

## **NeoBellyBand for Staff**

Before a baby is ready for a belly band please try to minimize air in the belly. One 8 French OG is recommended to vent. Positioning prone with thighs to the sides of the abdomen is also helpful.

### **Safety Criteria for Starting a belly band**

- The baby needs to have established typical GI function. This includes tolerating 120ml/kg of feeds and stooling appropriately.
- No concerns for GI pathology may be confirmed with continuous bowel gas pattern noted on a prior x-ray.
- No skin issues on the trunk.
- Team has discussed and agreed to begin on rounds and parents are informed.

### **Steps to start a belly band.**

Take an abdominal circumference:

- Slide tape under with new diaper to avoid extra handling or lifting of hips.
- Support the spine to align so the baby is not arching.
- Place tape so it can be read 1 cm above the umbilicus.
- Hold the tape so it moves with a couple breath cycles and read it on the exhale.

Call or EPIC chat therapy to fit a band.

### **Placing a Belly Band**

Slide under the hips or lift and lie the baby's trunk on the band, The top border of the band should be at the xiphoid process and the lower at the anterior superior iliac spines (top hip points in the front).

Support a rounded lower back so the baby is not arching when closing the band. You may learn to provide manual relaxation through the low back and support of the belly to contract with a therapist to help with this.

Once relaxed and spine is aligned, avoid the temp probe being under it and leads and lines are straight with as little under the band as possible.

Bring the sides of the band up so the side wall of the abdomen comes in line with the ribs and hips. Breathing will change to anterior posterior belly breathing. Then lay it over and attach the Velcro. DO NOT tighten. A finger can slide under it.



*There are videos to assist you at [neophysicaltherapy.com](http://neophysicaltherapy.com) in the know-how section as well as through the product link to the DandleLion website.*

## **During Use**

Use the LDA to track wear and skin.

Open at each diaper change to assess skin and abdomen as per standard care.

There will be two at your bedside in case one is soiled.

If one is soiled, it can be hand washed and hung to dry. Reshape by stretching in all directions.

Wear is continuous while on positive pressure support and half the time when weaning off respiratory support. See nursing communication for specifics. Therapy will assess prior to discontinuing.

Take an abdominal circumference every Sunday with head circumference. A ratio of AC:HC will be used by therapy to monitor if the baby is in the normal range.

## **Things to watch for:**

*Tight is not right!*

If the umbilical stump is still present, a lite foam dressing can be used cut with a keyhole around the base or a small square of lite foam can be placed over an umbilicus that may be moist from stump recently falling off.

If the band is not covering the area between the xiphoid and ASIS, the baby could have grown lengthwise. Request refitting from therapies.

If there is no overlap at the end to keep the Velcro from touching the skin or you have to pull to overlap the ends, it is too small around. Request refitting from therapies.

If soiled or lost, ask for a new one so there are always 2 at the bedside.

If there are any concerns, please remove and notify therapy with reason for removal, and await a team discussion to further inform the plan.

Notify therapy with a call or EPIC chat to get a new band.