Welcome to
the neonatal unit
Family Guide

My Name ________________________________________________________________

Hospital Number ________________________________________________________

Named neonatal consultant _______________________________________________
My Name/Names _____________________________________________________________________

My Parents like me to be called _____________________________________________________________________

My Date of Birth ________________________________ Gestation at birth ___________________

My Birth weight ______________________________________________________________________

My Parents Names ______________________________________________________________________

My Brothers/Sisters Names _____________________________________________________________

Who may visit me ______________________________________________________________________

______________________________________________________________________________________

I am wearing my own clothes _________________ Yes No

(please give my clothes to my parents for washing)

Research studies _________________________________________________________________________

Additional information about me _________________________________________________________________________

______________________________________________________________________________________

Key contact numbers and address

Switchboard: 01702 3843555
Neonatal unit: 01702 385186
Chaplin: 01702 435555 ext 6453

Neonatal unit
Southend University Hospital
Prittlewell Chase
Westcliff-on-Sea
SS0 0RY

Visiting

The neonatal unit offers unrestricted access for parents. Other visitors are welcome between 7.00am to 9.00pm. Please only two visitors per cot space including a parent. If more than two visitors are present, we have a parent’s room for visitors to use. No children under the age of 16 are allowed except siblings and please no school uniform to be worn when visiting the unit. This is to reduce the risk of infection for the babies.
Quiet time

There are two periods of quiet time on the neonatal unit.
1.00pm to 2.00pm
9.00pm to 7.00am.

Within these times there will be no non-essential procedures carried out by either nursing or medical staff. We would like to encourage parents to use this time for skin to skin/kangaroo care or expressing breast milk.

Family guide

Congratulations on the birth of your baby. We hope you find this information helpful to you at what we appreciate is a difficult time. The aim of this booklet is to provide information, guidance and support to help alleviate some of the stressors you may be experiencing. We aim to encourage parents to gain the skills and confidence you need to care for your baby whilst on the neonatal unit and when you go home.

We aim to support and encourage the whole family. Participating in all aspects of care, will support you in getting to know your baby.

The neonatal unit (sometimes known as special care baby unit, SCBU or the neonatal intensive care unit) is a special ward for newborn babies who require closer monitoring than can be provided on the post-natal ward.

Philosophy

Southend neonatal unit provides specialist care to premature and sick new-borns. We commit to providing professional care through a multidisciplinary team of healthcare professionals, striving to achieve the highest possible evidence based quality standards.

Our aim is to work in partnership with parents and families to create a safe, open and honest family centred environment, giving encouragement, support and education on an individual basis to enable parents and families to be partners in delivering care.

About our neonatal unit

Babies who have problems during or immediately after birth, will be stabilised in the delivery suite or in the operating theatre and once stable will be transferred to the neonatal unit.

Whilst your baby is on the neonatal unit you will be encouraged to share care with the staff caring for your baby. To facilitate this you will be encouraged to plan your baby’s care by informing staff of what aspects of care you’re going to be undertaking and informing us if this changes where possible.
Neonatal unit

General information
Our unit is divided into three areas according to the level of care required:

Intensive care (NICU)
This is where very sick and premature babies are nursed. The environment can seem overwhelming with a variety of equipment and monitoring which is supporting your baby. The staff caring for your baby will be able to explain the equipment and answer any questions.

High dependency unit (HDU)
High dependency is a step down from NICU however, babies admitted into HDU still require close observation and specialised care.

Special care or nursery
Whilst your baby is in this area, preparations can be made for taking your baby home. In this room we continue to wean babies off monitoring equipment and establish your chosen feeding method.

Facilities
There are a number of facilities within the unit.

Parent’s lounge
The parent’s lounge allows you to have a drink, eat and a chat or to watch television. There are lockers for bags and other personal items, which are operated by a refundable £1 coin. Drink facilities are available. Eating or hot drinks are not permitted on the ward these should be consumed in the parent’s lounge. There are fridge and microwave facilities available for your convenience. There is a play area for siblings. Please note, children should be supervised when in the parent’s lounge.

Parent’s rooms
There are two rooming in bedrooms available within the neonatal unit. These are prioritised to those with the sickest infants, or for those just about to be discharged in preparation for going home.

The milk kitchen
This is where milk for your baby is stored. Mothers will be provided with a breast milk expressing kit and individual sterilisers are provided for your convenience. Your expressed breast milk is stored in the fridge or freezer which is kept locked. A member of staff will assist you in accessing your milk. We also store opened bottles/cartons of parents own formula in the milk kitchen fridge.

Quiet room
This room is available for mothers who wish to breastfeed or express milk in private. This room is also used as a quiet room for consultations with medical staff.
NICU team

Lead nurse

The lead nurse is the manager of the neonatal unit. Any concerns not resolved by discussing with the nurse in charge can be escalated to the lead nurse.

Practice educator

The practice educator is responsible for managing and implementing changes to best practice as new evidence, guidelines, policy emerges.

Senior neonatal sister/Charge nurses

These are the most experienced nurses who also undertake management responsibilities. When in charge the nurse will wear a red armband.

Neonatal sisters/Charge nurse

These are experienced neonatal nurses who care for your baby but can also be the nurse in charge of a shift. When in charge the nurse will wear a red armband.

Neonatal nurses

These are registered nurses who have undertaken specialised training of sick newborn babies. When in charge the nurse will wear a red armband.

Registered nurses

These are registered nurses who wish to specialise in neonates.

Nursery nurses

The nursery nurses are particularly skilled in parent craft and giving support to families preparing for discharge.

You can see pictures of the nursing team on our photo board as you enter the unit.

Student nurses/midwives/medical students

As a teaching hospital we have medical/nursing students participating in the care and management of babies. Your permission will be sought prior to any intervention. You do have the right to refuse.

Student nurses and midwives wear grey uniform. Student nurses and midwives work alongside our registered nurses to undertake learning and management of patient care. Student midwives have placements with us.

Medical students do not wear a uniform but are identified by a medical student identity badge and work closely with the medical team.

Paediatric matron

The paediatric matron wears a grey dress with red belt. The matron is responsible for overseeing the day to day running of the paediatric departments within the hospital.
**Consultant neonatologist/Paediatrician/Junior doctors**

There is 24 hour availability of consultant cover on the neonatal unit. The consultant will undertake ward rounds daily examining each patient and discussing their current care with you and the rest of the nursing and medical team. All medical staff are identifiable from their identity badges.

**Other staff you may meet**

**Ward clerk**

The ward clerk wears a blue blouse. The ward clerk is responsible for the day to day administration of the unit.

**Housekeeper**

The housekeeper wears a lilac striped tunic and is responsible for the day to day ordering of stock and cleaning management of equipment.

**Domestic**

Domestics wear a burgundy tunic/dress and are responsible for ensuring the day to day high standards of cleanliness of the neonatal unit.

**Health visitor/Paediatric community nurse**

Your health visitor may visit you on the ward prior to discharge home. If your baby requires ongoing care needs on discharge they will be supported by the paediatric community nursing team in your home.

**Social worker**

A social worker is available to offer help and support and can advise you on benefits and support services available through the Early Help Assessment.

Some of the other healthcare team members who may deal with various aspects of your baby’s care include the:

- Audiologist (hearing specialist wears white/pink tunic)
- Radiologist (X-ray specialist)
- Pharmacist (medicines)
- Ophthalmologist (eye specialist)
- Physiotherapist (specialist exercise advice)
- Dietitian (specialist formula advice, wears green tunic)
- Infant feeding specialist (wears a navy and white spots tunic/dress).
Research, staff training and education

As a teaching hospital to ensure the best standards of care are delivered to our patients the neonatal unit can be undertaking research projects at any time, as an individual unit or as part of wider Network, National or International research. You may be approached to ask consent for your baby to be part of research.

Mobile phones and photography

Mobile phones can be used on the unit, if turned onto silent mode, to access Apps such as the Baby Buddy App. If you need to use your phone to make a telephone call please use the parent’s kitchen. Please do not use your mobile phones when feeding/having skin to skin or cuddling your baby. There is WiFi available for public uses, please connect to SouthendNHSGuest by accepting the terms.

We encourage you to take photographs of your baby to keep a record of their journey. We have milestone cards which you can use to mark special events such as starting feeds. Please do not take photographs or video recording of other babies for confidentiality reasons.

Car parking

Southend Hospital has a number of paying visitor car parks; however, if your baby is admitted for longer than 48 hours you can obtain a parking permit form from the general office on the ground floor. Once the form is signed by the nurse in charge it can be exchanged for a weekly permit costing £10 per week (this is subject to change) from general office.

Fire policy

The hospital performs weekly fire alarm testing. You will be advised by the nursing team when a test is expected. In the event of the alarm going off the staff will inform you of any evacuation action you need to take.

Smoking

At Southend University Hospital we have a strict no smoking policy within the hospital grounds. This includes E-Cigarettes. Please be aware that smoking fumes and secondary inhalation can be harmful to babies. We would recommend parents wearing clothes that are free from smoke, baby clothes should also be washed before bringing into the unit to ensure free from smoke. The Trust is able to offer stop smoking advice, if you would like further information please ask a member of staff.

Chaplaincy and religion

We respect all cultures and religious beliefs and where possible endeavour to meet any requirements. Southend University Hospital’s chaplaincy department provides pastoral, spiritual and religious support for staff, patients and visitors in the practice of their faith as well as supporting those of no faith.
A member of the chaplaincy team visits weekly. Please do not hesitate to ask staff if you require a visit from a representative of your particular faith, you are welcome to arrange a visit from your own religious leader but please inform the nurse in charge beforehand. The chapel is open for private prayer and meditation and services are regularly held there. In addition to the chapel there is also a prayer room for those of different faiths, together with washing facilities.

Chaplaincy is located on the 2nd floor. Just turn right out of the neonatal unit along the corridor and 1st door to your right and is open 24 hours a day, every day of the year.

**Security**

The neonatal unit is securely locked at all times. To gain access, please use the buzzer and a member of staff will release the door. Please be patient if you are waiting, we will open the door as quickly as possible. Please do not let other people in through the door or allow people to tailgate behind you. Please do not be offended by being asked to identify yourself, this is a safety precaution for all babies on the unit.

Please store your valuables in the lockers provided. The Trust is not responsible for loss of valuables and personal belongings.

**Confidentiality**

All information regarding your baby’s health is strictly confidential and will only be given to you. A member of the nursing team looking after your baby will be happy to update your baby’s progress. If you would like to speak to your consultant then please asked your nurse. We encourage parents to be actively involved with the team discussing your baby’s care on ward round.

Ward round is held daily from 10.00am. On ward round patients are normally seen in order of highest care need from intensive care, high dependency, special care, side rooms and rooming in. We ask that while the team are reviewing other patients you wait in the parent’s room.

**Consent**

If your baby requires certain procedures, investigations or treatment, you will be asked to give verbal/written consent. Consent must be given by the person with legal ‘parental responsibility’. Your nurse or doctor will explain everything to ensure you fully understand what you are consenting to. Further information on procedures and what consent we need from parents will be given to you. In an emergency some procedures may be performed prior to achieving consent, if you wish to discuss this further please inform your baby’s nurse.
Patient Advice and Liaison Service (PALS)

As a unit we pride ourselves in giving holistic family centred care for your baby in partnership with families. If you have any concerns please discuss with your baby’s nurse or the nurse in charge. We take any concerns seriously and if required escalate to the lead nurse.

If you wish to seek further advice and support please refer to PALS.

You can contact PALS via the following ways:

- Email PALS@southend.nhs.uk
- Write a letter to the PALS team at the hospital address given at the start of this leaflet
- See them in person on the ground floor Prittlewell building
- Opening times: 8.30am to 4.30pm Monday to Friday
- Telephone: 01702 385333.

Screening, tests, infection prevention and control

There are a number of screening, tests and procedures your baby will need/receive during admission to the neonatal unit.

Vitamin K

Vitamin K is required by the body to assist in the clotting of blood. When babies are born they have a lower amount of vitamin K in their blood than adults. This helps to prevent a rare bleeding disorder called Vitamin K Deficiency Bleeding. Your midwife should have discussed the need for vitamin K with you during pregnancy. Shortly after your baby is born they will require vitamin K. This can be given as a once-off injection or orally with multiple doses. Babies admitted to the neonatal unit may require the injection, due to their medical needs. Please ask a member of staff for more information.

Newborn blood spot screening

All babies are offered newborn blood spot screening to rule out a number of rare but serious medical conditions, this is a simple procedure requiring a small blood sample to be taken from your baby’s heel. All babies admitted to the neonatal unit have a newborn blood spot taken routinely. This is called a pre-transfusion blood spot and is a precaution in case your baby requires any blood products.

Then on day five another small blood sample is taken. Further information about the conditions being screened will be provided when you are asked to consent to the test. The results take approximately six to eight weeks and will be either sent to you by post or a community health professional will inform you.
Infection prevention

Please wash your hands before/after:

• Touching your baby
• Undertaking cares
• Skin to skin
• Expressing breast milk
• Making up feeds
• Washing up bottles or expressing kits.

Ask your visitors to wash their hands before contact with your baby.

We encourage only parents to have cuddles with babies and undertake cares/feeds to minimise risk of infection and aid bonding.

In order to protect your baby and yourselves, please follow these few guidelines:

• Please use the alcohol hand sanitiser before and after your visit to the unit. The dispensers are situated at the entrance to all wards and each incubator
• Coats and outdoor clothes should be kept on the coat hooks or lockers provided
• Valuables should be securely stored in lockers
• Please use the chairs provided
• Dispose of any rubbish, appropriate bins provided
• Report any unclean areas to a member of staff so immediate action can be taken
• Do not visit if you are feeling unwell or have an infection such as flu, heavy cold, diarrhoea or vomiting. If you are unsure whether to visit, please telephone and check with the nurse in charge
• For certain specific infections you will be advised by your baby’s nurse that certain visitor groups should avoid visiting
• One small soft toy/teddy is allowed per incubator. Please take this home and machine wash weekly at 60 degrees. Bonding squares and a small comforter are also allowed. If your baby is receiving humidity inside the incubator a teddy will not be permitted.
**HAND CLEANING TECHNIQUES**

**How to handrub? WITH ALCOHOL HANDBRUB**

1a. Apply a small amount (about 3ml) of the product in a cupped hand, covering all surfaces.

1b. Rub hands palm to palm.

2. Rub back of each hand with the palm of other hand with fingers interlaced.

3. Rub palm to palm with fingers interlaced.

4. Rub with backs of fingers to opposing palms with fingers interlocked.

5. Rub tips of fingers in opposite palm in a circular motion.

6. Rub each thumb clasped in opposite hand using rotational movement.

7. Rub each wrist with opposite hand.

8. Rinse hands with water.

9. Dry thoroughly with a single-use towel.

10. Use elbow to turn off tap.

11. Your hands are now safe.

12. Once dry, your hands are safe.

**How to handwash? WITH SOAP AND WATER**

0. Wet hands with water.

1. Apply enough soap to cover all hand surfaces.

2. Rub hands palm to palm.

3. Rub back of each hand with the palm of other hand with fingers interlaced.

4. Rub palm to palm with fingers interlaced.

5. Rub with backs of fingers to opposing palms with fingers interlocked.

6. Rub tips of fingers in opposite palm in a circular motion.

7. Rub each thumb clasped in opposite hand using rotational movement.

8. Rub each wrist with opposite hand.

9. Rinse hands with water.

10. Use elbow to turn off tap.

11. Dry thoroughly with a single-use towel.

12. Your hands are now safe.

Adapted from WHO World Alliance for Patient Safety 2006.
Infection screening

All babies admitted to the neonatal unit are routinely swabbed for a variety of bacterial infections including methicillin resistant staphylococcus aureus (MRSA). Swabs are taken from certain areas of the body to check whether any bacterial infections are present on the skin that may require treatment. As part of the screening process your doctor will discuss what procedures are required to assist with diagnoses and prescribing the correct antibiotics.

If your baby has an infection

If your baby has an infection appropriate advice will be sought from the infection control team. In some cases parents are required to wear disposable gloves and aprons if you are taking part in your baby’s care. It is especially important for parents of twins/triplets to prevent cross contamination. Staff caring for your baby will discuss this with you.

Isolation

If your baby needs to be isolated they may be moved to a single room or moved temporarily in an incubator from a cot.

Developmental care

When your baby is in the womb they spend almost 80 per cent of their time asleep. It is therefore important that if your baby is born prematurely that he or she is allowed as much rest as possible. Within the neonatal unit we operate periods of quiet time where your baby has the opportunity to rest undisturbed without intervention, unless in an emergency situation. Research supports the provision of quiet time and has shown that it has numerous positive effects on the baby’s wellbeing.

Preterm and sick new-borns do not always tolerate handling/touching and will respond in a variety of ways if handled inappropriately or excessively. Comfort holding provides a sense of calm without over stimulating your baby. There are a number of different ways to position your baby which are similar to some of the positions they were in whilst in the womb. To maintain these positions your baby may be cared for in a ‘nest’ which provides secure boundaries, reducing stress levels and helps promote good muscle and bone development. Your baby’s nurse will demonstrate to you how to deliver comfort holding.

Noise

The neonatal unit staff endeavors to keep noise levels to a minimum we would respectfully ask all parents and visitors to support the neonatal unit in this.

Reduced noise provides the best environment for your baby to continue to develop.

- Please avoid tapping on the incubators
- Ensure careful closing of incubator doors and drawers
- Wear soft soled footwear
• Promote soft, quiet conversation
• Avoid sudden loud noises
• Talk/Sing to, love and care for your baby calmly but confidently
• Close bins as quietly as possible
• Lift chairs rather than drag them across the floor.

**Kangaroo care**

The neonatal unit staff understands the benefits of kangaroo care (skin to skin contact) and will encourage this whenever it is medically safe to do so and will encourage this when appropriate. Your baby’s nurse will explain the benefits of skin to skin and how to undertake this.

Cares, procedures and position changes should be clustered together to enable your baby longer periods of undisturbed rest. Further information around any of the aspects of developmental care can be found in the *Bliss Family Handbook* which can be located in the parents lounge.

**Pain management**

Some experiences in the neonatal unit have the potential to cause discomfort to your baby. The neonatal team looking after your baby will assess them for signs of pain. However, if you feel that your baby is in pain, please let your nurse of doctor know.

There a number of ways to help your baby cope with the experience of pain and discomfort depending on the procedure and baby’s circumstances which you can discuss with the nurse caring for your baby.

If pain relief is required for your baby there are three commonly used drugs.

**Sucrose**

Sucrose is a sugar solution. A tiny amount is placed on the front of the tongue or cheek immediately prior to a procedure. Sucrose is shown to be effective in reducing short term pain responses during minor procedures.

**Paracetamol**

Paracetamol is used for mild pain or fever. It can be given via a cannula into a vein or orally as a liquid.

**Morphine**

Morphine is used for painful procedures and also a sedative. It can be given via a cannula into a vein or orally as a liquid.
Caring for your baby

The staff is committed to family centred care and will help you to adapt to being a parent with a baby on the neonatal unit, and start to focus on developing your own role in supporting your baby’s care. For a first time parent or even parents with other children, giving care can be a stressful thought if your baby has monitoring, wires or tubes. There are many aspects of your baby’s care that you are actively encouraged to undertake which although daunting staff will support you to gain confidence as part of your role in your baby’s journey.

What do I need to bring in for my baby?

While your baby is on the unit please provide:

- Nappies
- Cotton wool
- Cotton buds
- Nappy sacks.

Please let your baby’s nurse know if you’re providing your own baby clothes so a sign can be put on the incubator. Please be aware the unit washing is done externally and we cannot guarantee the return of items. Please label all personal items and take home to wash.

Whilst your baby is on the neonatal unit depending on the level of care your baby requires and to meet your baby’s developmental care needs, the frequency of your baby’s cares may vary; your baby’s nurse will discuss planning care times with you. The following cares should be clustered to enable uninterrupted periods of rest. You will be supported to undertake each of these by your baby’s nurse who will demonstrate them to you.

Nappy changing

Even if you have changed a nappy before it can be difficult when your baby is in an incubator.

Mouth care

Mouth care is important to keep the mouth clean and comfortable and prevent infection. Your baby’s nurse will regularly assess your baby’s mouth.

Umbilical cord care

Your baby will have been attached to the placenta by the umbilical cord that will have been providing oxygen and nutrition from you to your baby during the pregnancy. Once your baby has been born this cord will have been clamped and cut as your baby will no longer need nutrition from you.
The cord stump will then begin to dry and shrivel, which will make it harden and turn black. It may also become slightly moist and sticky around the skin. This is part of the healing process and between 5 to 15 days the cord stump should fall off. The clamp may be left on as it helps to speed up the separation process. If you wish to keep the cord clamp as a keepsake, please ask your nurse to save it for you.

**Eye care**

Although eye care is not routinely required should your baby develop sticky eyes this will usually clear up with careful eye care. In some instances an eye swab may be required to check for infection.

**Topping and tailing**

Where possible your baby should be topped and tailed daily to ensure they are clean, comfortable and prevent infection. A top and tail wash needs to be done quickly to prevent heat loss. Please let a staff member know if you wish to undertake the top and tail to help us plan your baby's care each day.

**Bathing**

Where possible we like to encourage baths once a week in the afternoon where the unit is at its warmest. However if you are unable to do this please arrange a time with your nurse.

**Feeding your baby**

**Nasogastric/Orogastric tube feeding**

While establishing feeding your baby may be fed initially via a tube which is passed through the nose or mouth directly to the stomach. This is called nasogastric or orogastric feeds. The breast milk you express, special preterm formula or artificial milk will be administered down this tube.

The neonatal unit supports the UNICEF UK Baby-friendly initiative. This means we actively promote breastfeeding, however we want you and your baby to have a positive and rewarding feeding experience whether you breastfeed or not and fully support parents in whichever feeding method they choose.

The neonatal unit follows a number of feeding guidelines to initiate and establish feeding. How this is decided is determined by your baby's medical needs, your baby's nurse will discuss this with you.

Further written breastfeeding and bottle feeding advice is provided by the following booklets: *Breastfeeding your baby, how can I tell that breastfeeding is going well? Breast milk and your premature baby* and *Guide to Bottle feeding.*
When on maternity you can use their pump, a midwife will show you how to use and store milk on MB2. Once discharged from MB2 you can continue on our pumps. There is also the option to hire from a local agent. Contact number is in the milk kitchen/breast feeding room.

Your baby’s nurse will be able to show you how to use the expressing pump. They will also show you where the equipment is to use the pump and show you how to clean the expressing pump and kit afterwards. You will be given your own steriliser which staff will change daily.

You can take a supply home with you to accommodate home pumping. Please label with own expressing labels that your baby’s nurse will print and give you, ensuring date and time of expression is noted.

**Maintaining your milk supply**

Ask your baby’s nurse to help you to have kangaroo care with your baby at the earliest opportunity. Keeping a record of how often you express can be helpful, expressing logs are available to support you. We like to encourage mums to express by their baby and we will endeavor to support this. Take time to care for yourself by eating and drinking well and resting when you can.

Talk to your nurse if you have any concerns, let them know if your milk supply is decreasing or if you have any discomfort in your breasts. Expressing both breasts simultaneously can help increase milk production. Funnel sizes for expressing can also be adjusted for comfort if needed.

While establishing bottle feeding how often your baby can be offered a bottle will be determined by your baby’s clinical condition. Initially only one or two bottle feeds will be offered. This will increase as your baby tolerates and built up until your baby is responsive bottle feeding. To be fully responsive fed your baby should be calm and content between bottle feeds, be gaining weight and having sufficient wet and dirty nappies. Prior to discharge your baby may move onto powdered milk. You will be shown how to make up a bottle feed using powdered milk to the current guidelines.

**BadgerNet database**

To help in the delivery of your baby’s care we collect data about all the babies we care for and their medical needs. This data is stored securely and password protected on BadgerNet. This database is used in all the neonatal units across London and South East England. It is a web based system which collects clinical information regarding your baby.

The information we store helps to create accurate records about what clinical needs sick or premature babies have. It enables us to monitor care delivery and ensure it is up to date with current practice. This data assists in the planning and development of services specific to your area.
The staff on the neonatal unit (usually this is a neonatal nurse, doctor or ward clerk) record a variety of information directly onto the database from your baby's nursing and medical notes daily including:

- The NHS number for you and your baby
- Personal detail such as your contact details
- Your baby's condition and treatment on a daily basis
- GP details
- Your baby's medication and follow-up information
- Where your baby was born
- How many babies you had
- Your baby's birth weight
- How many weeks pregnant you were when your baby was born.

The information on the database is only accessible to the people who care for your baby. There are very strict regulations controlling access to personal information like your baby's NHS number and date of birth. By law, everyone who works for the NHS must keep all personal information confidential and the Trust has strict confidentiality and security procedures in line with the Data Protection Act (1998).

Clinical information necessary to those staff directly involved in your baby's day to day care will be identifiable data. Clinical data required for all other purposes, such as to produce reports that highlight areas of good practice that we can share across the region, will be anonymised.

If you are happy for your baby's details to be used for clinical care purposes, secondary analysis such as audits and for clinical information to be transferred between units should the need arise then you do not need to do anything. If however you do not want your baby's clinical information to be available for such purposes please ask a member of staff for an opt-out consent form. A signed copy of the opt-out consent form will be given to you for your information.

To find out more, have any concerns or questions, or to see a copy of the information we have about you and your baby please talk to the nurse in charge.
**Discharge planning**

Taking a new baby home is an exciting occasion for any parent. However, no matter how much your baby has grown and how healthy, it is entirely natural for you to worry about how you will manage without the comfort that comes from apnoea alarms, a warm nursery, regular weighing and temperature checks, and of course, the support from special care staff. Your health visitor will usually be able to answer any queries you may have about your baby’s care.

Please remember to bring in your baby’s car seat and winter clothes (if required) prior to discharge.

If you have any worries or questions about your baby within the first 24 hours of being discharged, please do not hesitate to contact the unit at any time, day or night. However, if you think it is a medical emergency please dial 999 or attend your local emergency department.

**Criteria for discharge**

Preparation for discharge starts right from the time the baby is admitted to the neonatal unit. Your baby’s discharge is decided on several factors. Your baby has to be agreed as clinically fit for discharge by nursing and medical staff this includes gaining weight consistently and feeding well.

**Rooming in**

When rooming in you will be asked to stay for a minimum of two nights to establish responsive feeding. Whilst rooming in you will perform the care your baby needs with minimal involvement from the nursing team, this is an opportunity for you to experience round the clock care for your baby with the reassurance that the neonatal team is close by to offer support. During rooming in if your baby is gaining sufficient weight and feeding well, and the medical team are happy they will be discharged home.

**Newborn life support training**

All parents are offered the opportunity to attend newborn life support training. This is offered on a monthly basis and the next available date may be after your baby has been discharged home. If this is deemed part of discharge planning for your baby, eg going home on oxygen or NG feeding you will be given training prior to discharge. Anyone who is going to be caring for your baby at home can attend, however, there is a maximum of eight attendees per class and so it may not be possible to accommodate everyone attending at the same time. Also, we are unable to care for your baby during the training and advise where possible your baby is left at home.
Follow-up

Once discharged, depending on your baby’s needs they may need neonatal outpatient appointments, where your baby’s progress and development can be checked. A letter with the appointment date and time will be given to you when the baby is discharged. You will be given a copy of the BadgerNet discharge summary to give to your GP. A copy of the medications/milk prescriptions your baby is on will also be given to you for reference for repeat prescriptions.

A purple form which will be given to you (or will be kept in the back of your red book) should be handed over to your health visitor when she makes the first visit. We will inform your health visitor when your baby goes home. All babies must be registered with the GP before discharge from the unit.

Your health visitor

When you bring your baby home from hospital, you may well feel nervous and unsure of yourself as you will be used to having lots of support and help from the hospital staff. However, at home, you will still have help available from your health visitor. You may have already met them during your antenatal period, but if not they will contact you soon after your baby is born. Your health visitor will visit you and your family at home until you feel able to attend the baby clinic. They regularly check your baby’s progress. If you have any worries or concerns, you will be able to contact them by phone and discuss any problems.

Vitamin supplements and medication

Babies who are taking prescribed medications will be given them to take home. You will be shown how to draw up and administer these.

If your baby is prescribed vitamins continue these until your doctor or consultant at the follow-up clinic tells you to stop.

If you have been given powdered milk on prescription please remember to submit a repeat prescription to your GP practice a week before you are going to run out of milk as it can take a few days for the prescription to be prepared.

Feeding at home

Continue to feed your baby responsively just as you have established while on the unit. Your health visitor will provide advice and support around feeding your baby please discuss any concerns you have with them.
Temperature control

Dress your baby in the same amount of clothes that you are comfortable in, plus another layer. Your health visitor can provide advice and support regarding temperature control.

Immunisations

All babies need to be vaccinated to protect against the more serious infectious diseases. The immunisation programme begins at two months of age, which is calculated from their actual age, ie from the actual date of birth. Premature babies are at greater risk from these infections, so it is important that they begin their immunisation programme at two months of age. Your health visitor and GP will advise you on when the first immunisations are due if your baby has not received them prior to discharge.

Milestones

Babies achieve their social, (eg smiling) and motor, (eg walking) milestones at a given time from conception, not from the moment of birth. Therefore a baby born eight weeks early may achieve milestones eight weeks later than expected if calculated from his date of birth. For example a baby born at 32 weeks gestation may smile eight weeks after a term baby is expected to. This is normal and will be monitored at the follow-up clinic.

Support

There are so many things to do when you get home with your new baby that you may not have time to think! However, all those feelings that have been stored up whilst your baby was in hospital are still there and some new anxieties that you may have now that your baby is at home in your care. It is really important to talk about the emotions that you have – good and bad. Some parents are able to talk about their experiences with each other and/or with family and friends. Others find this hard to do as the feelings might be hard to explain or parents do not want to ‘burden’ the people they care for with extra concerns. Sometimes it is easier to talk about what is happening with a person who does not know you – someone who is not emotionally involved.

Always contact your health visitor or GP if you have any concerns about your baby.
LO-RES, NEED BETTER QUALITY TO BE SUPPLIED

Infant Basic Life Support

Safety  Stimulate  Shout  Airway  Breathing  Circulation

This leaflet is intended to be used with practical teaching

Authors: Niall Pearson, Sarah Highton

Reference: Pediatric Basic Life Support Recommendations
Council UK Guidelines 2015. Review 2020

CHOKING

1. Safety
   • Ensure safety of rescuer and baby

2. Stimulate
   • Assess situation - cough effective
   • If cough ineffective, encourage to cough

3. Back blows
   • If baby conscious and cough ineffective
   • Give up to 5 back blows

4. Chest thrusts
   • If still choking

5. If still choking
   • Check responsiveness
   • Ensure an ambulance has been called

6. If still choking
   • If object not expelled and baby still conscious continue back blows and chest thrusts
   • Follow Basic Life Support sequence as overleaf from Step 4

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Useful websites and helplines

Baby Blues www.babyblues.nhs.uk

Bliss is a charitable organisation for babies born too small, too sick, too soon, and offers support for families. Family Support Helpline free phone 0500 618140 for confidential information and support. Email: parentsupport@bliss.org.uk. www.bliss.org.uk for information, interactive message board and Dad's Forum.

Essex Partnership Portal provides a directory of Services for and includes information about the Local Offer for special educational needs and disabilities, information about a range of resources including children's centres and Early Help services. www.essexpartnership.org/content/directory-services-south

Family Lives (previously known as Parentline) 0808 800 2222
www.familylives.org.uk
10.00am to 3.00pm, Saturday to Sunday)

National Breastfeeding helpline 0300 100 0212
www.nationalbreastfeedinghelpline.org.uk

National Childbirth Trust 0300 330 0700
(9.00am to 7.00pm Monday to Friday except Tuesdays 9.00am to 6.00pm)

NCT Breastfeeding line 0300 330 0771

NHS 111 NHS Non-emergency helpline available 24 hours a day seven days a week. Call 111 from a telephone.

SHIP is Southend's Information Point and Directory of Services for Adults, Children and Families and includes information about the Local Offer for special educational needs and disabilities, information about a range of resources including children's centres and Early Help services. For further information please visit the Southend Help and Information Point www.southendinfopoint.org/kb5/southendonsea/fsd/landing.page

The Lullaby Trust offers bereavement support and advice on preventing sudden infant death syndrome.
www.lullabytrust.org.uk

UNICEF UK Baby-friendly initiative.
www.babyfriendly.org.uk