NHS Forth Valley

Neonatal Unit

Information for Parents
Helpful Telephone Numbers

Neonatal Unit:
Reception: 01324 566796

Cot Space 1 - 8: 01324 566790
Cot Space 9 - 13: 01324 566795
Cot Space 14 - 21: 01324 566788

Hospital Switchboard Forth Valley Royal: 01324 566000

NHS 24: 08454 24 24 24
When you arrive, a member of staff will operate the door for you as the entrance to the neonatal unit is protected by an intercom system.

Outdoor coats have to be removed and hung in the corridor - but please keep valuables with you at all times. There is a visitor’s area where facilities are available for tea, coffee and juice. Toilet facilities are also situated within the unit. Children must be supervised at all times.

The ward is divided into separate areas, the largest being the intensive care nursery where most of the monitoring equipment is set up.

Babies are nursed in the intensive care area when they first arrive, so that they can be observed very closely and receive the nursing and medical treatment they require.

If there is a concern about your baby’s condition neonatal staff will liaise with the postnatal staff regarding the possibility of an extended stay for you within the postnatal ward.

Arrangements will need to be made for your ongoing postnatal care.

As the baby’s condition improves he or she will progress to another area of the ward, high dependency and then progress to the special care nursery.

**Visiting**

Parents can visit at any time.

- Grandparents, great-grandparents and baby’s siblings are the only visitors allowed in the ward.

- **A maximum of 3 visitors per family can visit at any one time and must be accompanied by a parent.**

To protect baby, we advise you to discourage visitors to the unit who are showing signs of a cold or flu - especially young children who could unintentionally spread infection.
**The Neonatal Team**

Specially trained doctors, nurses and midwives look after your baby. There are various grades of nursing and medical staff and this will be clearly indicated on their ID badges.

Please feel free to ask the nurse looking after your baby any questions you may have - no matter how trivial you may feel that they may be, or how busy the nurse appears. She will be happy to help you.

If you wish to discuss your baby’s progress with a doctor, the staff will be pleased to arrange a time convenient to you both.

Other specialists will visit the unit depending on the needs of individual babies.

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**The Nursing Team**

When your baby is admitted to the neonatal unit he or she will be allocated a nurse.

Together you and your baby’s nurse will compile and implement an individualised care plan for your baby.

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**Ward Rounds**

Ward rounds are carried out daily with medical and nursing staff.

During the ward round you may be asked to vacate incubator/cot space to enable the nursing staff to freely discuss the progress of the baby in the next bed space. This is not designed to stop you from hearing about your own baby but to ensure the confidentiality of all babies in the unit.
A nurse will be allocated to care for your baby on each shift. She or the nurse in charge will give you up to date information on events, plans and progress.

It would be appreciated if you would vacate incubator/cot areas at these times to enable the nursing staff to freely discuss the progress of the babies in the care rooms. This is not designed to stop you from hearing about your own baby but to ensure the confidentiality of all babies in the unit.

The staff in the unit try to keep the general noise to a minimum and we would appreciate your help with this.

You can expect the nursing staff to:

- Get to know you and your family
- Meet you regularly to discuss your baby’s needs and also your own.

And also to:

- Explain any tests and treatments that may be needed
- Provide health care information and advice relating to your baby’s condition
- Arrange discharge, follow up and liaise with your health visitor.

Please DO NOT register with your GP until a couple of days before discharge date. Whilst your baby is an inpatient in NNU any change of name or address with a GP surgery can cause problems with the hospital records and lab systems.

Please do not hesitate to ask questions at any time.
Caring for Your Baby

Small and sick babies have a very low resistance to infection, so please remember to wash your hands thoroughly in order to keep your baby’s environment clean.

Once your baby is well enough, the nurse will assist you with washing, changing and holding your baby.

There are alternative types of care such as “Kangaroo care” and “Baby Massage” and Developmental Supportive Care. These can have enormous benefits for baby and mum and dads too! Please ask the staff for more information regarding this.

Please try to arrange your visits around feeding/care times so you have more opportunity to get to know your baby. Remember it can take time to perform care before feeding, you should arrive at least 15 minutes before the feed is due.

Consent

Following admission to the Neonatal Unit the doctors and nurses looking after your baby will make every effort to tell you about tests and treatments that may be required. It is not usual practice to seek your consent for every routine investigation such as blood or urine tests or X-Rays, but we will try to do so if you wish – please tell the staff. Routine tests are required to help the doctor make changes to your baby’s treatment on a daily basis. You will be informed of any changes to treatment when you visit.

The doctors or nurses will seek your consent before undertaking any tests or procedures which are not routine or are known to commonly cause side effects or risks except in an emergency situation where a delay would put your baby’s life at risk.
Blood Tests

Blood tests are essential to monitor the health of the baby. A sample of blood is taken by a heel prick or from a vein, usually in the hand or foot, or by taking blood from a catheter that has been inserted into one of the blood vessels in the tummy button.

*Full Blood Count* – This calculates the number and types of cells that make up part of the blood. It can tell if your baby is anaemic or can be an indicator for infection.

*Blood Cultures* – looks for infection in the blood

*Blood Gas* – gives the staff information on how well the baby is breathing or if the Ventilator (life support machine) or any oxygen requirements need to be adjusted.

*Urea and Electrolytes* – gives an indication of the amount of fluid and minerals (salts) that need to be given to your baby.

*Blood Glucose* – may also be called a BM test - some babies are at risk of having a low sugar level.

*Bilirubin and Liver Function* – checks if the baby’s jaundice level is high enough to need treatment and that the liver is working normally.

Blood Transfusion

If your baby is anaemic then a blood transfusion will be required. Some babies require more than one. The reason for the anaemia will be explained to you. Sometimes it is due to the amount of blood needed to do vital tests on very sick babies. Your permission will be asked before the first transfusion unless it is an emergency.
**Head Ultrasound**

This non-invasive test is done routinely on premature babies to look for signs of bleeding. The doctor will tell you if a scan shows any problem.

**Equipment and Monitors**

Your baby may be nursed in an incubator, which provides a warm environment in which the baby can be clearly observed.

If your baby has a breathing problem he or she may initially be dependant on a ventilator, a machine which breathes for your baby. Oxygen can also be given to babies via a machine called CPAP or through nasal cannulae – 2 small soft tubes inserted into the nostrils.

Most babies become jaundiced within the first week of life (this is a yellow discolouration of the skin) and can be treated by nursing the baby under special lights (which looks like but is not a sun bed) until the jaundice lessens. Your baby will have his or her eyes protected from the light by soft pads.

Other specialised monitoring equipment may be used to help the nursing staff observe your baby closely without disturbing his or her vital rest. The nurse looking after your baby will explain any equipment your baby needs.

**Feeding**

Initially, because of your baby’s prematurity or other medical problems, it may be your baby will be unable to suck feeds normally and will need to be fed by some other method.

An intravenous drip will provide your baby with nutritional fluid for energy until milk is gradually introduced and tolerated.
Sick and premature babies may be unable to feed when they are first born but they will need breast milk in the first few days or weeks not just as food but as a medicine. Sick and premature babies have limited ability to fight infections, as their immune system is not fully developed yet.

**Immunoglobulins, (antibodies),** which protect against many infections including, ear, nose, throat and gastrointestinal tract (oesophagus, stomach and bowel).

**Lactoferrin,** allows healthy bacteria like lactobacillus to thrive in the gut, this helps in digestion. Breast-fed infants have 10 times more lactobacillus in their gut than formula-fed infants.

**Growth factor** encourages the growth of the gut and helps the baby’s growth. This is only some of the goodness found in breast milk.

Breast milk if available is better tolerated by your baby and so is more likely to let your baby reach full feeding quicker and baby is less likely to develop gut problems.

Providing breast milk for your baby is the best thing you and only you can do. This needs you to express breast milk regularly. For very premature babies you may need to express as often as 8-10 times per 24 hours that is every 2-3 hours. We will teach you how to achieve this. We will teach you how to hand express as the stimulation from hand expressing will enhance your milk supply. We will provide breast pump and kits for expressing. We have breast pumps for loan for when you go home and need to continue expressing. Mothers, who have decided to bottle feed, should still consider expressing breast milk in the early stages of their baby’s stay in the neonatal unit. This allows the baby to get all the benefits mentioned above, and prepares the baby’s gut for full feeding. This commitment may be for as long as 12 weeks if your baby is born at 24-25 weeks gestation, or as long as you feel able.

Expressed milk that cannot yet be given to baby, can be stored in bottles and kept in our freezer, or your own, until it is needed by baby.

There are fridges available in each of the nurseries and a freezer which is situated in the lactation room.
Premature babies will not be able to suck all their feeds at first but they will be given your milk through a fine tube that is passed through their nose or mouth into their stomach.

If you choose to bottle feed - there is a choice of formula feed both for small premature and full term babies.

We will help you establish whatever feeding method you choose.

**Sterilising your Equipment**

It is very important that all your equipment is sterilised correctly and there a few ways to do this.

Always wash your hands before handling equipment.

**Sterilising Tablets/Fluid**

Before sterilising, wash all items in mild soapy water and rinse.

Either use sterilising fluid or Tablets do not mix both together. Fill up your sterilising unit with COLD water and add the correct amount of fluid or tablets and immerse your equipment in the solution - for 30 minutes making sure your equipment is full of solution and no air bubbles are present. The solution lasts for 24 hours and you only need to remove the equipment before use.

After removing the equipment from the solution - rinse with cooled boiled water - NOT TAP WATER.

Before sterilising, wash all items in mild soapy water and rinse.

Put the equipment into a large covered saucepan ensuring everything is immersed and there are no air pockets, bring to the boil, and boil for at least 10 minutes.

The equipment must be used immediately.

*Always Refer to the Manufactures Guidelines*
Steam Sterilisation

Before sterilising, wash all items in mild soapy water and rinse.
Just add correct amount of water and switch on.
Always ensure items are positioned within baskets/racks to ensure effective circulation of steam.
Equipment will stay sterile for 3 hours if the lid has not been removed.

Microwave Sterilisation

Before sterilising, wash all items in mild soapy water and rinse.
Microwave sterilisers use the power of your microwave oven to turn the water to steam to sterilize bottles and accessories.
CHECK THAT YOU HAVE ADDED ENOUGH WATER.
Failure to add enough water may cause damage to the equipment and/or your microwave. Adding too much water may mean your items are not properly sterilised.
Always allow at least 2 minutes cooling time before removing equipment from the microwave.
When taking the steriliser out of the microwave, TAKE CARE - it will still be hot. Take care when removing lid as steam will escape.
Do not use bleach or chemical sterilising solutions/tablets in the microwave steriliser or on the products to be sterilized.
In combination ovens, ensure the grill is switched off and has cooled before use. Equipment will stay sterile for 3 hours if the lid has not been removed.
Always Refer to the Manufacures Guidelines
**Transfer from Intensive Care to the Special Care Area**

As your baby’s condition improves he/she will progress from the intensive care area to the special care area. Depending on the ward activity babies may also need to move bed spaces.

**Ward Rounds**

Usually take place twice weekly on a Tuesday and Friday depending on Intensive Care/Emergency activity. There is no set time for ward rounds and they are usually carried out by the Advanced Neonatal Nurse Practioners. Medical staff are always available for discussion if required.

**Nursing Staff**

Once your baby has progressed to special care nursery, it is the chance for parents to become even more involved with care giving and feeding and not requiring as much practical support from nursing staff.

The nursing staff will provide you with lots of information in the form of discussions and leaflets i.e. about immunisations and eye checks (ROP) if your baby requires this.
Feeding

Generally speaking, feeding will progress to all breast/bottle feeds and 3 to 4 hourly, at whatever is suitable for your baby. However, some babies do prefer to be fed 3 hourly.

Naso-gastric tubes are removed when babies are completing all 3 hourly suck feeds.

Feeding in Special Care tends to be baby – Led, which may not always fit with established feeding plans.

Parents are advised to phone each morning to find out that days care/feed times, remember to be here about 15 minutes before feed if the care is due. Remember Routine needs to be flexible.

To help avoid the spread of infection only parents may handle the baby.

Babies Own Clothes

We understand that you may wish to dress your baby in their own clothes. When babies are wearing their own clothes they sometimes get mixed in with the hospital sheets and blankets and end up in the hospital laundry, the hospital cannot be held responsible for items going missing or are damaged whilst being washed in industrial machines.

We hope you will understand that if you do choose to bring in your baby’s clothes this may happen.
Preparing to Take Your Baby Home

Preparing for Discharge

The nursing and medical staff will have updated you regularly on your baby’s progress addressing any particular problems he/she may have.

You will have gained confidence in feeding, bathing and will be doing all the care for your baby. One of the nursing staff will spend time with you discussing discharge and she will be able to answer most of your questions. However, you may find that you have questions you would like to ask before taking your baby home, such as follow up care, feeding or growth and development. Many parents find useful to write down questions before meeting with nursing staff.

We will provide a copy of the Bliss DVD “Basic Life Support for Babies” and before you take your baby home you will be given the opportunity to attend a resuscitation session.

There may be an opportunity for you to “room in” with your baby on the neonatal ward before discharge if you wish.

Preparation of Other Children

The birth of a preterm or sick infant can be difficult for other children in the family. They often see their parents concerned and anxious and may not fully understand why. Other relatives may have been caring for them much of the time when their parents have to visit the hospital. If possible, try to spend some special time with your children before you take their new brother or sister home. Involve them as much as possible in the preparations for the new baby. Perhaps you could let them choose a new baby outfit, a soft toy or make a drawing for the baby’s room.
**Family and Friends**

Frequently, new parents want all the help they can get. Relatives and friends often help with preparing the meals and caring for the other children. However, well wishers and visitors can be tiring for you and your baby and it is important that you have time to yourselves. Accepting practical help such as shopping and housework will give you more time with your baby.

**Immunisations**

Your baby may or may not have commenced his/her immunisation programme whilst in the NNU. Babies normally have their first immunisations at 8 weeks of age, but this can be delayed if your baby has been ill or preterm.

Nursing staff will give you the relevant information. There is a booklet for parents on immunisations which you will be given if your baby requires this. Before any baby is immunised medical staff will discuss it with parents and obtain written consent.

**What Should I Know About Feeding?**

Some small babies require to be fed 3 or 4 hourly at discharge. Your baby will not be discharged until he/she is feeding well and gaining weight. This process cannot be rushed, some times small babies progress quickly with their feeds, then tire and require tube feeds again. This is not a setback, but a natural progression. By the time your baby is ready for home, it will be more natural for him/her to feed on demand, unless given specific advice on feeding times. You will be advised on how to prepare bottle feeds. Sterilising feeding equipment is discussed on pages 11 and 12 of this booklet.
One problem that concerns new parents is whether or not their baby is getting enough food. Your baby’s pattern of sleeping and wakening will change as your baby grows and matures. If your baby is settled and content between feeds, and has wet and dirty nappies then he/she is probably getting enough food.

Another concern for parents is when to start to wean their baby. It is normally about six months, but there is no need to rush the weaning process. Most babies are satisfied with milk feeding alone up to six months of age. Your Health Visitor will advise you on when to wean your baby.

**Medications**

Infants discharged from the NNU are often on prescribed medicines. Premature infants will need extra vitamin and some may need extra iron supplementation continued until they are on at least mixed feeding. Occasionally other medicines may be required. These will be explained to you prior to discharge. Most of these medications are available in liquid formula. Often very small volumes are required for babies and you will shown how to measure and give your baby his/her medicine during your stay in the NNU.
How Can I Make Sure My Baby Doesn’t Get Too Hot or Cold?

Babies can overheat because of too much bedding or clothing, or because the room is too hot. He/she can also overheat in the car or when in the shops. If your baby feels hot or is sweating, remove some of his/her clothes or bedding. In hot weather your baby will need less clothing but will be required to be protected from the sun. A sun hat and sunscreen will be needed. Babies can lose heat very quickly, especially when undressed. They are unable to control their temperature the way adults do. They cannot shiver or move about to keep warm. When taking your baby out make sure he/she is appropriately dressed for the weather. In the cold weather your baby will need a hat (babies lose most of their heat from the large surface of their head), vest, babygro, cardigan bootees and mitts. Dress him/her in a warm outdoor suit. It is important to remove outdoor clothing once he/she is back inside.

A rough guide to room temperature and dressing your baby at home is:

A room that is comfortable for you in short sleeves is warm enough for your baby - about 18°C

- Your baby should wear the equivalent of what you are wearing plus one extra layer
- Ensure your baby is kept away from draughts
- Do not place a cot beside radiator
- Prior to bathing baby ensure the room is warm and doors and windows are closed

Follow the advice given in the leaflet Reducing the risk of Cot Death
How and Where Should My Baby Sleep

Most babies spend a lot of time asleep, about 15-20 hours each day. When putting your baby down to sleep make sure he is on his back, with his feet at the bottom of the cot, tuck the blankets in securely at the side of the cot, with the top of the covers no higher than his shoulders.

This will stop him/her wriggling under the covers causing him/her to overheat.

Your baby should sleep in your room for the first six months. The temperature of your room should be comfortably warm, not too hot. Both parents should refrain from smoking. It is better to keep your baby in a smoke free environment at all times.

Most babies do not sleep through the night until at least 3-5 months after their expected date of delivery, and preterm babies may require night time feeds for longer.

*Follow the advice given in the leaflet Reducing the risk of Cot Death*

Safety Do’s and Don’ts

- Do test the bath water before putting the baby in.
- Do always use a car seat, which is properly fitted and secured.
- Do always use a harness in a pram, pushchair or highchair.
- Do check all toys comply with “British Safety Standards” and that they don’t have loose parts that can get into the baby’s mouth, or sharp points that will hurt your baby.
- Do NOT use a pillow when he/she is sleeping in the cot or pram.
- Do NOT leave your baby alone with a propped up bottle as he/she could choke.
- Do NOT leave your baby in a chair on a high surface as it could move and fall.
- Do NOT attach teething rings or dummies on a long ribbon to clothes as this could be come wrapped around your baby’s neck.
- Do NOT use mitts and bootees with holes as little fingers and toes can get caught and trapped.
What to Do If You Think Your Baby is Ill

The important thing is being used to your own baby and what is normal for him/her. You therefore are able to recognise when things change.

It is helpful if both your GP and Health Visitor see your baby soon after discharge so they also get to know your baby.

Many baby's born prematurely breath faster than normal, with an indrawing of muscles and chest wall and ribs. If there have been no previous breathing difficulties, doctor's use this as an indication of illness.

Important signs of illness where you need to seek urgent medical attention are:

- Stops breathing or goes blue.
- Is not easily roused, not waking for feeds.
- Seems vacant, unaware of what is happening about them.
- Has a fit.
- Shows any signs of bleeding.

OTHER SYMPTOMS ARE OF CONCERN IF THEY PERSIST:

- High Temperature or rash.
- Vomiting or persistent failure to complete feeds.
- Unusually irritable and unsettled.
- If breathing pattern changes or there is a severe cough.

CONTACT YOUR GP or NHS 24 08454 24 24 24

or

DIAL 999 FOR AMBULANCE SERVICE
NHS Forth Valley Pledges

- To try to give you the best possible care and treatment. We value comments, good or bad, to help us improve the service. If you are not happy about anything, please let us know.
- To treat patients with dignity and respect.
- That all staff have the right to be treated with dignity and respect and to work in a safe and non-hostile environment.
- That physical or verbal abuse or disruptive behaviour - in any form - will not be tolerated.
- That any such incident will be treated seriously.
- That support will be given to staff who wish to pursue legal action where it is appropriate.
Patient Appointments/Cancellations

If you have an enquiry about an appointment or need to cancel it, please call 01324 566248.

If you can’t go let us know!
Every month around 2,000 people across Forth Valley fail to turn up for hospital appointments. This costs the NHS millions of pounds each year and increases waiting times. So if you are unable to attend or no longer require your hospital appointment please let us know so we can offer it to someone else.

We are happy to consider requests for this publication in other languages or formats such as large print. Please call 01324 590886 (24hrs), fax 01324 590867 or email disability.department@nhs.net

For all the latest health news visit www.nhsforthvalley.com
follow us on twitter @NHSForthValley
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SMOKING IS NOT PERMITTED ON NHS FORTH VALLEY PREMISES
This includes corridors, doorways, car parks and any of our grounds. If you do smoke on NHS premises you may be liable to prosecution and a fine.