, visit: [www.premaquebec.ca/en](http://www.premaquebec.ca/en)**

# THANK YOU AND CONGRATULATIONS!

Thank you for taking the time to read this booklet. We hope that it has helped to acquaint you with the neonatology unit. Above all, thank you for following the rules, regulations and guidelines contained herein. Doing so makes it easier for the caregiving team to do its job and improves everyone's life in the unit.

Finally, congratulations on your new baby! Rest assured that the caregiving team will do everything that it can to promote the well-being and recovery of your baby, and to support you during your stay at the neonatology unit.

## SATISFACTION AND QUESTIONS

Your satisfaction is among our top priorities. If you do not understand why a decision has been made for your baby, ask the assistant head nurse or the physician for explanations. If you are dissatisfied or wish to file a complaint concerning the care or services provided, please speak to the assistant head nurse who will see to it with you that a solution is rapidly found or who will indicate the procedures to follow to address the complaint.



Photos from the exposition  
« Prématurés devenus grands »  
of 2015

## USEFUL COORDINATES

### Hôpital Fleurimont

Neonatology Unit, 5<sup>th</sup> floor  
3001, 12 Avenue Nord  
Sherbrooke, QC J1H 5N4

819 346-1110, ext. 14558  
Toll-free: 1 877 272-2873  
(parents only)

**Info-Santé**  
811

[www.santeestrie.qc.ca](http://www.santeestrie.qc.ca)



## Author

The neonatology unit team at Hôpital Fleurimont

## Revision and coordination

Direction des ressources humaines, communications et affaires juridiques

## Layout

Graphic-Art

## Photo credits

Robert Dumont,

Banque de photos du CIUSSS de l'Estrée - CHUS

Exposition "Prématurés devenus grands", Geneviève Longpré, 2015

©Centre intégré universitaire de santé et de services sociaux de l'Estrée -  
Centre hospitalier universitaire de Sherbrooke (CIUSSS de l'Estrée - CHUS)

[www.santeestrie.qc.ca](http://www.santeestrie.qc.ca)

May 2018

1-6-72084

Centre intégré  
universitaire de santé  
et de services sociaux  
de l'Estrée - Centre  
hospitalier universitaire  
de Sherbrooke

Québec



This booklet has been made available thanks to funding from Fonds Brigitte-Perreault of the Fondation du CHUS, dedicated to providing safe, quality care.