



NICU Redesigned with Families in Mind



Contributor: [Terri E. Gorman, MD](#)

Terri E. Gorman, MD is the Medical Co-Director of the Newborn Intensive Care Unit at Brigham and Women's Hospital and an Instructor in Pediatrics at Harvard Medical School.

As families step off the elevator and enter the newly redesigned Newborn Intensive Care Unit (NICU) at Brigham and Women's Hospital (BWH), they walk through a welcoming open space with natural light and views of the outdoors.

Creating a comforting and family-centered environment is important in a unit that cares for premature infants, says [Dr. Terri Gorman](#), a neonatologist and Co-Medical Director of the [Newborn Intensive Care Unit](#), which cares for approximately 3,000 premature and sick infants and their families each year.

“Having a premature baby that needs special medical care can be stressful, and many of the parents who enter the NICU are first-time parents,” says Dr. Gorman, which is one of the reasons why the new facility offers a more open and welcoming environment for families and their babies.

After greeting a friendly unit coordinator at the front desk, families can walk from their baby’s room to the family lounge area or to the outdoor patio. With no restrictions on visitation, family members can also sleepover on the pull-out sofa in their infant’s room, and mothers can breastfeed in privacy and store milk in their room’s private refrigerator. Families can even attend daily rounds with the medical staff, if they want.



Comforting and family-centered Newborn Intensive Care Unit (NICU) at Brigham and Women’s Hospital (BWH)

Dr. Gorman says, “What sets the NICU apart is that it provides a calm and quiet atmosphere for fragile newborns that need intensive monitoring treatment, but it also provides appropriate care as their conditions stabilize.”

Once stabilized, care shifts from meeting acute medical needs to ensuring the baby interacts with a rich and stimulating environment that includes a flow of people, the auditory stimulation of people’s voices, and exposure to natural light, helping infants adjust to day-night variations.

“There is a wonderful multidisciplinary staff to support a baby’s long-term development, ranging from occupational therapists, physical therapists, and language experts, all of whom evaluate an infant’s strengths and weaknesses to make sure growth and maturation is on the right track,” says Dr. Gorman.

The staff in the Growth and Development Unit also assist parents in providing skin-to-skin contact in which an infant is placed on the mother’s or father’s chest, a practice that has been shown to promote parental bonding and breast milk production. The unit

provides a reading program, the [Brigham Baby Academy](#), as research has shown that hearing a parent's voice aids neurological development in an infant.

The newly redesigned NICU has also added parent transition rooms where parents prepare to go home with their baby. Dr. Gorman says families and the medical staff have usually formed a close bond by the end of their experience in the NICU. "Once babies are healthy enough to go home, many families don't want to leave."

- Dustin G.



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The Newborn Intensive Care Unit

Department of Pediatric Newborn Medicine
at Brigham and Women's Hospital

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