



The Intermediate Care Experience

Some babies go home directly from the NICU, but most NICU babies are eventually transferred to a step-down unit for less intensive care before discharge. The step-down unit may be within the NICU itself or very nearby. Some NICUs transfer babies to a community hospital, possibly closer to your home, for continued convalescence.

Knowing what to expect in the way of routines, staff members, and your role during this period of hospitalization will help alleviate your stress and enable you to participate in your baby's care more fully.



Intermediate Care Defined

The name of the step-down unit and the babies who qualify for admission vary from hospital to hospital. The unit may be called *intermediate care*, *NICU step-down*, *special care*, *growing preemie unit*, *Level II unit*, or something else. Whatever the unit is called, your baby's transfer means that she has matured beyond the need for intensive life support. With a few rare exceptions, your baby is past the life-and-death crises and is on the road home. Parameters for intermediate care vary widely among nurseries but, in general, your baby is off the ventilator and now needs less intense nursing care and observation.

As your NICU nurse prepares you for your baby's transition to this new phase of care, she may describe the intermediate care nursery as a quieter place, more able to work with your baby's sleep-wake cycles and abilities to interact with her less hectic surroundings.

Because growing babies need a lot of undisturbed rest, feeding time is usually the best time for interaction; therefore, your nurse may suggest that you begin to spend this time with your baby, learning about her emerging personality, cues, and behaviors. Your baby no longer requires frequent intensive nursing care, so expect her nurse to have 3 to 4 other babies under her care. Some intermediate care settings keep the same nursing staff (your baby may even keep the same primary nurse) for the entire hospitalization. Or the nurse in the intermediate care unit may supervise specially trained nursing assistants who help with feeding, vital signs, and other care tasks. Occupational or physical therapy personnel may be more visible in intermediate care as they work with you and your baby on feeding skills, positioning, comforting, and other behavioral and physical tasks. In intermediate care, there is generally a greater focus on parent involvement.

Learning to care for your baby becomes the focal point of your visits. When you call to check on your baby in intermediate care, there will most likely be a different focus on what is reported. Unless some complication occurs, your baby's condition will change much less often than in the NICU. Lab work, x-rays, and other tests are less frequent in intermediate care, and monitor alarms are heard less often. The staff focus on your baby's progress and your plans for actively participating in care and discharge planning.

Emotional Changes

In the NICU, you probably developed trusting relationships with members of the NICU staff—usually those staff who always discussed your baby's case openly and honestly and were willing to listen to your feelings and concerns. If your move to the intermediate care nursery means a change of personnel, you'll probably miss the comfortable working relationships you shared. You and your baby will need some time to get acquainted with a new team and to learn how to communicate well with that team. Eventually, you will develop good communication and trusting relationships with staff members in the intermediate care nursery, just as you did with those in the NICU.

As things slow down, you may find that emotions from the past weeks are catching up with you. Your baby's major crises are over, but as you start to relax, you may also begin to feel the emotions that you've been too numb to acknowledge until now. You may have been too frightened or overwhelmed to express some of those feelings, but now they seem to come tumbling out at your partner, the nursery staff, and anyone else who is willing to listen. This coming out of the numbness will slow down eventually.

There are ways to gain control over these emotions. Think about what you are feeling. See your behavior as an expression of overwhelming emotion. Talk to a friend, your partner, or a counselor. Write in a journal or talk into a tape recorder. The length of time this process takes depends on the length of time your child was in the NICU, how early in your pregnancy your infant was born, how many life-and-death crises your baby experienced in the NICU, your support system, and your personal coping style. Ask your baby's nurse if the hospital has a support group, social worker, clinical nurse specialist, chaplain, or other person who supports the emotional needs of parents. Ask if they have "graduate" NICU parents who volunteer to talk with families about their similar NICU experiences. Do not be afraid to share your feelings with the doctor, nurse practitioner, physician assistant, or bedside nurse caring for your baby. Everyone is available to help. These emotions and feelings are normal. Keep in mind that what you have been going through would be very stressful for any parent. Find coping skills that work for you.

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By now you've observed and learned so much about NICU practices, your biggest challenge in adjusting to this new unit will be accepting that *different* is not necessarily *wrong*. Adjusting to new faces and new routines will take time. Your communication techniques may need review and fine-tuning as you negotiate a new plan of care for your baby. If you're not given an orientation list for the intermediate care unit, review your original NICU orientation list and ask about the plan for the remainder of your baby's hospital stay. This effort will communicate to staff that you're interested in how this new unit works. Most importantly, it will help you get comfortable so you can focus on learning to care for your baby before she is discharged. In addition to learning about the new unit routines, communicate your baby's likes and dislikes, including her typical behavior patterns, with the staff. They will be most appreciative of the information during this period of adjustment for both you and your baby.

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