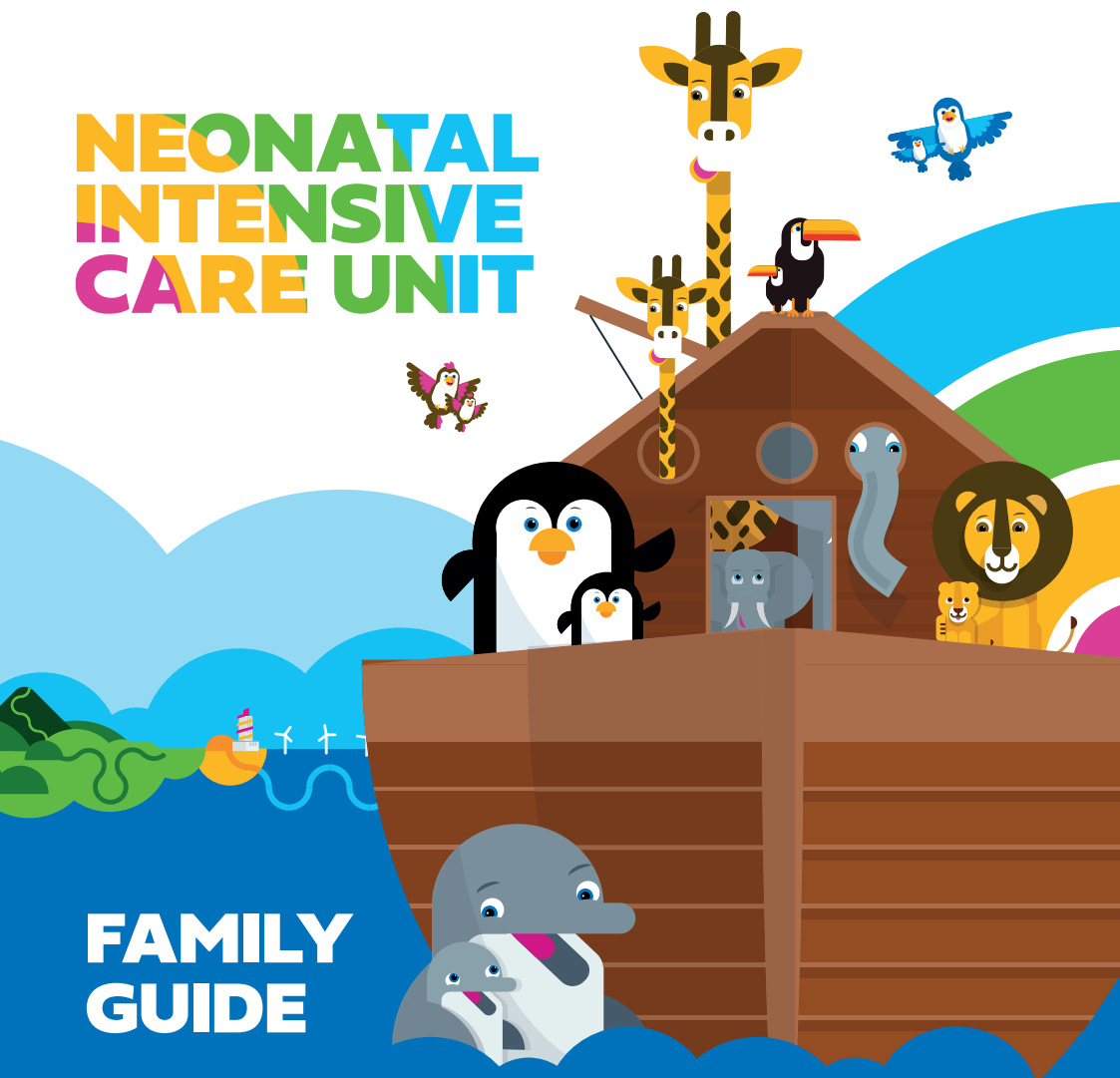


# NEONATAL INTENSIVE CARE UNIT



## FAMILY GUIDE

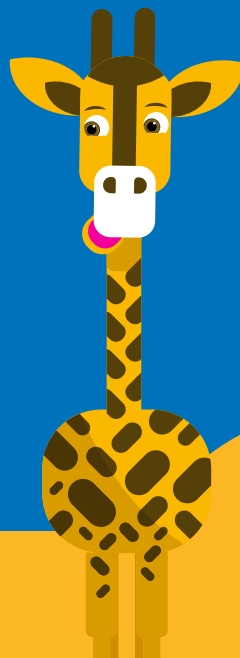


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Chaplaincy team, Bliss, Charities, Research, Zero tolerance, Comments, compliments, concerns & complaints, Patient experience





SUPPORT

PARTNERSHIP

# WELCOME TO THE NEONATAL INTENSIVE CARE UNIT

Telephone: 01642 854871,  
01642 854872 or 01642 854873



CARING

COMFORTABLE

INVOLVED



COMMUNICATION



CONFIDENT



FAMILY



3

# INTRODUCTION

## CONGRATULATIONS ON THE BIRTH OF YOUR BABY

**The birth of a baby is usually a time of great joy but if your baby is born premature, small or sick this raises many questions and anxieties. Our Team is committed to Family Integrated Care and is experienced in supporting families in your situation.**

We would like you to be the primary care givers for your baby and be with your baby as much as possible, caring for them with support and guidance from the Neonatal Team. As a family you have special qualities that no doctor or nurse can match, which your baby recognises and finds calming.

We would also like you to be part of the discussions on your baby's progress and the planning of your baby's needs, so we hope you can be present and participate in ward rounds.

You may feel nervous at first, this is perfectly normal. The nurse caring for your family will begin with you observing until you feel you want to help, or feel confident enough to carry out this on your own. Evidence shows that babies looked after this way have fewer complications and infections, are more likely to breastfeed, gain weight more quickly and go home sooner. We aim to ensure that when you leave us you are confident and skilled in looking after your baby at home.

If you have other children, we have a booklet available 'My New Baby', which uses pictures to help you explain to them what to expect when you bring them to visit. You can also get them to fill in the 'How I am feeling today' page and have a discussion with them about what they are feeling.

We are happy for you to phone anytime day or night to ask about your baby, however, information can only be given to parents. If there is anything you do not understand or you want to know, please ask a member of our Team.

## Northern Neonatal Network



We are part of the Northern Neonatal Network which stretches from the borders of Cumbria and Northumberland down past the Tees Valley into North Yorkshire. There are 10 units within the Network, 3 designated as level 3 Neonatal Intensive Care and 7 designated as level 1 Special Care units. James Cook University Hospital is a level 3 Neonatal Intensive Care Unit.

If you are from out of our area, as part of their journey and as soon as your baby is ready you will be transferred to your closest unit. We understand that this is a particularly stressful time and every effort will be made to ensure that someone from our team explains to you what is happening. This may sometimes occur at what may be perceived as short notice, but will ensure that any follow up appointments needed are given locally.

You may wish to download the Northern Neonatal Network app which provides useful information on all the hospitals within the Network including directions and contact details. Just search NorNet on the App Store for IOS or Google Play for Android.

**For more information  
please visit:**

**<http://onelink.to/ursa8g>**



# OUR TEAM

Our specialist team consists of consultant neonatologists, registrars, senior house officers, advanced neonatal nurse practitioners, nurse manager, community sisters, bereavement counsellor, specialist trainees, research nurses, neonatal nurses, assistant nurse practitioners, health care assistants, auxiliaries, ward clerks and domestics.

You may also see medical students, student nurses and midwives who are on placements as part of their training. Other services can be accessed if required. These include physio, dieticians, speech and language and pharmacy.



# COMMUNITY TEAM

Our Community Team can offer support at home to a range of premature and newborn infants and their families. This is a 7 day service. Babies receiving this service may also have open access to the Children's Assessment Unit, this ensures that families have support out of hours if their baby becomes unwell. This service may be offered to you nearer the time of discharge.

# OUR UNIT

NICU has three main areas of care: intensive care, high dependency and special care. Babies are moved between these rooms, as they require different levels of care. We will always try to inform you before you visit, of any move so as not to alarm you, but sometimes circumstances prevent this. When your baby moves out of intensive care we ask that you provide them with nappies and baby wipes, the nurse caring for your baby will help you choose the correct size.



## Intensive care

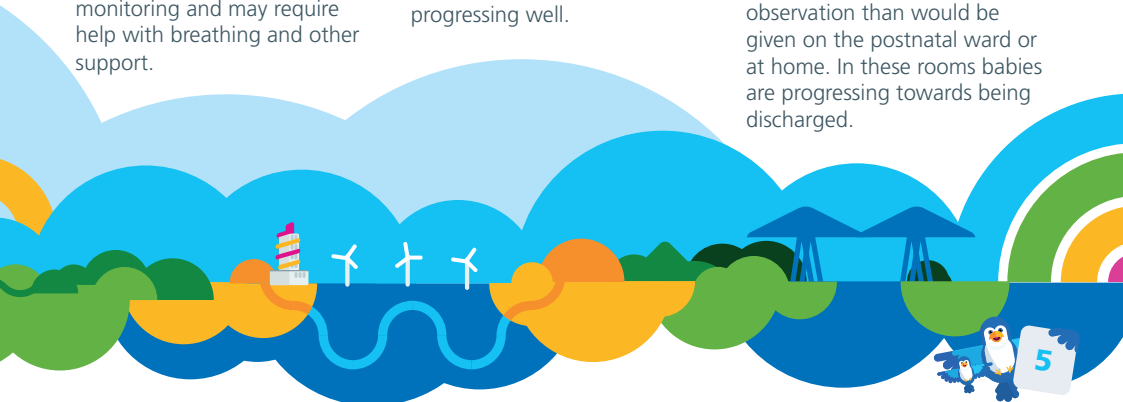
Babies on admission, as well as babies who are very poorly are cared for in intensive care. They require close observation and monitoring and may require help with breathing and other support.

## High dependency

Babies in high dependency may be attached to fewer monitors although still require help and support even though they are progressing well.

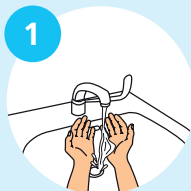
## Special care

Babies are moved into special care when they are progressing well. In these rooms they still need more care and observation than would be given on the postnatal ward or at home. In these rooms babies are progressing towards being discharged.

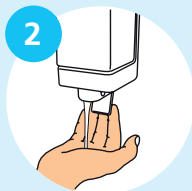


# HAND CLEANING TECHNIQUE

## How to wash your hands with soap and water



Wet hands with water



Apply enough soap to cover all hand surfaces



Rub hands palm to palm



Rub back of each hand with palm of other hand with fingers interlaced



Rub palm to palm with fingers interlaced



Rub with back of fingers to opposing palms with fingers interlocked



Rub each thumb clasped in opposite hand using a rotational movement



Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand



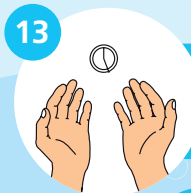
Rinse hands with water



Use elbow to turn off tap



Dry thoroughly with a single-use towel

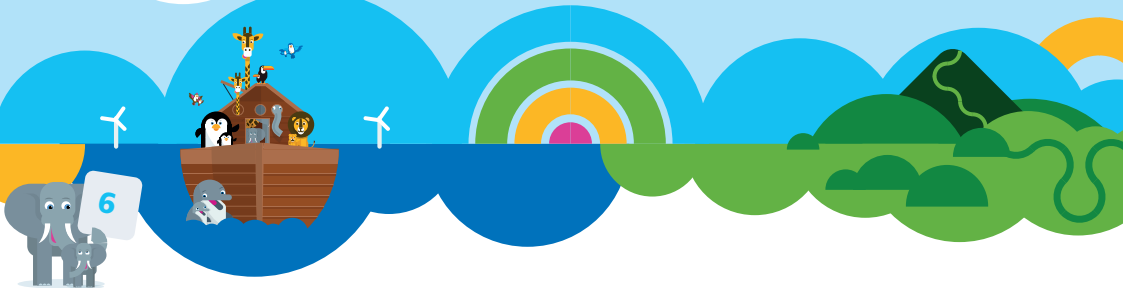


The process should take 15-30 seconds

Crown copyright 2007  
283373 1p 1k Sep07

Adapted from World Health  
Organization Guidelines on  
Hand Hygiene in Health Care

**NHS**  
**National Patient  
Safety Agency**



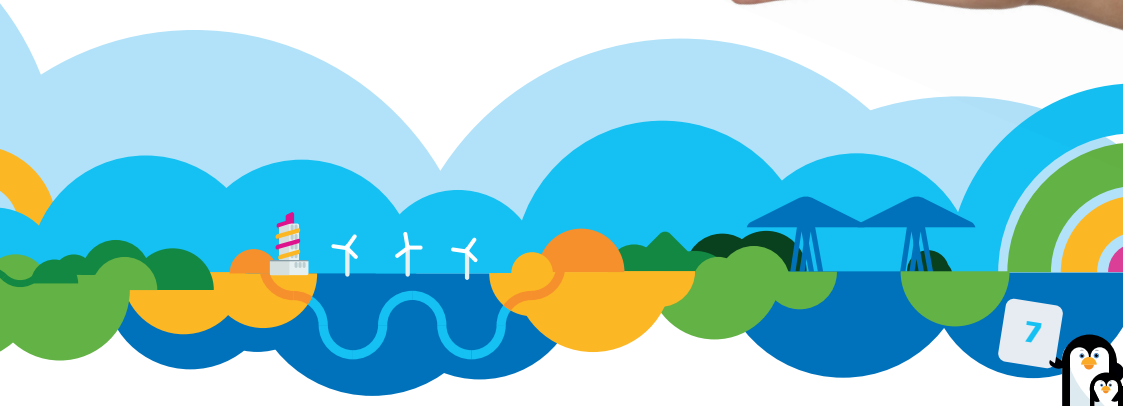
# YOUR PREMATURE BABY IS EXTREMELY VULNERABLE TO INFECTION

## Every time you enter NICU remember to:

- Remove all rings (wedding rings an exception) watches and bracelets.
- Alcohol gel is available; please use three squirts before and after visiting.
- When entering rooms roll up sleeves to be bare below the elbows, wash hands with soap and water and then dry thoroughly with a paper towel.
- Use the foot pedal to lift the rubbish bin lid to dispose of paper towel.
- Alcohol gel is available at the sink; please apply three squirts before approaching your baby.
- Please ensure you wash and gel your hands when leaving the room.



**It is the role of staff to protect your baby from the dangers of infection. If you forget to wash your hands when entering the room, staff will remind you.**



# ACCESS AND VISITING

As a safety precaution and so we are aware of who is visiting at all times, doors to NICU are locked. To gain access, please use the doorbell and a member of our team will ask you to identify yourself before releasing the door. Do not allow other people to enter without getting permission; this is for the safety of the babies.

We have an open access policy but for security, visitors must be accompanied by one of the parents. Over crowding increases the risk of cross infection therefore only two adults are allowed per cot space, one of which must be a parent. Children under the age of 16 are not allowed to visit unless they are a sibling and must be supervised at all times. Grandparents can visit alone, but are not allowed to bring any visitors.

We have a waiting room so please don't stand in the corridor, as this may create an obstruction in an emergency.



**To create a clean and safe environment for all babies, we ask that all parents and visitors:**

- Avoid smoking cigarettes or have the residue of second-hand smoke on clothing and hair before visiting
- Change out of 'working clothes'
- Remove out-door coats and hats
- Bags should not be brought into the rooms
- Do not leave valuables unattended, lockers are available which require a £1 coin which is refunded. The trust cannot be held responsible for losses.
- No children under the age of 16 are allowed on the unit unless they have a baby brother or sister who is a patient. Children at school are in constant contact with other children who may have infections and there is a real risk of infections being passed onto your vulnerable baby.
- If you have cold/flu symptoms, cold sores, diarrhoea, vomiting, generally feel unwell, or if you or a family member develops chickenpox, measles or shingles we would ask that you ring for advice before visiting as these can be harmful to babies.





# FAMILY FACILITIES

There is a sitting room and kitchen with fridge, microwave, kettle and television for use by parents and siblings only, so you can take time to relax and eat whilst visiting.

We have a waiting room which provides a space for visitors with a television and drinks facilities. There are interactive pictures on the walls and story books to entertain siblings. Please supervise children in this room at all times.

Portable DVD players, with a selection of discs and headphones are available for siblings to use whilst you care for your baby. These were donated by previous families. Please supervise your children whilst using this equipment.

We have limited flats available for parents to stay overnight. Priority is therefore given to parents whose baby is in intensive care or who are from out of area. Accommodation is also available within the hospital grounds.

Please be aware that availability of these rooms is limited and you may be asked to leave at short notice.



## Guidelines, which we expect you to adhere to, if you stay in these facilities:

To satisfy fire regulations we must always know if parents are in the flats. Therefore, if you leave the hospital, even to go to the coffee shop please let us know, always hand in the key.

Please ask your visitors to remain on the unit; the flats are for parents only.

Please be quiet and be courteous to other parents using this facility.

Please keep the flats clean and tidy, especially communal areas. If you have any problems please speak to a member of our team who will attempt to rectify any problems.

In an emergency, pull the cord situated in the bathroom, which will alert our team, who will come to assist you.

If you suspect a fire, raise the alarm by smashing the 'break glass' panel, situated on the wall just inside the main flat entrance to the left hand side. If you hear a continuous fire alarm you should evacuate immediately and make your way back to our unit.



## Mobile phones

Please can mobile phones be on silent at all times. Any calls should be taken either in the visitors room or outside the main entrance doors.

## Car parking

There is a charge for on-site parking although permits are available at a reduced rate. You will find a form in your admission bag to purchase a permit, if required.

## vCreate / baby diaries

We offer vCreate which is a free secure video messaging service which allows staff to record and send pictures/video updates to parents. These can then be accessed on your mobile phone, which minimises any separation anxiety. Please provide your email address to use this service as soon as possible to the nurse caring for your baby.

Your baby will also receive a baby diary. This is for you to record your thoughts and feelings during your stay and also record your baby's milestones. If you wish you can also ask family and friends to write in the diary when they visit.

## GP & birth registration

To enable your baby to be discharged from the NICU, they must be registered with a GP. Please ensure you register them as soon as possible.

**You have a legal responsibility to register your baby's birth within six weeks.**

A birth must be registered in the registration district in which it took place, therefore if your baby was born at The James Cook University Hospital, the birth must be registered, by appointment, at Middlesbrough Register Office, Town Hall, Middlesbrough, TS12PA.

**Telephone number - 01642 729004**

Alternatively you can book your appointment online at: <https://middlesbrough.sishost.co.uk/Agenda/OnlineBookings/Signup.aspx>

If it's not convenient for you to attend Middlesbrough Register Office, you can register the birth by 'DECLARATION' at any other register office in England or Wales. The Registrar there will record the relevant information and act as an intermediary, passing the details to the Registrar in Middlesbrough by post. In these cases, any birth certificates you need will be sent to you by post.

## Confidentiality

Nursing handovers and ward rounds take place twice a day. We want you to be part of the planning of your baby's care so hope you can be present and participate in ward rounds. Anything you may hear is confidential and should not be repeated. We use an electronic system to hold information about all babies who require admission to the neonatal unit. This is needed to maintain an accurate record of your baby's health needs and treatments received. Information is collected on a day to day basis by staff directly involved in your baby's care and is held in line with the Data Protection Act (1998). Please talk to a member of staff if you would like more information or have any questions.



## Financial support

A family fund is available to help with the financial burden of having a premature baby. There is a strict criteria families must meet to be eligible. If you would like to be considered, please speak to a member of staff.

You can also visit: [www.neoangels.org.uk](http://www.neoangels.org.uk) and complete the online grant application or visit [www.bliss.org.uk](http://www.bliss.org.uk) who also offers advice on financial help for families.

## Consent

You may be asked to give verbal or written consent for any procedures, investigations or treatment your baby requires. Consent must be obtained from the person with legal 'parental responsibility'. Everything will be explained to you to ensure that you fully understand what you are consenting to.

## Accessing your baby's medical notes

If you wish to read your baby's notes then an appointment can be made so that medical staff can be readily available to explain any medical terms that you may not understand.

## Fire policy

In the event of a fire, an alarm will sound, if this is continuous it means it is in our area whereas an intermittent alarm means it is in an adjacent area, please remain where you are and our team will inform you of what to do. If you are in the Neonatal flats please make your way back onto the Neonatal Unit, if safe. Fire alarms are tested around mid-day on a Tuesday morning.

## Refreshment / catering facilities

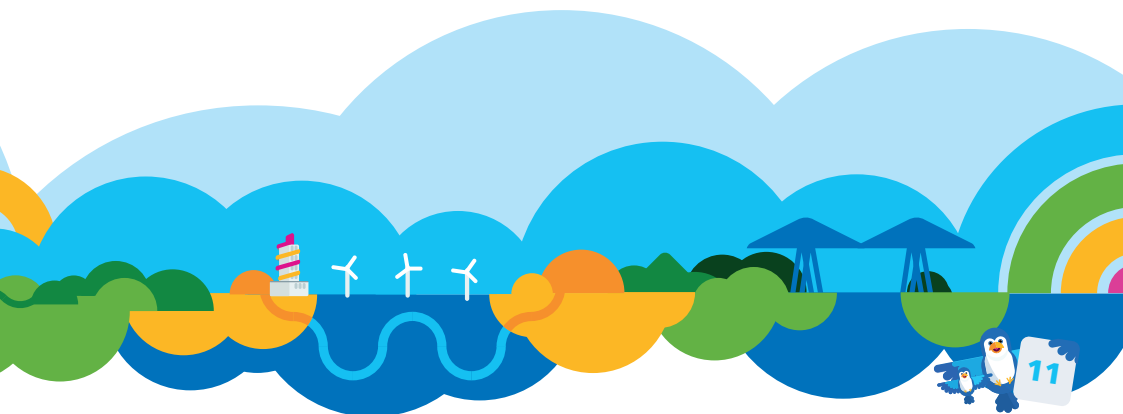
We urge parents to take regular breaks, to eat well and drink plenty of fluids. There are WRVS cafes throughout the hospital, a main staff/visitors restaurant, Costa Coffee, M&S Simply Food and WHSmith. Located within walking distance of the hospital are Tesco Express and Aldi. You will find Middlesbrough town centre approximately ten minutes by car and Teesside Retail Park approximately 15 minutes.

## Smoking

The hospital building, including family facilities, car parks and grounds are all designated "No Smoking/No Vaping" areas.

## Cashpoint machines

Available at WHSmith and north entrance. Cashback is available from M&S Simply Food, although a minimum spend is required.



# NASOGASTRIC (TUBE) FEEDING

It is usual for babies that have been born early or unwell to be unable to take milk feeds from breast or bottle, therefore they require nasogastric feeds (tube feeding). You will be encouraged to participate in tube feeding your baby. Remember it doesn't matter how long it takes for you to learn these skills, we are here to help and support you, as we want you to be confident before you tube feed independently.

## Hygiene & Preparation of Equipment

Before starting tube feeding, you must wash and gel your hands. You will require a clean / tidy flat surface to place your equipment on. Gather together all the necessary equipment i.e. Baby's feed, 10ml syringe & pH testing strips.

## Check tube for displacement & pH testing

Check that the feeding tube is still fixed in a secure position and that the feeding tube is not looped out of the nostril. It is very important that the pH is tested before **EVERY** feed.

To do this attach the 10ml syringe to the end of the feeding tube, draw back on the syringe to obtain a small amount of liquid, disconnect the syringe and replace cap. Drop the liquid onto the pH strip covering all three squares, you should see the squares change colour. Check the colours against the tube of pH strips, the pH should be 5.5 or lower. If you cannot obtain any liquid or the pH is more than 5.5, DO NOT FEED, ask for help.

## Giving tube feeds

You will be shown how to tube feed your baby by nursing staff. The feed works by gravity so will flow naturally when the syringe is lifted above the baby. The amount your baby requires will be calculated and adjusted by nursing staff as required. Please ask nursing staff if you need any support or guidance.

## Safety issues when tube feeding

If your baby starts to cough, gag, vomit or has any colour changes during tube feeding lower or put a kink in the feeding tube to stop the milk flowing. Ask nursing staff for help and advice.



# UNICEF BABY FRIENDLY

**On the neonatal unit we are committed to ensure UNICEF's Baby Friendly standards are achieved to ensure excellent care provision for you and your baby. This enables us to support you and your baby with feeding and building close and loving relationships.**

We support all parents, however they choose to feed their baby. We believe you and your baby should have a positive and rewarding experience whether you breastfeed or not.

For premature babies, breast milk is especially important and is a precious gift that only you as a mother can give your baby. Breast milk is easier for your baby to digest and contains antibodies to help protect your baby from infection and help brain development.

The unit has a separate room for breastfeeding with comfortable chairs, breast pumps and sterilising equipment. The nurse caring for your baby will provide you with the equipment needed and support you to use these facilities. We can also loan you a breast pump to use at home. This pump must be returned to us before your baby is discharged home. You can exclusively breastfeed your baby when they are ready, or give your breast milk by bottle. If you have chosen to bottle feed your baby formula milk, we will teach you the correct way to make these feeds.

**All staff are experienced and trained to support your feeding journey.**



We have provided some QR codes to support you on your journey:

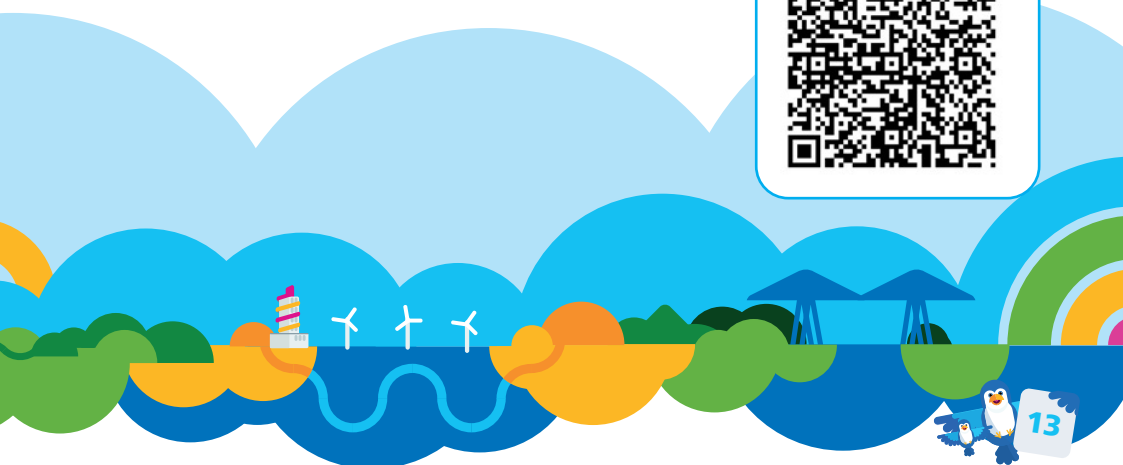
**UNICEF's  
Skin to Skin  
Guide:**



**UNICEF's  
Hand Expression  
Guide:**



**UNICEF's  
Positioning and  
Attachment:**



# NEW BORN BLOOD SPOT SCREENING FOR YOUR BABY

**Every baby is offered new born blood spot screening, also known as the heel prick test, ideally on day 6 on the Neonatal Unit. Consent will be obtained from you to carry out this test.**

Premature or unwell babies, will have a blood spot sample taken on admission. This sample will be used to screen for sickle cell disease in case the baby has a blood transfusion. These babies will then have the usual blood spot sample taken on day 6. If your baby is born before 32 weeks, an additional test is needed for congenital hypothyroidism on day 29 or when they are discharged from hospital, whichever is sooner.

New born blood spot screening involves taking a blood sample to find out if your baby has 1 of 9 rare, but serious health conditions. If you, your partner or a family member already has one of these conditions (or a family history of it), tell your health professional straight away.

- Sickle cell disease
- Cystic fibrosis
- Congenital hypothyroidism
- Phenylketonuria (PKU)
- Medium-chain acyl-CoA dehydrogenase deficiency (MCADD)
- Maple syrup urine disease
- Isovaleric acidaemia
- Glutaric aciduria type 1
- Homocystinuria (pyridoxine unresponsive)

Most babies won't have any of these conditions but, for the few who do, the benefits of screening are enormous. Early treatment can improve their health, and prevent severe disability or even death.

## What does the blood spot test involve?

When your baby is day 6 on the Neonatal Unit, a nurse will prick their heel and collect 4 drops of blood on a special card. You can ease any distress for your baby by cuddling and feeding them, and making sure they're warm and comfortable. The test doesn't carry any known risks for your baby.

## When will we get the results?

You should receive the results either by letter or from a health professional by the time your baby is 6 to 8 weeks old.

**Please scan the code for further information**



# SUPPORTING YOUR MENTAL HEALTH

Staff are here to support you but you can speak to our Counsellor, who can offer confidential support, if you prefer.

## Confidential Support

Hello, I am Sharon Wilson and I am a qualified and experienced Counsellor. If you find you are having one of those days, feeling low, overwhelmed or that you just need a listening ear, then you can talk to me in confidence.

**Please do not hesitate to contact me on 01642 854875. I am here for you.**



## Local charities BLISS & Leo's Neonatal also offer support with mental health.

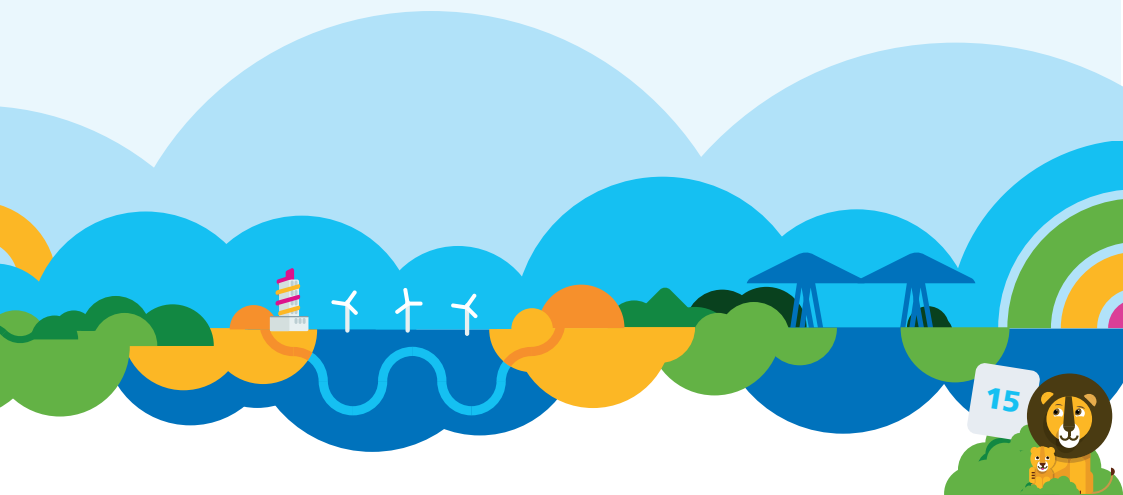
Use the QR codes to download or read this information online.  
The BLISS information can be converted to different languages.



**Information  
about parents'  
mental health | Bliss**  
[www.bliss.org.uk](http://www.bliss.org.uk)



**Looking after  
your mental health  
in the neonatal unit**  
[www.leosneonatal.org](http://www.leosneonatal.org)



# DEVELOPMENTAL CARE

## Light & Sound

As your baby was born too early or too sick they may not be ready for the environment in NICU. Noise and light can be overwhelming. A developing fetus needs a positive sensory environment for normal brain development, an environment which limits light and noise exposure, provides a supported flexed posture, containment and protects sleep. Babies who experience good quality sleep are more stable and grow more quickly.

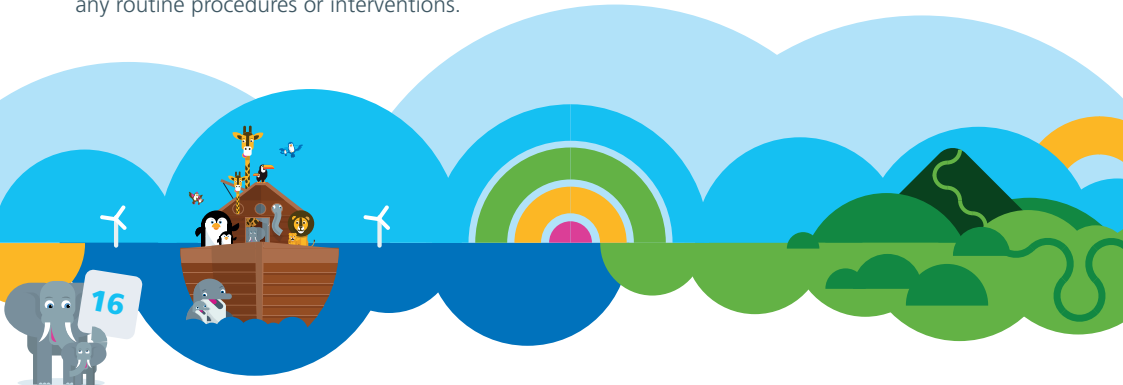
Intense light should therefore be avoided, it is not enough just to dim the lights. This applies to all premature babies but especially to babies born before 32 weeks' gestation, as their pupillary light reflex has not yet developed. A supportive light environment reduces the level of cortisol, extends sleep duration, stimulates the release of growth hormones and encourages the early development of a sleep/wake cycle. By using Incubator covers, closing port hole doors quietly, not placing items on top of the incubator and speaking softly, we can protect your baby from the bright lights of NICU and also muffle out some of the unwanted noises. By protecting your babies sleep patterns in this way, we are protecting/promoting your babies brain development.

Each day we aim to give all babies a period of complete uninterrupted rest during which time, wherever possible, we will avoid undertaking any routine procedures or interventions.

## Positive touch

Positive touch is a way to experience loving touch when your baby is not ready to be held. Your baby will enjoy cradling with still, resting hands, more than stroking.

Developmental care practices can be used to support more positive experiences for your baby. Nursing staff will show you how to do this.





## Kangaroo Care / Skin-to-Skin

This is a special way of holding your baby. The nursing and medical team aim to facilitate this as soon as possible.



### How to do it?

Remember; you should not wear perfume, smoke cigarettes or have the residue of second-hand smoke on your clothing or in your hair, before kangaroo care. Kangaroo care should last for a minimum of 1 hour.

### Kangaroo care can help your baby:

- Keep their heart rate, breathing and temperature stable
- Sleep better
- Stay warm
- Gain weight
- Brain Development
- Feel secure

### Kangaroo care can help you:

- Increase your milk production
- Feel a special closeness with your baby
- Feel more confident about caring for your baby

We do not have the rooms to provide private time with your baby, however we can use screens to facilitate this. If you would like to use these, please ask the nurse caring for you.

## Reading, singing or reciting nursery rhymes

to your baby as soon as they are born can help with brain development and will also encourage language skills from an early love of books. Your baby is used to hearing the vibrations of your voices in utero.



## Wrapped Bathing

Your baby's first bath is very special and exciting, yet often a scary event.

Bathing offers you valuable time to observe your baby's behaviour, so the way you bath can be adapted to their developing needs. Wrapped bathing is very relaxing and soothing for your baby, especially when they don't like being undressed. Wrapping your baby in a muslin whilst immersed in the water and pacing your washing according to your baby's reactions, will ensure they have enough energy to feed afterwards, as they will feel safe and calm.



## Weigh Day

Weighing your baby is a very special time. Babies are weighed routinely on a Tuesday and Saturday. Please let the nursing staff know what time you wish to weigh your baby.



# BABY CUES

Even sick or premature babies can communicate their needs, so take time to watch your baby and learn to recognise what they like and dislike. You will soon learn to respond to your baby's behaviour, enabling you to develop a loving bond with them.

**This traffic light system will help you to understand when your baby wants your attention and when they need a rest.**



## Red for Stop

Signs that your baby is letting you know they are distressed and need a break...

- Tachypnoea (Fast breathing)
- Apnoea (Stop breathing)
- Colour change
- Hands on face, ears or eyes
- Raised hand in "stop" position
- Crying, Whining or fussing
- Arching their back
- Sneezing or coughing
- Vomiting
- Hiccupping

## Amber for caution

Signs that your baby is likely to need a change from what is happening...

- Looking away
- Turning head away
- Putting hands up to face
- A dull looking face or eyes
- Yawning

## Green for Go!!

Signs that your baby wants to interact...

- Stable heart & respiratory rate
- Good temperature control
- Sucking or hand/fist to suck
- Look at you
- Alert but relaxed facial expression

# AT A GLANCE FEEDING CUES

## Early cues These mean, "I'm hungry" ...



Stirring



Mouth opening



Turning head,  
seeking / rooting

## Mid cues These mean, "I'm really hungry" ...



Hand to mouth



Increasing physical  
movement



Stretching

## Late cues These mean, "I'm really upset!"



Crying



Agitated body  
movements



Colour turning red

## Time to calm crying baby ...

Cuddling, skin-to-skin on chest, talking



# DIFFERENT BABY 'STATES'

During the course of each day your baby moves through different levels of sleepiness and wakefulness which are called 'STATES'. Learning how to read your baby's states will help you know how to best respond at different times.



## Deep sleep

**Your baby is in a deep sleep when:**

- Breathing is steady and regular
- Eyes are closed
- Baby is still (although sometimes startles, jerk or show sucking movements)
- Hard to rouse

Babies brains develop and they do their growing during deep sleep.



## Light sleep

**Your baby is in a light sleep when:**

- Eyes are closed or fluttering
- Rapid eye movement under the lids
- Some body or face movements
- Sucking or smiling movements or brief fussy or crying sounds
- Easy to rouse

**Traffic Light System says:**  
**AMBER**



## Drowsy / dozing

**Your baby is in this sleepy state of wakefulness when:**

- Eyes are open but glazed, heavy lidded or closed with fluttering eyelids
- Shows occasional mild startles
- Body movements are generally smooth

This is a pre-waking state. Baby may fall back to sleep again from this state so wait a little while before fully waking. Offering something to touch or suck may help you to see if baby is waking or settling back to sleep.

**Traffic Light System says:**  
**AMBER**

**Traffic Light System says:**  
**RED**





## Quiet alert

**Your baby is ready for action in this state when:**

- Wide eyed, with a bright face
- Able to focus on and be interested in a face, voice or moving object
- Shows little body movement

This is the time when your baby is ready to play or feed. Take your time and be prepared to allow them time to rest and look away from whatever you are doing with them.



**Traffic Light System says:**  
**GREEN**



## Active alert

**You will know your baby is in this state when:**

- Show lots of activity often thrashing movements of arms and legs
- May fuss
- May be more sensitive than other times to noise

Babies in this state need a change of pace. You need to slow down or change what you are doing.



**Traffic Light System says:**  
**AMBER**



## Crying

**You will know your baby is in this state when:**

- Show lots of body activity
- Grimaces and cries intensely
- Difficult to get through to them



**Traffic Light System says:**  
**RED**

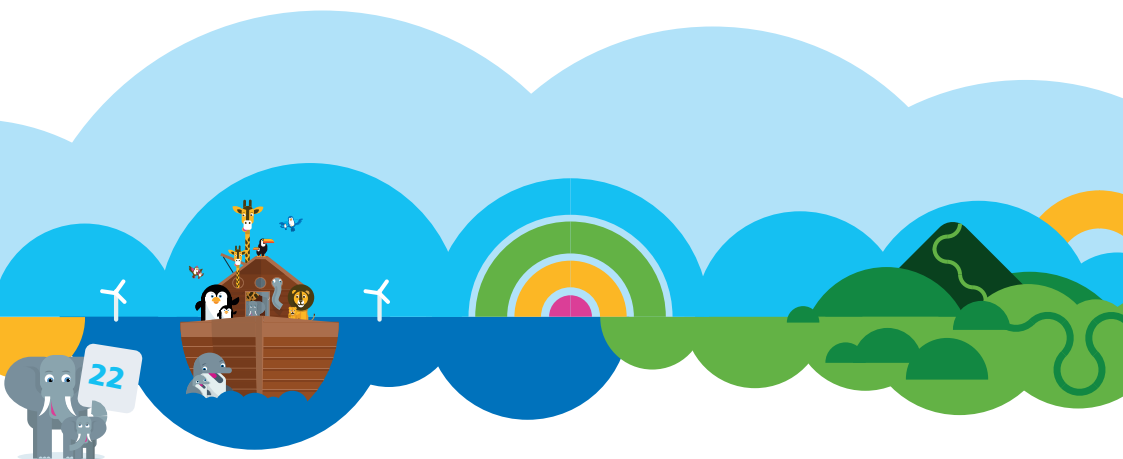


# ARE YOU PREPARED FOR DISCHARGE

We have a discharge board which displays information on when your baby might be ready for discharge. Preparation for discharge starts on admission and staff will support you to care for your baby.

As your baby was born premature you will have missed out on antenatal classes. We have put together short videos for you to watch on Temperature control, Safer sleep, Prepare a bottle feed, Bathing, Newborn Resuscitation and ICON. You will also receive a 'Family Guide' which contains lots of health promotion information which we hope you will find useful.

Once discharged we will ensure you receive support in the community. This maybe from a midwife, health visitor or our Community Team. You health visitor will be able to signpost you to any support groups available in your area.



# USEFUL RESOURCES

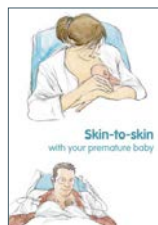
## About neonatal care

Use the QR code to download or read this information online. This leaflet can be converted to different languages.



## Skin-to-Skin with your premature baby

The aim of this booklet is to describe the benefits of skin-to-skin care and to guide parents through trying this with their baby.



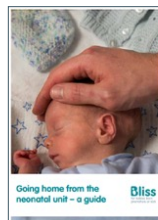
## UNICEF You and your baby

Use the QR code to download or read this information online.



## Going Home

Use the QR code to download or read this information online. This leaflet can be converted to different languages.



## Look at me - I'm talking to you

This booklet helps parents to look at and understand their baby's signals, cues and signs of discomfort. It explains the importance of eye contact, cuddles, and how parents can comfort their baby.



# SPEECH & LANGUAGE THERAPY IN THE NEONATAL UNIT

**During your stay on our unit you may come across Speech & Language Therapists. You may wonder why we have Speech & Language Therapists to work with our babies when they are far too small to talk?**

When babies learn to suck, feed and swallow they use the same muscles and nerves that they will eventually use for speech and talking. Some Speech & Language Therapists therefore specialise in working with babies and children to assess and develop feeding skills. They can help you to understand the skills your baby needs to learn to feed. They can show you how to support your premature baby's developing skills, so that you feel confident in feeding your baby and that both you and your baby can work together to make feeding an enjoyable bonding experience.

Speech & Language Therapists can also support you to understand how your baby is "talking" to you. Babies communicate with us through their behaviours and you as parents are the best people to take time to learn their "language". Reading pages 14, 15, 16 & 17 in this booklet will help you to understand what your baby is trying to communicate. The more time you can spend with your baby, the more you will learn to understand how your baby is talking to you all the time. Speech & Language Therapists can be available to talk with you, if you have any worries or questions. Speak to the nurse caring for you and your baby and they will arrange this for you.



## You might like to ask them about:

- Is there anything I can do to help my baby get ready for feeding?
- How can I encourage my baby to start sucking?
- What skills and coordination does my baby need for feeding?
- How will my baby tell me when they are ready for a feed?
- What is the best position to hold my baby when feeding?
- How can I support my baby's breathing when they are feeding?
- How can I understand my baby's feeding cues while I am feeding them?





# BOTTLES AND TEATS FOR PRETERM INFANTS

The philosophy of our unit is to always promote breast feeding, however when this is not possible bottle feeding is the alternative.

We aim to give generic advice on buying bottles and teats prior to your infant being discharged home. The market is saturated with various shaped bottles and teats advertising why the product will work best for your baby. However, if your baby has been born premature or required

admission to the neonatal unit, we need to ensure your baby can feed for at least 24-48 hours from its own bottle and teats, prior to discharge home.

When selecting a bottle to feed your baby, we advise a soft orthodontic, slow flowing teat.

**Please speak to your nurse for further support.**

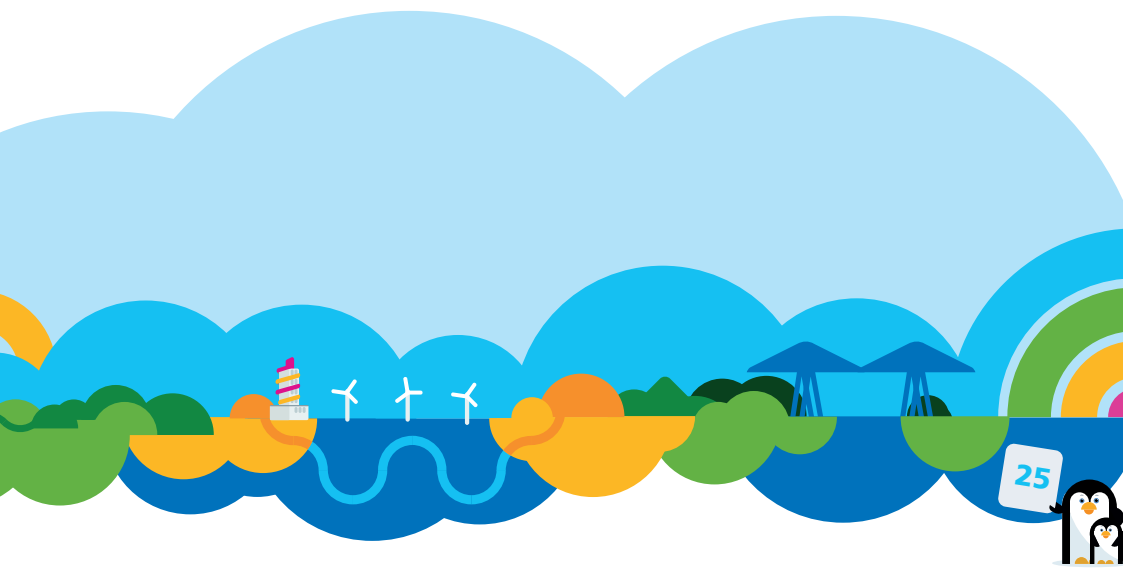
**All bottles and teats purchased and brought onto the Neonatal Unit MUST be latex free**

## NON-NUTRITIVE SUCKING

Babies of all ages find sucking soothing. Non-nutritive sucking is where babies suck without receiving any nutrition. Specialised dummies can be provided until your baby is above 2kg.

**The benefits of non-nutritive sucking are:**

- Supports normal sucking patterns which promotes early oral feeding
- Helps reduce 'oral aversion', where a baby dislikes having things in their mouth
- Encourages the association between sucking and having a full tummy, when offered with a tube feed
- Stimulates the stomach to help digest milk



# BREASTFEEDING IS GOOD NEWS FOR BABY AND YOU

- Breast milk is tailor-made for your baby and gives them all the nutrients they need in the first 6 months, and alongside other foods thereafter.
- Breast milk boosts your baby's ability to fight illness and infection.
- Breastfeeding lowers your risk of breast cancer and ovarian cancer, and burns about 500 calories a day.
- It is a great way to strengthen the bond between you and your baby.

## How to breastfeed



1 Hold your baby's whole body close with his nose level with your nipple.



2 Let your baby's head tip back a little so that his top lip can brush against your nipple. This should help your baby to make a wide open mouth.



3 When your baby's mouth opens wide, his chin is able to touch your breast first, with his head tipped back so that his tongue can reach as much breast as possible.



4 With his chin firmly touching your breast and his nose clear, his mouth is wide open. There will be much more of the darker skin visible above your baby's top lip than below his bottom lip. Your baby's cheeks will look full and rounded as they feed.



For information on how to express and store milk  
[www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/](http://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/)



## Signs that your baby is feeding well

- Your baby has a large mouthful of breast.
- Your baby's chin is firmly touching your breast.
- It doesn't hurt you when your baby feeds (although the first few sucks may feel strong).
- If you can see the dark skin around your nipple, you should see more dark skin above your baby's top lip than below your baby's bottom lip.
- Your baby's cheeks stay rounded during sucking.
- Your baby rhythmically takes long sucks and swallows (it is normal for your baby to pause from time to time).
- Your baby finishes the feed and comes off the breast on his or her own.

## How do I know my baby is getting enough milk?

- Your baby should be healthy and gaining weight after the first 2 weeks.
- In the first 48 hours, your baby is likely to have only 2 or 3 wet nappies. Wet nappies should then start to become more frequent, with at least 6 every 24 hours from day 5 onwards.
- At the beginning, your baby will pass a black tar-like stool (poo called meconium). By day 3, this should be changing to a lighter, runnier, greenish stool that is easier to clean up. From day 4 and for the first few weeks your baby should pass 2 or more yellow stools a day. Most babies pass lots of stools and this is a good sign. Remember, it's normal for breastfed babies to pass loose stools. Your baby should have at least six wet and two dirty nappies a day, and the amount of poo varies from baby to baby. If you are concerned your baby is not getting enough milk, speak to your midwife or health visitor.
- Your breasts and nipples should not be sore. If they are, do ask for help.
- Your baby will be content and satisfied after most feeds and will come off the breast on their own.
- If you are concerned about any of these points, speak to your midwife or health visitor

Day 1

Day 2-3

Day 4



**For more breastfeeding information  
please visit [www.unicef.org.uk](http://www.unicef.org.uk)**



# HOW WILL I KNOW IF MY BABY IS TOO HOT OR COLD?

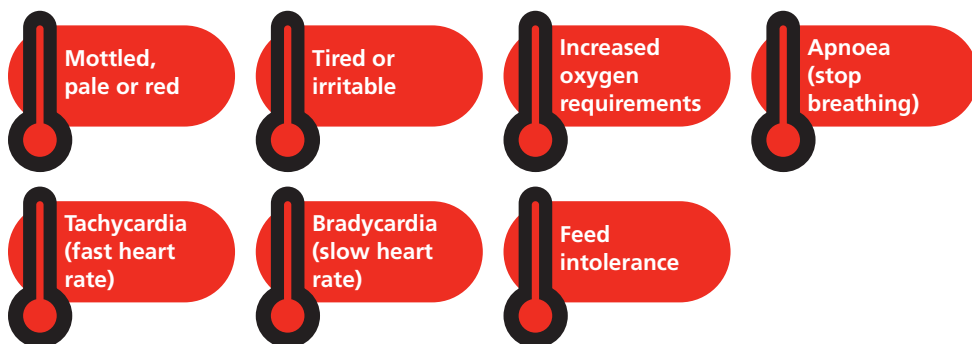
**Babies are unable to regulate their body temperature like adults can. Maintaining a stable body temperature in your baby is especially important when they are born prematurely or sick.**

A sick or unwell baby is prone to having an unstable temperature or may drop their temperature whilst a baby born prematurely or low birth weight has very little fat, which enables them to control the rate at which they lose heat, leaving them susceptible to becoming cold very quickly. By having skin to skin with your baby it will help you get used to feeling your baby's normal temperature. Your baby's normal central temperature range should be between 36.5 & 37.4.

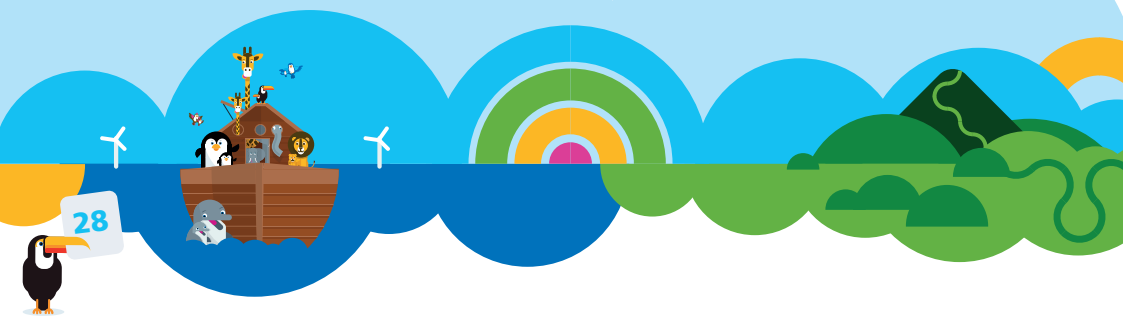
If the back of their neck (or their tummy) feels nicely warm then they are fine, if their skin feels damp they may be too hot. Do not worry if their hands or feet feel cool as this is quite normal and helps them to maintain a regular temperature. It is not recommended to put a hat or hood on your baby when they are in bed as this can cause them to overheat.

It is better for your baby to be cool rather than hot, overheating is known to be a factor in cot death.

## Signs alerting you to problems with temperature:



**Newborns can't regulate their temperature and are vulnerable to overheating  
Don't overdress your baby in bed**



# TOG guidance and ratings

A tog measurement is a European warmth rating and has nothing to do with weight; the higher the tog rating, the warmer the product.

Approximately 10 togs of clothing are recommended for 0-1 month old babies at a room temperature of 65-70F / 18-20C. The following data can be used as a guide to tog rating in baby clothing and bedding.

Swaddling can increase the tog rating by up to 4 times. Likewise, a blanket folded in half doubles the tog rating.



## Sleeping bags

are usually given a tog rating according to the warmth they provide. Commercial sleeping bags have the following tog ratings:



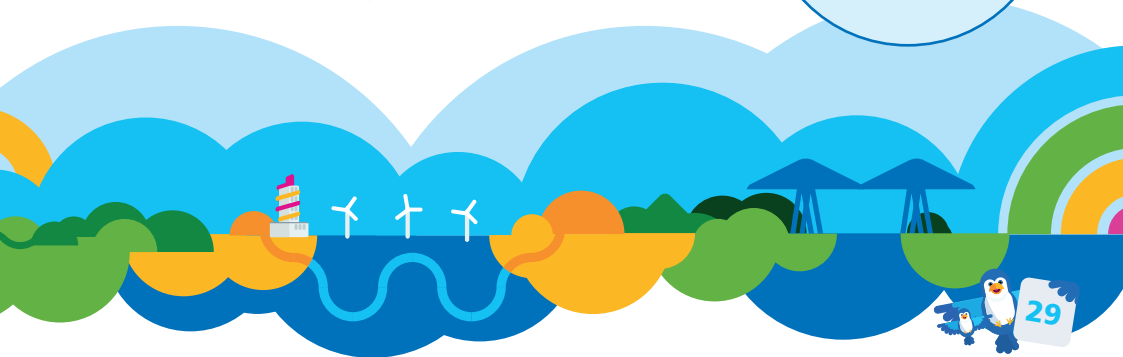
For use all year and for standard room temperatures of **61-68F / 16-20C**



For use in warmer weather and in warmer rooms of **68-75F / 20-24C**



For use in warmer weather and in warmer rooms of **75-80F / 24-27C**



# The ABCs of Safer Sleep



Scan the QR code  
for more information



**Always** sleep  
your baby...



...on their  
**back**...



...in a **clear** cot or  
sleep space.

(free of bumpers, toys, pillows and loose bedding)

## Safer sleep for baby, sounder sleep for you

Following the ABCs for every sleep day and night will help to protect your baby from Sudden Infant Death Syndrome (SIDS) giving you the peace of mind to enjoy this special time.



For support and advice on sleeping your baby safely The Lullaby Trust can help

Visit: [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)

Contact us on: 0808 802 6869

Email: [info@lullabytrust.org.uk](mailto:info@lullabytrust.org.uk)



# SIGNS YOUR BABY MAYBE UNWELL

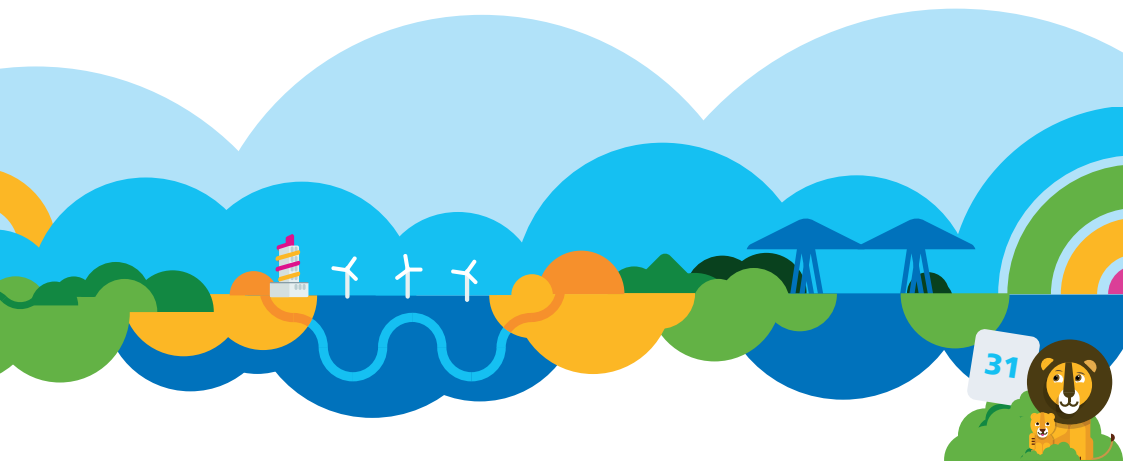
- A sudden change in your baby's behavior
- Feverish and irritable
- Cool and lethargic
- Has a high temperature or feels clammy
- Change in feeding pattern – usually becoming disinterested and reluctant to feed
- Vomiting - when this has not previously been a problem
- Change in stools – more frequent, loose, watery or more explosive than usual
- Less aware of you
- More floppy than usual breathing more rapidly/noisily or there may be pauses between some breaths
- More pale than usual

**If your baby has any of these symptoms, please contact your GP**

**Seek URGENT medical attention if your Baby:**

- Stops breathing or goes blue
- Is unresponsive or seems unaware
- Has glazed eyes and doesn't seem to focus
- Cannot be woken
- Has a convulsion – even if your baby appears to recover
- Has blotchy skin or a rash

**Dial 999 and ask for an ambulance**



# BASIC LIFE SUPPORT

1

## Safety

Check the area is safe



2

## Stimulate

Gently try to wake the baby

3

## Shout for help - if no response

4

## A = Airway

- Lie baby on a hard surface on their back
- Tilt head and lift chin



5

## B = Breathing

- Look
  - Listen
  - Feel
- FOR UP TO 10 SECONDS



6

## Not breathing

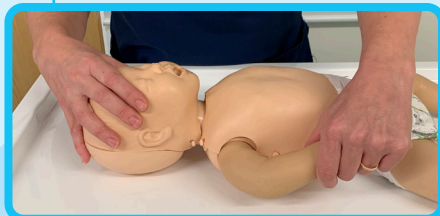
Give 5 breaths



7

## C = Circulation

Check for a response / normal breathing / signs of life





8

**If no response...**

Give 15 chest compressions



9

**Continue to give...**

- 2 breaths to
- 15 chest compressions
- FOR 1 MINUTE

10

**CALL 999**

11

**Continue until help arrives OR there is a response**

Scan the  
code for more  
information

# CHOKING

1

**Safety**

Check the area is safe

2

**Encourage baby to cough**

3

**Shout for help**

4

**Back blows**

Give up to 5 sharp back blows



5

**If still choking...**

Give up to 5 chest thrusts



6

**If still choking...**

REPEAT STEPS 4-5

**ENSURE AMBULANCE IS CALLED.**

If the infant loses consciousness at any time,  
follow basic life support sequence from STEP 4



# THE CHILDHOOD IMMUNISATION PROGRAMME

Most vaccines are given as an injection in the thigh or upper arm.

Rotavirus vaccine is given as drops to be swallowed.

When	Diseases protected against	Vaccine given
<b>EIGHT WEEKS OLD</b>	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus, influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/ HepB
	Meningococcal group B (MenB) MenB	MenB
	Rotavirus gastroenteritis	Rotavirus
<b>TWELVE WEEKS OLD</b>	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/ HibHepB
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccination (PCV)
	Rotavirus	Rotavirus
<b>SIXTEEN WEEKS OLD</b>	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/ HepB
	MenB	MenB
<b>ONE YEAR OLD</b> *on or after the child's first birthday	Hib and MenC	Hib/ MenC
	Pneumococcal booster	PCV
	Measles, mumps and rubella (German measles)	MMR1
	MenB	MenB booster

1 Contains porcine gelatine

Please scan the code for further information



# BABIES CRY!

## Infant crying is normal and it will stop

A baby's cry can be upsetting and frustrating. It is designed to get your attention and you may be worried that something is wrong with your baby.

Your baby may start to cry more frequently at about 2 weeks of age for a term baby and 2 weeks after their due date for a premature baby. The crying may get more frequent and last longer during the next few weeks, hitting a peak at about 6 to 8 weeks for a term baby or 6 to 8 weeks after their due date for a premature baby.

Every baby is different, but after about 8 weeks, babies start to cry less and less each week.

**Remember – This phase will stop!**  
**Be an ICON for your baby and cope with their crying.**



### Babies Cry, You Can Cope!

- I** Infant crying is normal and it will stop
- C** Comfort methods can sometimes soothe the baby and the crying will stop
- O** It's OK to walk away if you have checked the baby is safe and the crying is getting to you
- N** Never ever shake or hurt a baby

**ICON**  
[www.iconcope.org](http://www.iconcope.org)



## Chaplaincy team

We have access to the chaplaincy team who will visit anyone, regardless of faith; they can be contacted at anytime for support, blessing or baptism. Please ask a member of our team if you require this service. There is also a chapel in the hospital. A remembrance service is held on the first Sunday in December at Grove Hill Methodist Church, TS4 2PT between 3pm and 4pm to remember any baby that has passed away on NICU. For further information contact NICU **01642 854871** or the Chaplaincy Department on **01642 854802**.

When visiting this Neonatal Unit please be aware of the butterfly logo which you may see on some cots or incubators. This represents a baby that was part of a multiple pregnancy, but sadly not all the babies survived and parents have chosen that they wish to make others aware.



## Bliss contact details

**Helpline: 0500 618140**

**Website: [www.bliss.org.uk](http://www.bliss.org.uk)**

## Charities

You will find QR codes displayed around the unit which link directly to the Charities which support our Unit.

## Research

Our team is involved in various research studies to improve the care we give the babies. During your baby's stay on NICU it is possible our research nurse will approach you to ask for your baby to be included in one or more of these studies. These studies have the potential to significantly improve treatments and outcomes for sick and premature babies. Being involved in these studies keeps us at the 'cutting edge', enabling our team to provide the latest and best treatments.

## Zero tolerance

Aggression, threatening and racist behaviour towards staff and other patients / visitors is unacceptable and will not be tolerated.



## Comments, compliments, concerns and complaints

The trust strives to maintain high standards of care. However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns, as this helps us to learn from your experience and to improve services for future patients.

If you have any suggestions, complaints or concerns please make these known to the nurse or consultant in charge immediately, as they can often resolve issues for you. Alternatively you may wish to speak with the unit manager or contact Patient Experience whose contact details can be found in this booklet. You may also be interested to know that the trust runs a 'Star Award' scheme where NHS colleagues, patients and relatives can nominate staff in recognition of their work. These are presented at an annual gala evening for acts above the call of duty or where staff shows exceptional kindness towards patients and their relatives. Or you may wish to nominate nursing staff for the trust's annual 'Nightingale Awards', which recognises the contributions nurses make to patients and their families on a day-to-day basis. To nominate for these awards forms are available on the trust's website -

**[www.southtees.nhs.uk/awards](http://www.southtees.nhs.uk/awards)**

We would be grateful if you would complete a parent satisfaction survey before your baby is discharged, to help us improve our service. This should only take you a few minutes.

## Patient Experience

Patient experience are here to advise and support patients, families and carers.

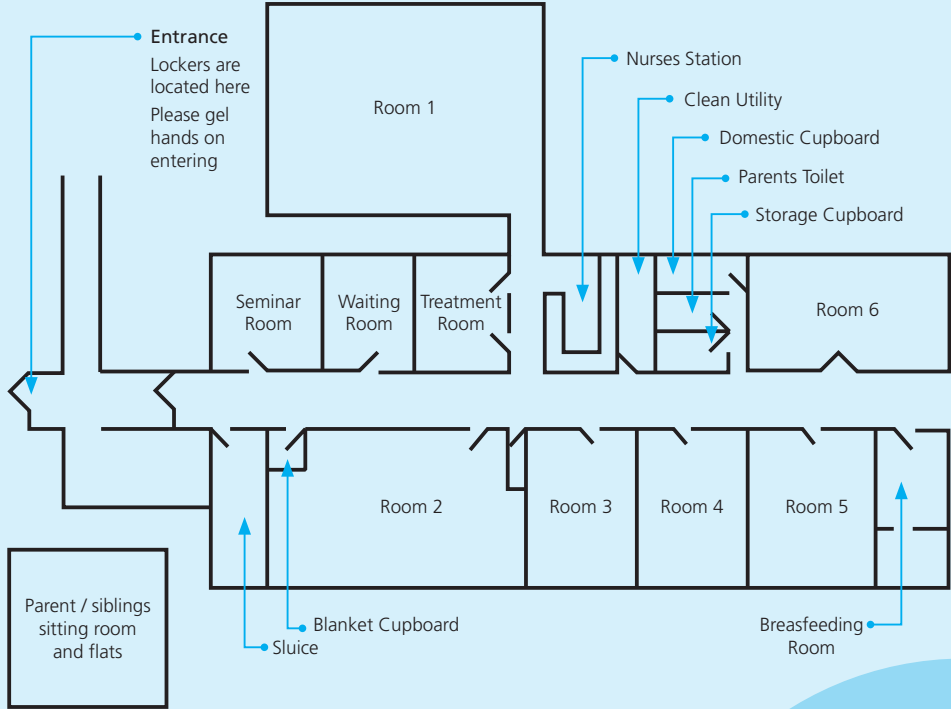
### Contact:

Patient Experience Team  
The James Cook University Hospital  
North Entrance, Marton Road,  
Middlesbrough, TS4 3BW

Email to: **[stees.patient.experience@nhs.net](mailto:stees.patient.experience@nhs.net)**  
Telephone: **01642 854807**  
Freephone: **0800 0282451**  
Monday - Friday, 9:00am - 4:00pm



# FLOOR PLAN



Author: Neonatal Unit

The James Cook University Hospital  
Marton Road, Middlesbrough, TS4 3BW. Tel: 01642 850850

Issue Date: March 2023, revision date: March 2026