Bringing Your Baby Home from the Hospital

by Kristine L. Jablonski, M.S., R.N., C.S.

Walking out of the hospital with empty arms was one of the most heart wrenching things I have ever done. Women who have had a high-risk pregnancy and/or birth often have to leave the hospital before their baby is ready. After five and one half months of bed rest with multiple complications, tocolytics and a lot of prayer, I went into labor at 31 weeks and my twins, Sarah and Michael were born. Walking through the experience of bed rest, premature labor, intravenous drugs, a difficult C-section was fraught with worry, fear, joy and more anxiety. I remained in the hospital for seven days and then was discharged. I was sore and extremely fatigued, but while there I could easily go to the NICU and be with my babies. When I was discharged, my babies remained in the NICU.

Trying to get my head and heart around the idea of leaving my babies was very challenging. The day I left, I was wheeled down to the hospital exit, while my husband got the car and the most devastating event occurred. Another mother with her "healthy" baby in her arms was being sent home. I could not stop the tears, or the ache in my heart and arms. I felt defeated and like a failure.

Having a premature or critically ill baby and watching them inch forward one step and then back two as they struggle to become strong and healthy enough to come home, is tough for parents. You get to know the nurses, respiratory techs, perinatologists and ward clerks as a pseudo-family. You get acclimated and even comfortable with all the technology and variety of medical terms ascribed to the many tests and procedures done to your little one. But on the day they are ready to come home you face a myriad of new feelings. The range covers celebration and happiness to overwhelming fear.

I remember all the instructions; follow up care plans, goodbyes and hugs. And then, it was just my husband and I. We drove home in our tiny Honda Civic with the babies in their car seats in the back seat. I was so nervous! I made my husband stop on the side of the freeway so I could check if they were still breathing. It was then that we both recognized the awesome responsibility we were facing.
Becoming full time parents of two tiny babies created a staggering sense of inadequacy. We had just left a hospital where it took a highly trained team of nurses and doctors to manage the care of Michael and Sarah. We felt ill equipped for this immense task. Parents need assistance to prepare for the homecoming on two levels. The physical maintenance of the baby, and, the emotional maintenance of the baby and oneself both need to be addressed.

Health care for high-risk continues to become more technically sophisticated each day. Doctors are saving micro-preemies that ten years ago could not have been saved. Complicated in-utero surgeries occur and mothers’ with high-risk medical problems are being managed. Preparing parents as caregivers involves not only education regarding equipment and procedures, but access to care and support services. Coping with the entire experience of having had a high-risk pregnancy and/or birth and the delivery of a sick baby and then bringing your little one home taxes the most competent individual. It is highly recommended that you utilize external resources to help. The use of visiting nurses, respite care, support groups and educational reading material are all vital options.

The emotional maintenance of self and baby revolve around a series of steps. The aftermath of hospitalization and homecoming result in common themes parents learn to address little by little on the emotional roller coaster. Grieving for the ‘wished for” baby is important and allows the parents to accept and bond with this unique little infant. Dealing with one's own exhaustion is necessary for healing physically. Often times parents experience information overload. Planning for current care and trying to anticipate and problem solve or "guess" the developmental future of their baby can be difficult. Once home it seems as if there is an invasion of privacy as the couple tries to nest with their baby. Establishing routines and quiet times and working to communicate with your partner, family and friends can all help facilitate a sense of beginning well being.

Strategies to cope fall under three headings: physical, emotional and interpersonal. Self-care in the first area requires proper sleep, good nutrition, time for relaxation, and avoiding the use of drugs or alcohol. Meeting emotional needs can include taking things day by day, setting realistic goals for self and baby, becoming more assertive, focusing on positives, and sharing time with supportive family and friends that can lend a ear and
a hand. Interpersonal needs revolve around learning to ask for help, delegate, and recognizing others are under stress too. I remember I felt frustrated with my husband when it seemed he worked so much and I needed him home helping me with the babies. But, I needed to recognize he was dealing with an overwhelming sense of financial responsibility with the addition of two children, the loss of my income while I was on bed rest, and mounting hospital bills.

The first few minutes and for some families up to a year, can be very traumatic with Bringing your Baby Home from the Hospital. But, it is also a time of celebration, great joy and a beginning closeness for a new family. As individuals, when we are faced with a crisis we survive and thrive as we find wonderful graces and opportunities. Tapping into our own coping skills, along with the availability of resources such as: Sidelines while we were on bed rest, caring health care workers who share their wisdom and hope with us, the regional center, visiting nurses, family and friends, all allow us to confront the crisis and begin the process of successfully traveling a very challenging road.