

Welcome to the  
Special Care Baby Unit  
(SCBU)  
Hinchingbrooke Hospital  
Family Guide



## Dear Family

Congratulations on the birth of your baby.

Here on SCBU we provide specialist care for babies born prematurely, too small, and those who are born unwell.

Whilst on the unit, you will be the primary carer for your baby. You will be involved in decisions about your baby's care with the support of the neonatal staff, so please talk to us about anything you are unsure of, we are always happy to help.

As this is not somewhere you probably expected to find yourselves after having your baby, we hope that the information in this booklet is useful and explains some of the aspects of neonatal care, from when you first arrive to going home.

## Our Philosophy of Care

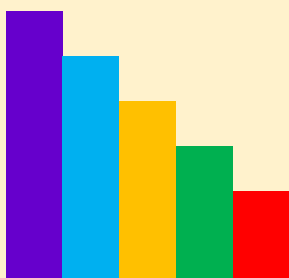
While your baby is with us on SCBU, we will strive to provide you and your baby with the best in family centred care facilitating a healing, nurturing environment which provides developmental and emotional support to meet the diverse needs of every family.

We view parents/carers as partners in care and ensure every baby and family are treated with respect and dignity throughout their neonatal journey. Any feedback you have to support us to improve our service, is highly valued.

## Family Integrated Care – FICare

SCBU is working towards incorporating the Family Integrated Care (FICare) philosophy. FICare is a model of neonatal care which promotes a culture of partnership between families and staff; enabling and empowering parents to become confident, knowledgeable and independent primary caregivers.

### The five pillars of FICare are:



Partnership with families on the Neonatal Units

Empowerment on Neonatal Units

Wellbeing on Neonatal Units

Culture on Neonatal Units

Environment on Neonatal Units

Throughout the SCBU family booklet, you will find that there is a colour code after each heading, which relates to the five pillars of FICare.

# Welcome to SCBU

The SCBU team are here to provide the specialist neonatal care your baby needs.

Our aim is to ensure that you become confident and skilled in looking after your baby, as soon as possible. From day one you can be involved in some aspects of your baby's care, no matter how sick or small they are, such as containment holding, mouth care or skin-to-skin (this booklet talks more about each of these later).

How much or how soon you want to be involved in your baby's care will differ from person to person. There are no set rules and our staff are experienced in supporting you, however confident you feel.

Our ultimate goal is to help you get home as a family when the time is right.

## Safety and Security

The doors to SCBU are locked at all times. To gain access, please ring the doorbell and we will answer as quickly as possible. You may be asked to identify yourself as a safety precaution if we do not recognise you straight away. You will also need to inform a member of staff when you are leaving so the door can be opened for you.

## Key Phone Numbers

**SCBU Nurses station**      01480 416250

**Outreach Team**            01480 216238

Parents/carers- please feel free to phone us for an update at any time of the day or night. Although it can take longer for us to get to the phone during handover times (see below) which we know can be worrying for you. Please also be aware we will not be able to update family members and friends if they call.

## Transfers between neonatal units



Occasionally, your baby may require treatment at another hospital for medical, or very rarely for capacity reason. This may be due to SCBU not having enough cots. If your baby has been referred for a neonatal transfer in the East of England (Norfolk, Suffolk, Cambridgeshire, Hertfordshire, Bedfordshire and Essex) the PaNDR team will coordinate and deliver the transfer and the care of your baby between the referring hospital and receiving hospital. For further information, please visit the PaNDR website:

<https://pandreastofengland.co.uk/home>

# Looking after yourself

Having a baby on the neonatal unit can be a challenging time. It is so important to take time for yourself, and to look after your wellbeing.

Bliss acknowledge that parents can sometimes feel that they have to put on a brave face when they might be struggling themselves. This can be especially true when your baby is in neonatal care. You might feel you need more support in facing these challenges, or you might feel as though you need to talk to a health professional about your mental health.

**Bliss suggests some of the strategies that other families have found useful were:**

## **1. Developing a flexible routine**

'Each evening we'd plan the next day, ensuring we included time for breaks from the NICU. We accepted that we may not do what we want to do at the specific times – but by writing the plan down, each task or activity most often got done at some point during the day'.

## **2. Making time to talk**

'We talked over a coffee each morning, allowing each other time to vent. We made a rule: "No interrupting each other and no judging what the other person says". This helped us get everything off our chest without penalty'.

## **3. Accepting help**

'We were at first reluctant to accept help from our immediate family, but their support through doing our laundry, cleaning and sometimes preparing food was invaluable – it allowed us to focus on supporting Nancy'.

## **4. Talking in future tense**

'We insisted that the practitioners discussed what the plans were for Nancy the next day or week, which constantly reassured us'.

## **5. Managing visitors**

'Our family were visiting many times a day because we had told them that the NICU had an "open visiting schedule". Escorting them up to the ward regularly became stressful as we didn't have as much time for ourselves. We then dictated the schedule that worked for us'.

## **6. Getting some light**

'The dimmed lighting of the NICU can be draining, especially when tired and hungry. Sitting all day in one place also causes exhaustion and back ache. We got outside a few times a day to get some light and exercise. We walked around the hospital grounds, took the stairs, whatever we were capable of doing. We reminded ourselves to put such activities into each day, which helped pick up our mood'.

## **7. Eating well**

'We cooked our food in the slow cooker early in the morning. We'd cook enough for dinner that day and lunch the next day. This removed the demands of eating poorly and not having food ready'.

## **8. Making our experience normal**

'We engaged with Family Integrated Care, made our "area" in the NICU our own by buying a memory box for all of Nancy's milestones and by reading to Nancy each morning and night. This helped us normalise the very weird situation we were in, and connect with Nancy'.

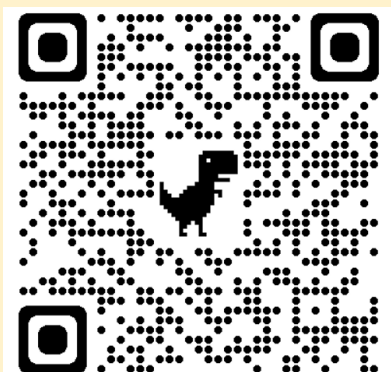
## **9. Being informed**

'Uncertainty was the biggest cause of anxiety for us, so we asked questions all the time – writing them down in advance of the ward rounds'.

## **10. Dealing with the volume of messages**

'Feeling the need to respond to family and friends can add to stress. We created a WhatsApp group and included everyone who messaged us to update all in one go. We then enjoyed reading all the lovely responses on the group'.

**Please visit the Bliss website for more details:**



# Our Neonatal Network



## There are 17 units in the East of England Operational Delivery Network.

3 Neonatal Intensive Care Units (NICU)

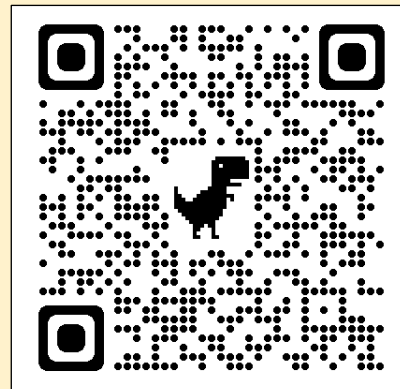
10 Local Neonatal Units (LNU)

4 Special Care Baby Unit (SCBU)

- The Queen Elizabeth Hospital Kings Lynn
- James Paget Hospital Great Yarmouth
- Norfolk & Norwich University Hospitals - NICU
- West Suffolk NHS Foundation Trust
- Colchester Hospital (ESNEFT)
- Ipswich Hospital (ESNEFT)
- Broomfield Hospital
- Southend Hospital
- Basildon Hospital
- The Princess Alexandra Hospital - Harlow
- Watford Hospital
- Lister Hospital - Stevenage
- Luton & Dunstable Hospital - NICU
- Bedford Hospital
- Hinchingsbrooke Hospital (NWAFT)
- Peterborough Hospital (NWAFT)
- Addenbrookes Hospital - NICU

For more information on our neonatal network please visit:

<https://www.eoneonatalpccsicnetwork.nhs.uk/neonatal/>



# Finding your way here



The above QR code will open the hospital website which has more information on how to get here, and a map of the hospital for when you arrive. Staff at the front desk will also be happy to direct you.

If you are driving here, please park in the main car park and ask a member of SCBU staff for a concession ticket so parking is free during your stay. Take your voucher and parking coin to the reception in the main entrance to be validated.



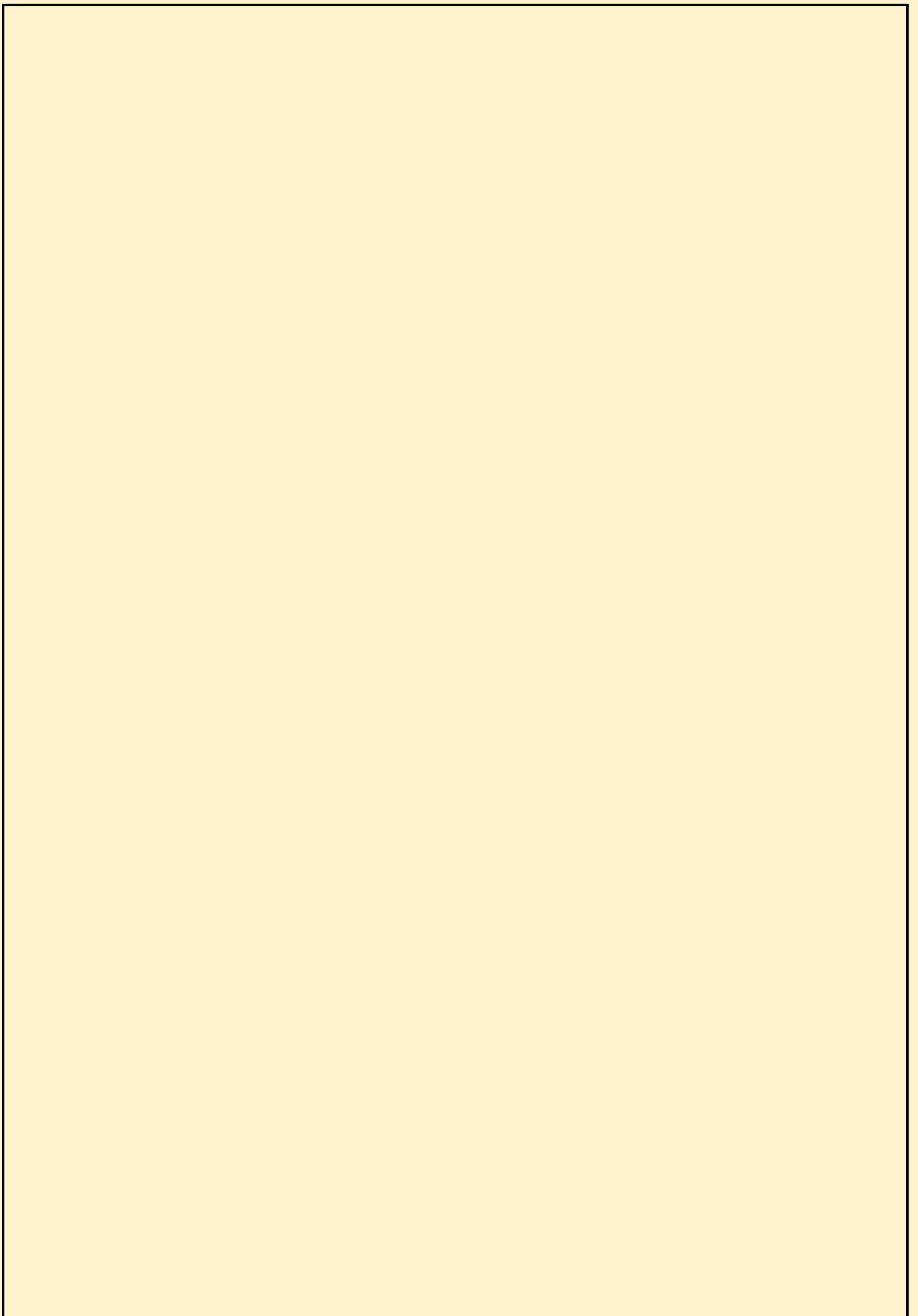
**1. The main entrance**



**2. SCBU is located on the first floor**



**3. SCBU Entrance**



## Nursing handover times

**Morning** 07:45 – 08:15

**Evening** 19:45 - 20:15

## Doctors Ward Round times

**Morning** 09:30 – 11:30 (approximately).

We cannot guarantee this time as the doctors may also have patients in other areas of the hospital to see.

We encourage parents/carers to be present for ward rounds wherever possible. If you require an update from the senior doctor if you have been unable to be present on ward round, please just ask your nurse.

## Confidentiality and your baby's medical records

Information regarding your baby's health is strictly confidential and will only be given to you. We cannot give information to any other family member unless it has been discussed with a senior member of staff (see section on 2<sup>nd</sup> Visitors).

To access your baby's medical records, please follow the instructions on the North West Anglia NHS Foundation Trust website.

<https://www.nwangliaft.nhs.uk/patients-and-visitors/patient-information/access-your-medical-records/>

## Who's Who

SCBU has a huge team of people working to help your baby get better. There is a board on the unit with photos of each staff member so you can see who we all are.

The doctors working on the unit will wear their own clothes or scrubs, and the nurses wear scrubs. We also have a housekeeper and ward clerk who are in their own uniforms.

Everyone should always introduce themselves so you will know who you are speaking to, and every member of staff should be wearing an ID badge.

You may find that a student nurse or midwife is working alongside the nurse caring for your baby. They will be dressed in their student uniform and should introduce themselves as students. We will ensure that they are supervised and are competent in the tasks they perform.



## Safeguarding Families



As a trust we have a legal duty to protect and promote the welfare of all children and young people. This means that sometimes we may need to contact Children's Services and other professionals deemed necessary if we have concerns about a baby on SCBU.

If your baby has any input from children's social care, or you have been seen by the safeguarding midwife during pregnancy, we ask that you are open and honest with us so we can support you and your baby.

It is important when on the unit to respect the privacy and dignity of all other babies. We cannot give you any information about the other babies, and you must please ensure you do not approach their cots.

## Infection Control



It is important to protect your baby from infection risks. Everyone must clean their hands with alcohol gel on entering the unit and then warm water and soap in your baby's room. All outside coats/outerwear (e.g hoodies) must be left on hooks at the entrance to the unit.



## Mobile Phones



Mobile phones are allowed on the unit, however we encourage you to limit the use of mobile phones when your baby is awake, feeding or having skin-to-skin with you. Phones must be kept on silent and answer any calls in the kitchen, not at the cot side. **If you use your phone as a camera, please ensure the flash is not on.**

To protect the other families, if you take photos, please ensure there are no other babies or families in the photos.

## Smoking



The hospital building is a no smoking zone, outside there are smoking shelters. If you would like any smoking cessation advice, please speak to your nurse who can get you the relevant information.



If you do smoke, please wear something over your indoor clothes to keep them smoke free. We recommend you avoid smoking around the time you plan on having baby out for cuddles to reduce the risks associated with second-hand smoke (Lullaby Trust).

If you want help to stop smoking, or need some advice then NHS Smokefree helping offer free help, support and advice and can give you details of local support services.

0300 123 1044 Monday to Friday 9am-8pm and Weekends 11am-4pm.

## Fire alarms

We do not routinely run fire drills on this unit, therefore in the event of a fire or an emergency please follow the SCBU team's instructions.

On a Tuesday morning there is a fire alarm test, which you may hear.

## Consent

If your baby requires any procedures, investigations or treatment we will discuss this with you and gain consent (for example blood transfusion or vaccinations), if there is an emergency then we will always act in the best interest of your baby.

Consent must be given by someone with both capacity and parental responsibility- the nursing and medical staff will explain everything to you to ensure that you understand what it is you are consenting for. If you have beliefs that you feel may affect the treatment you wish your baby to have, or not have, please speak to a nurse or doctor to make us aware as soon as possible.



The Parent Advisory Group (PAG) is a group of parents/carers who have used neonatal services in the past. The group represents the views and experiences of parents and families whose babies have been cared for on a neonatal unit and play a vital role in driving forward improvements and changes in neonatal care within the region. For further information including finding out how to become a PAG member, please email [EoENeonatalPAG@gmail.com](mailto:EoENeonatalPAG@gmail.com)

## Chaplaincy Team

The Chaplaincy team is available to support you and your family, whether you have a faith or not. The team provides spiritual and pastoral care for families, and sometimes just someone who isn't a nurse to chat to.

They offer a 24-hour trust wide on-call service and are happy to come up to the unit if you would like to speak to someone. Just ask your baby's nurse if you would like more information. Occasionally, the chaplain team will come up to SCBU and see how everyone is doing.

## FaB (Family and Baby) Project

On SCBU, we are fortunate to have a group of FAB workers who can link families in to local community support available, including Family Centres. They are able to offer emotional, practical and financial support and signpost to relevant agencies where appropriate.

They visit SCBU regularly, if you wish to see them between visits, please see the poster on SCBU or call them on 01480 376242.

## Feedback

If you have any concerns about any aspect of the care you are receiving, please speak to a staff member, or ask to speak the Nurse in Charge. If you feel you would like to take any concerns further than this, the hospital Patient Advice and Liaison Service (PALS) can be contacted on 01480 428964 or [hch-tr.pals@nhs.net](mailto:hch-tr.pals@nhs.net), further information is available on the Trust internet [www.nwangliaft.nhs.uk/advice-support/issues-and-concerns-pals/](http://www.nwangliaft.nhs.uk/advice-support/issues-and-concerns-pals/). PALS can also be contacted for compliments or suggestions in addition to concerns/complaints.

## Neonatal Voices Partnership

NWAFT Neonatal Voices Partnership (NVP) is a working group led by neonatal parents. Staff and neonatal families work together to co-produce service improvements. The NVP team can always be contacted to share your feedback or find out how you can be involved.



NWAFT Neonatal Voices Partnership have two Facebook groups. One public group, and a closed group for support and feedback. These groups are run by the Neonatal Voices Partnership.



NWAFT Neonatal Voices Partnership (Public group)



Hinchingbrooke SCBU Parent Support Group (NVP) UK

## Neonatal Voices Partnership - Parent Support Group

The Neonatal Voices Partnership, in collaboration with SCBU staff, run a monthly parent support group. The support group is for is exclusively for parents who have had a baby on SCBU or who have had support from the neonatal team.

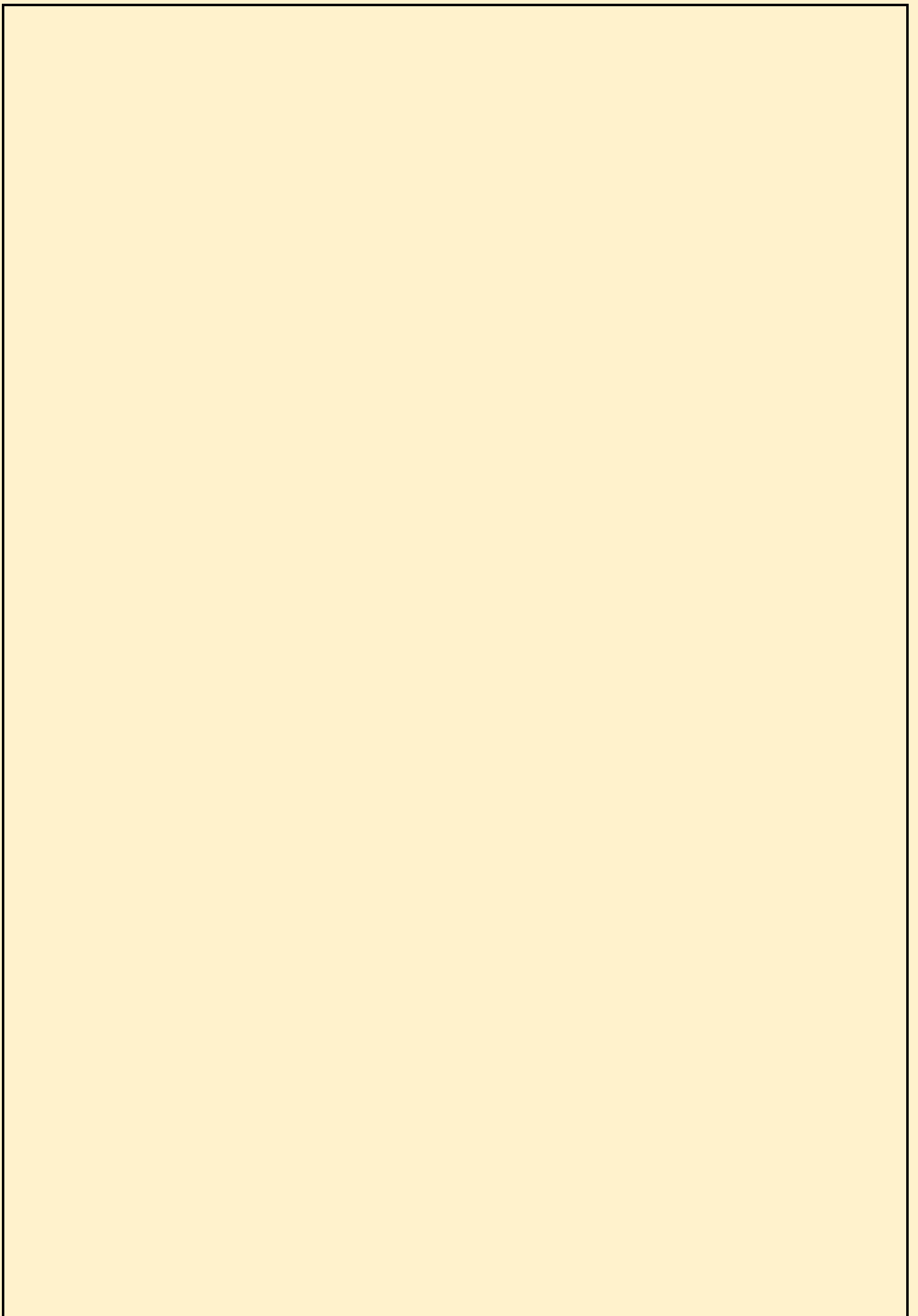


You are welcome to come alone or with your child.

**When** – Fourth Tuesday of every month

**Where** – Methodist Church, 17 High Street, Huntingdon, PE29 3TE

**Time** – 10am-12pm



## Spending time on SCBU

First and foremost, you **ARE NOT** visitors to your baby. We encourage you to be with your baby as much as you are able, you are their primary care-giver.

At times to reduce infection, visiting for other people i.e. siblings and extended family may be restricted.

## V Create and Facebook

VCreate is an NHS Trusted secure video messaging service that helps families stay connected throughout their care journey. Photos and videos can be sent to you securely.

There is a private SCBU Facebook group for current and past parents/carers of babies on SCBU. You can request to join by searching for '**Hinchingbrooke SCBU Parent Support Group**'

## Quiet Time

We like to try and give all of the babies on the unit, periods of uninterrupted rest throughout the day. This will be individualised for your baby, depending on when the right time is for them. However, to encourage a time when the whole ward is quiet, we dim the lights and ask for quiet from staff and families between 14.00 – 16.00. We will try to avoid any unnecessary procedures during this time, and it may be used as an ideal opportunity for skin to skin, positive touch, cuddles and for reading to your baby.



## Family Facilities

The sitting area in the kitchen provides a space for you to have a drink and something to eat while not being too far away from your baby. There is a fridge, freezer and microwave for your convenience, as well as facilities to make yourself a hot drink and a water cooler.

We strongly urge parents/carers to take regular breaks to eat and drink and are able to offer you free of charge hospital meals, please ask your nurse for the menu choices each day. Alternatively, there is a small shop and Costa at the main entrance, and the hospital restaurant is located just around the corridor. Please note, the shop and Costa close early on the weekends.

**HOT DRINKS MUST BE KEPT IN THE KITCHEN.**

**COLD DRINKS ARE ENCOURAGED AT ALL TIMES IN ALL AREAS.**

You are welcome to store items under your baby's cot (although the space is quite small) and we also have some lockers available for family use. Please feel free to use these to store your personal belongings in, however, we are unable to accept responsibility for loss of personal belongings while on the unit.

You have the full use of a parent sitting room (pictured below). This is a space for you to use for sitting, eating, or resting.

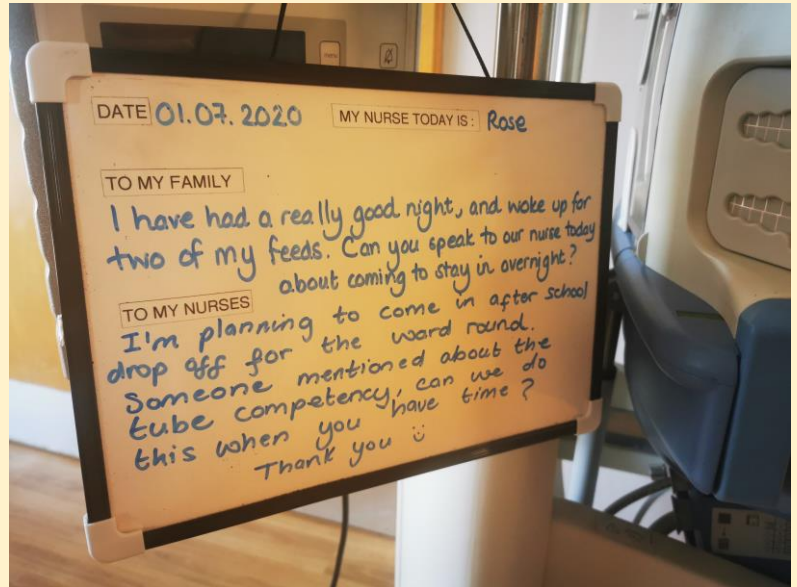


We welcome you to make the SCBU environment as familiar as possible for your family:

## Your cot space

Please make your cot space your own, by bringing things that will make you feel at home – this can be difficult with the limited space, and we do have to keep the environment safe and free of trip hazards. Families often like to bring photos of the family, drawings that big sister's or brother's have done or books.

If you're unsure, speak to your nurse.



We have a board at each cot, for messages to be written between your baby, you, and your nurse each day – please use this to write anything you like!

## What to bring to SCBU:

- **Nappies**
- **Cotton wool**
- **Cotton wool buds**
- A **new tooth brush** for cleaning breast pump equipment and bottles
- **Blankets** - feel free to bring in washed, labelled blankets for your baby- if they can't be used when the baby is in bed then you can use them during cuddles
- **Clothes** - Not all babies will be able to wear clothes straight away, some are too small, and others need to be in a nappy only they can be observed easily. Speak to your nurse about when to bring in clothes, and when you do, ensure they are washed and labelled beforehand
- **Teddies & toys** - We adhere to the Lullaby Trust clear cot advice, which is having no teddies or toys in your baby's cot. Washed teddies should be kept outside of your baby's cot and used when interacting with your baby. When your baby is monitored in an incubator, we do allow one small teddy/toy to be in with them as long as it is kept out of their reach.

**When you go home, your baby MUST sleep with NOTHING else in their cot/crib – Lullaby Trust Safer Sleep for Babies - A Guide for Parents**



# Your baby and you

As parents or carers, you are the best people to care for your baby and have the biggest influence on their health and well-being.

On SCBU, Family Integrated Care (FI Care) is at the centre of all we do, ensuring you are the primary care-givers within the team caring for your baby.

We understand that this can be difficult in the SCBU environment, here are some ways you can be involved from the very moment your baby arrives on the unit.

## Communicating with your baby



This is a perfect time to watch your baby and learn how they communicate with you.

Babies can't speak to us, so they communicate in unique ways. Scan this QR code, to find out what your baby is telling you.

Bliss booklet 'Look at me- I'm talking to you' (2006)



Did you know....

Eye flickering, yawning and high fiving are all ways your baby is trying to talk to you?

## Containment holding

Containment holding makes your baby feel safe and secure, mimicking a feeling of being in the womb. Placing your hands on your baby gently and firmly may help to calm them if they are unsettled.



## Skin-to-Skin (Kangaroo Care)



Positive touch communicates love and reassurance to both you and your baby. Skin-to-Skin is a brilliant way to do this, and is proven to have benefits for you both such as:

- Bonding and attachment
- Stabilising baby temperature, and other vital signs
- Encouraging breast milk production
- Protection from infection

We try and encourage skin-to-skin for at least an hour (but longer is preferred!). Transferring premature and sick babies can be stressful for them, so they need a nice long cuddle with you to settle.

Make sure you are ready; go to the toilet, have a bottle of water with you and maybe a book to read to your baby.



(Bliss, 'Skin to skin with your premature baby', 2006).





# Developmental Care

Developmental care makes the baby's environment as pleasant and stress-reducing as possible, and also to improve the attachment and bonding between you and your baby.

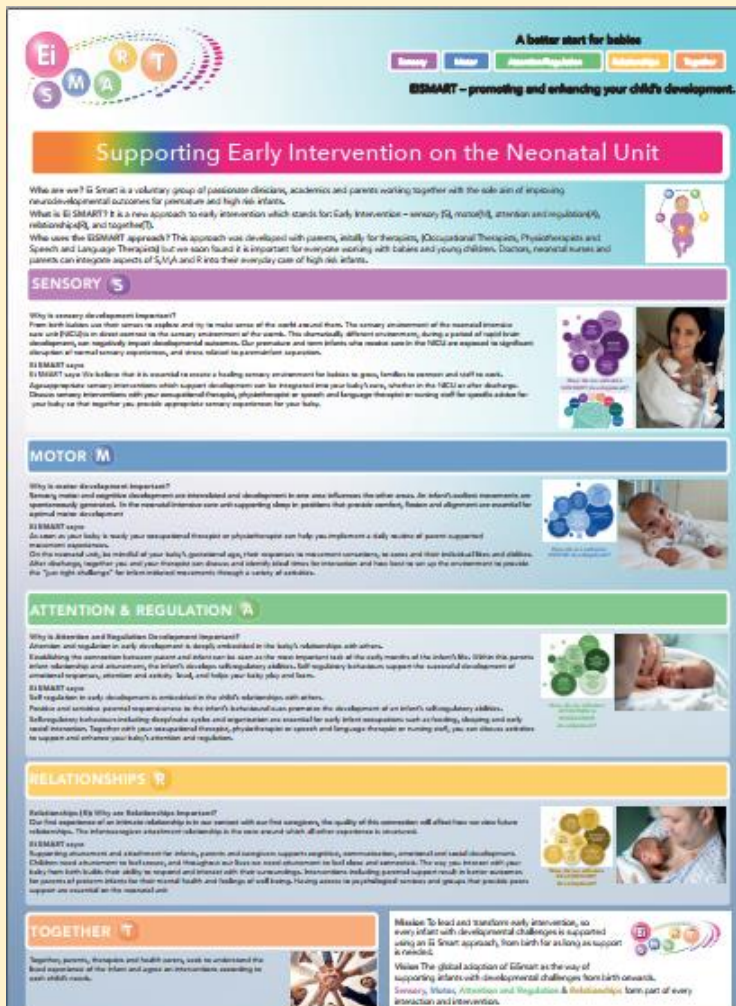
Things we can do on SCBU to help provide a developmentally friendly environment:

Developing your baby's experience of sound by:

- Allowing them to hear your calm, quiet voice
- Keeping the environment quiet wherever possible
- Taking conversations away from incubators or cots, including phone calls
- Closing incubator doors quietly and using the trays at the end rather than the tops of incubators to place things
- Having dedicated "Quiet Time" during the day

Developing your baby's experience of light by:

- Reducing light levels wherever possible
- Keeping the incubator covers over the incubator, but do lift up a side to look at your baby while you're here
- As your baby grows, having some periods of light helps them with their sleep-wake cycles



**A better start for babies**  
Sensory Motor Attention & Regulation Relationships  
**ESMART - promoting and enhancing your child's development.**

### Supporting Early Intervention on the Neonatal Unit

Who are we? E Smart is a voluntary group of paediatric clinicians, academics and parents working together with the sole aim of improving neurodevelopmental outcomes for premature and high risk infants.

What is ESMART? It is a new approach to early intervention which stands for Early Intervention – sensory (S), motor (M), attention and regulation (A), relationships (R), and together (T).

Who uses the ESMART approach? The approach was developed with parents, initially for therapists, (Occupational Therapists, Physiotherapists and Speech and Language Therapists) but we have found it is important for everyone working with babies and young children. Doctors, neonatal nurses and parents can integrate aspects of S,M,A and R into their everyday care of high risk infants.

#### SENSORY S

**Why is sensory development important?**  
From birth babies use their senses to explore and try to make sense of the world around them. The sensory environment of the neonatal intensive care unit (NICU) is often stressful to the sensory environment of the womb. This chronically different environment, during a period of rapid brain development, can negatively impact developmental outcomes. Our premature and term infants who remain in the NICU are exposed to significant disruption of normal sensory experiences, and stress related to premature separation.

**ESMART says**  
ESMART says it is essential to ensure a healthy sensory environment for babies to grow, thrive and learn and to work. Appropriate sensory interventions which support development can be integrated into your baby's care, whether in the NICU or after discharge. Discuss sensory interventions with your occupational therapist, physiotherapist or speech and language therapist or nursing staff for specific advice for your baby on the regular or provide appropriate sensory experiences for your baby.

#### MOTOR M

**Why is motor development important?**  
Sensory motor and cognitive development are interrelated and development in one area influences the other areas. An infant's earliest movements are spontaneously generated, in the neonatal intensive care unit supporting sleep in positions that provide comfort, flexion and alignment are essential for optimal motor development.

**ESMART says**  
As soon as your baby is ready your occupational therapist or physiotherapist can help you implement a daily routine of parent supported movement experiences. On the neonatal unit, be mindful of your baby's gestational age, their cognitive and motor capabilities, to assess and their individual flexion and stability. After discharge together you and your therapist can discuss and identify ideal times for intervention and how best to set up the environment to provide the "just right challenge" for infant motor development through a variety of activities.

#### ATTENTION & REGULATION A

**Why is Attention and Regulation Development important?**  
Attention and regulation in early development is directly embedded in the baby's relationships with others.

Establishing the connection between parent and infant can be seen as the most important task of the early months of the infant's life. Within this parent infant relationship and attachment the infant's develops self-regulatory abilities. Self-regulatory behaviours support the successful development of attention, regulation, attention and ability, bond, and helps your baby play and learn.

**ESMART says**  
Self-regulation in early development is embedded in the infant's relationships with others. Positive and sensitive parental responsiveness to the infant's behavioural cues promote the development of an infant's self-regulatory abilities. Self-regulatory behaviours including deep/soft eye gaze and engagement are essential for early infant experiences such as feeding, sleeping and early social interactions. Together with your occupational therapist, physiotherapist or speech and language therapist or nursing staff, you can discuss activities to support and enhance your baby's attention and regulation.

#### RELATIONSHIPS R

**Relationships (R) Why are Relationships important?**  
The first experience of an infant relationship is the parent with our first caregivers, the quality of this connection will affect how we view future relationships. The infant's earliest relationships in the neonatal unit which all other experiences is structured.

**ESMART says**  
Supporting attachment and relationship for infants, parents and caregivers supports cognitive, communication, attention and social development. Children need attachment to feel secure, and throughout our lives our most important feelings and emotions. The way you interact with your baby from birth builds their ability to respond and interact with their surroundings. Interventions including parental support result in better outcomes for parents of premature infants for their mental health and feelings of well-being. Having access to psychological services and groups that provide parents support are essential on the neonatal unit.

#### TOGETHER T

Together, parents, therapists and health caring, seek to understand the best experience of the infant and engage in interventions according to each child's needs.

Mission To lead and transform early intervention, so every infant with developmental challenges is supported using an E Smart approach, from birth for as long as support is needed.

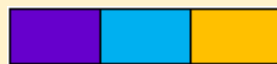
Values The global adoption of E Smart as the way of supporting infants with developmental challenges from birth onwards.

Sensory, Motor, Attention and Regulation & Relationships form part of every interaction and intervention.

More information can be found at the following QR code – it contains some really useful information for you as a parent to support your baby on SCBU.



# Providing comfort to your baby



Preterm and full-term babies feel pain differently, and different things may feel uncomfortable to them. We will assess your baby's pain score regularly to ensure that they are comfortable. You may have already read the section above on comforting you baby?

Below are some of the behavioural signs your baby may show when they need time to rest or further intervention for pain relief.

- Crying
- Restlessness/squirming
- Not sleeping properly
- Facial grimacing/frowning
- Fingers and toes clenched or splayed

If your baby requires a painful procedure, where possible we will discuss this with you beforehand. Babies can be very successfully comforted during these using containment holding, skin-to-skin or by the following means

## EBM

Giving small drops of your EBM, if available, into your baby's mouth can act as really good pain relief before any uncomfortable procedures.



## Sucrose

If there is not EBM for your baby and they are allowed sucrose, then it could be used as an alternative. We can give small drops of this sugary solution on the tip of your baby's tongue which can help reduce procedural discomfort.



## Non-Nutritive Sucking (NNS)

Enabling a baby to suck during an uncomfortable procedure is one of their in-built comforting techniques.

This could be a clean finger, a dummy or a very recently expressed breast.



A dummy can really help a baby who needs to suck for comfort. Offering a dummy for this doesn't mean it needs to be long term. Please do talk to us with any questions you have.

We will always ask your consent before offering your baby a dummy.

## Feeding your baby

On SCBU, we actively promote the benefits of breastfeeding and using breastmilk (where possible) for preterm or sick babies. Research shows that every drop of breastmilk (whether you choose to breastfeed or not) is of benefit to your baby.

SCBU encourages and promotes informed choice, and however you decide to feed your baby, you will be fully supported.

To feed safely and effectively, your baby must be able to suck, swallow and breathe in a coordinated way. The right time to begin oral feeding, is different for every baby, and every family. Please see the sections below on breastfeeding, and bottle feeding, for further information. Don't hesitate to ask us if you have any questions.

## Intravenous (IV) fluids

It is not always possible for a baby who comes to SCBU to take milk into their tummy straight away. A "drip" is often put into a baby's hand, arm, foot or leg so that a sugary fluid solution (IV fluids) can be given to keep them hydrated and blood sugars stable in the meantime.

## Nasogastric or orogastric tube feeding (NGT/OGT)

Until your baby is ready to orally feed, they will likely use a nasogastric or oral gastric tube (NGT/OGT). These tubes are passed through the nose or mouth, then down the oesophagus and into their stomach. You will be fully supported to feed your baby via NGT or OGT, and staff on the unit will be with you every step of the way

Every time your baby has a feed via their NGT or OGT, we need to check the position of the tube, by gently taking a small amount of their stomach contents out of their tummy, and testing the acidity of it. This is called aspirating, and staff on the unit will fully support you to do this. We have a package for us to work through together, which will help you to feel confident with tube feeding.



## Breastmilk



We will discuss with you the benefits of colostrum (your first milk) and breastmilk for your baby. We know that research shows that every drop of breastmilk (whether you choose to breastfeed or not) is of benefit to your baby.

Colostrum and breastmilk can support your baby by:

- Offering protection for your baby's gut
- Preventing harmful bacterial growth
- Reducing inflammation
- Absorbing easily into your baby's tummy
- Protecting your baby from infections
- And so many more benefits for both you and your baby!

**QR code for the UNICEF baby friendly initiative website, which has a link to the start 4 life leaflet 'off to the best start'. This leaflet contains information about the breastfeeding and breastmilk.**



## Formula



If you have chosen to, or need to use formula for your baby, there is every possibility that your baby may require a specialist formula depending on their gestation or condition. If your baby is receiving specialist formula, they may need to also go home with it. If your baby is having term formula, we will be led by you, as to which formula you would like to give your baby. On the unit, you will be fully supported to sterilise your baby's bottles, and make up their feeds (ready to feed liquid, or powdered formula). If your baby is using term formula, when you are able to, please can you bring this into the unit for your baby to use.

**QR code for first steps nutrition, for impartial information on different formula milks**



## Donor breast milk



There are some cases where you may be offered the choice to use donor breast milk for your baby. Donor breastmilk is partially sterilised expressed breastmilk which has been donated to our local milk bank, which is located at Addenbrookes hospital in Cambridge. This will always be fully discussed with you, and you will receive information in order to make an informed decision.

## Hand and breast pump expressing



If you would like to give your baby your breastmilk, you will be encouraged to begin expressing using your hands. This is the most effective way to collect your first milk, which is called colostrum, and to get your milk production started.

In the first few sessions of expressing, it is likely that you will only get very small amounts of colostrum. Colostrum is amazing for your baby as it is very high in calories and contains lots of fats that they need to grow and antibodies they need to build their immunity. Your body produces milk that is perfect for your baby's gestation, so it is ideal for them.

Once you are expressing more milk by hand, often at around 48 hours (this varies, and sometimes we may suggest, or you may prefer to use the pump sooner), you will be encouraged to use the hospital grade breast pumps on the unit.



- Begin expressing as soon as possible after birth, ideally within the first 2 hours.
- Aim to express at least 8-10 times in a 24-hour period.
- Double pumping helps initiate and maintain milk supply. If you're unable to double pump, we recommend switch pumping (alternating between breasts regularly).
- Having as much skin-to-skin time with your baby, can boost your milk supply.
- Expressing by your baby's cot side, can boost your milk supply.
- Using warm water (a flannel or a bowl of water), can help to get your milk flowing.
- Using gentle breast massage before and during hand expressing, can boost your supply. Using breast massage and a few minutes of hand expressing before pumping, will also support your milk supply.
- It is very important to express at least once overnight, as this is when your milk hormone levels are highest to help boost your milk supply.
- Ideally avoid gaps of longer than 4 hours during the daytime and 6 hours during the night-time between expressing sessions.
- Aim to express for 2 minutes after the last drop of milk has been expressed, this promotes milk production. Aim for a minimum of a 15-minute expressing session.
- On SCBU, you can store your expressed breastmilk in the fridge for up to 48 hours. When transporting your milk from home, please use a cool bag and ice packs to keep the milk sufficiently cold, and place in the fridge as soon as you arrive on SCBU.

## Breast pump loan



We have hospital grade breast pumps for you to loan out, and take home with you, please ask a member of staff for more details.

**QR code for UNICEF  
hand expressing video**



# Transition to breastfeeding

From around 32-36 weeks gestation, the suck, swallow, breathe coordination matures, and they may be ready to begin breastfeeding. However, this is very individual, and will depend on your baby and their condition.

When your baby begins to breast feed, we will be able to give you advice on positioning, latching and signs to look for that your baby is taking milk. Breastfeeding can take time to establish, this is normal for babies on the unit. They may just be ready to enjoy being close to you, smell your milk and be near the breast, as this can be comforting for them. We are always led by your baby's cues for feeding, and for when they tell us all they have had enough. Our nurses and nursery nurses, will support you to recognise these sometimes-subtle cues.



**If you would like to look into this more, this QR code will take you to our neonatal network website, which has parent information regarding many aspects of your neonatal stay.**



If your baby is also being tube fed, it is likely that they will still require "top ups" of their usual milk via their tube, even though they've just fed at the breast. This is because they may not be strong enough to take enough milk from you yet. This will come with time and practice.



**We have a breastfeeding assessment chart (see QR code on the left) to help you decide with your nurse or nursery nurse how much to top up. We will support you to feel confident using this chart.**

# Transition to bottle feeding



If you have made the informed decision to formula feed your baby or give your baby breast milk via the bottle, we will support you in ensuring baby is feeding effectively before discharge. SCBU staff will make sure you feel confident with all aspects of bottle feeding, sterilising and formula making (if applicable).

SCBU staff will support you to find the bottle-feeding position which is best for your baby. On SCBU, we suggest beginning bottle feeding, using an elevated side lying position, which is a great position to introduce bottle feeding, if a baby has been on the unit. Once your baby is bottle feeding well, we suggest moving to a semi upright feeding position. We will show you these different positions and support you with feeding your baby.

**This QR code will take you to the start 4 life, 'guide to bottle feeding' leaflet. This leaflet has information on sterilising, making up bottle feeds, and bottle-feeding advice.**



## Some common equipment used on SCBU

There is lots of equipment used on SCBU that you may not be familiar with, or may have never seen before. We hope that this introduction to some of the common equipment will explain some of the things you see on the unit, and you can always ask staff for more information.

## Keeping your baby warm

One major part of SCBU is making sure your baby stays warm. We like their temperature to be between 36.5-37.5°C as we don't want them to be using their energy reserves keeping warm, we want them to focus on growing!

We encourage you to feel your baby's chest and upper back to see how they feel when they are the right temperature, this is really important too for when your baby comes home.

### Incubators

Caring for a baby in an incubator means we can control the temperature of the air in the incubator to make sure your baby stays warm. Once your baby is stable enough, you can start to gradually put clothes on them while they are in the incubator. This gives us an indication as to whether they are going to tolerate being out of the incubator and allows us to reduce the temperature of the incubator air.



### Hot Cots

Hot cots are heated water mattresses that we use for those babies who might not need the heat of an incubator, but may not be able to control their temperature on their own.

When your baby is in a hot cot, it is important that they are dressed suitably so they can gain the benefit of the heated mattress. They only require one layer of sheet covering the mattress, one layer of clothing and a maximum of three blankets. If they need more than this then they may not be ready for a hot cot, or may need the mattress temperature increasing.

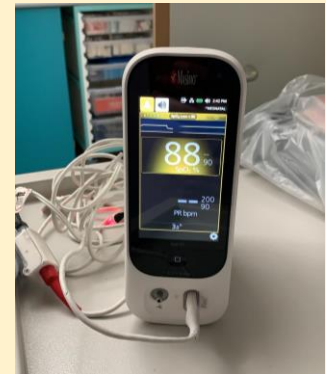




## Monitoring your baby



These are two of the monitors that we use on SCBU. As your baby grows, we will gradually remove monitoring until it is turned off completely ready for you to go home.



They monitor your baby's heart rate (HR) and Oxygen Saturation levels (Sats), as well as sometimes Respiratory (breathing) Rate (RR) and Blood Pressure (BP).

You may hear the nurses or doctors say that your baby has had a 'brady' or 'bradycardic episode'. This is where baby's heart rate slows and is often linked with a desaturation (see below).

You might hear us say that your baby has had a 'desat' or 'desaturation', this is where the oxygen levels drop to a level where the alarms will ring.

One of the nurses will always come to your baby if this is happening, it is a fairly common thing that happens in a lot of babies and we will always keep you informed if it is something to worry about.

## Supporting your baby's breathing



Some babies on SCBU will need some assistance with their breathing, if this is the case for your baby, the reason why will always be communicated with you. Here is a little bit of information about some of the ways we commonly help babies with their breathing.

### Nasal Cannula or Low Flow Oxygen



Nasal Cannula oxygen is sometimes needed for babies whose oxygen saturations are a little bit low. It is a pair of nasal cannulas, or prongs, which sit in the baby's nose and have a long tube, connecting them to the oxygen supply at the wall or the cylinder.

## CPAP (Continuous positive airway pressure)



CPAP allows warmed, humidified air into the lungs and keeps the airways open so that each breath is a little bit easier for the baby.

The nurse caring for a baby on CPAP will regularly take the mask or prongs that your baby has to wear on their nose off and check the skin underneath to make sure it isn't getting sore or marked. CPAP is held in place by using special head gear.

Speak to the nurse caring for your baby about providing containment holding or having skin-to-skin whilst your baby is on CPAP.

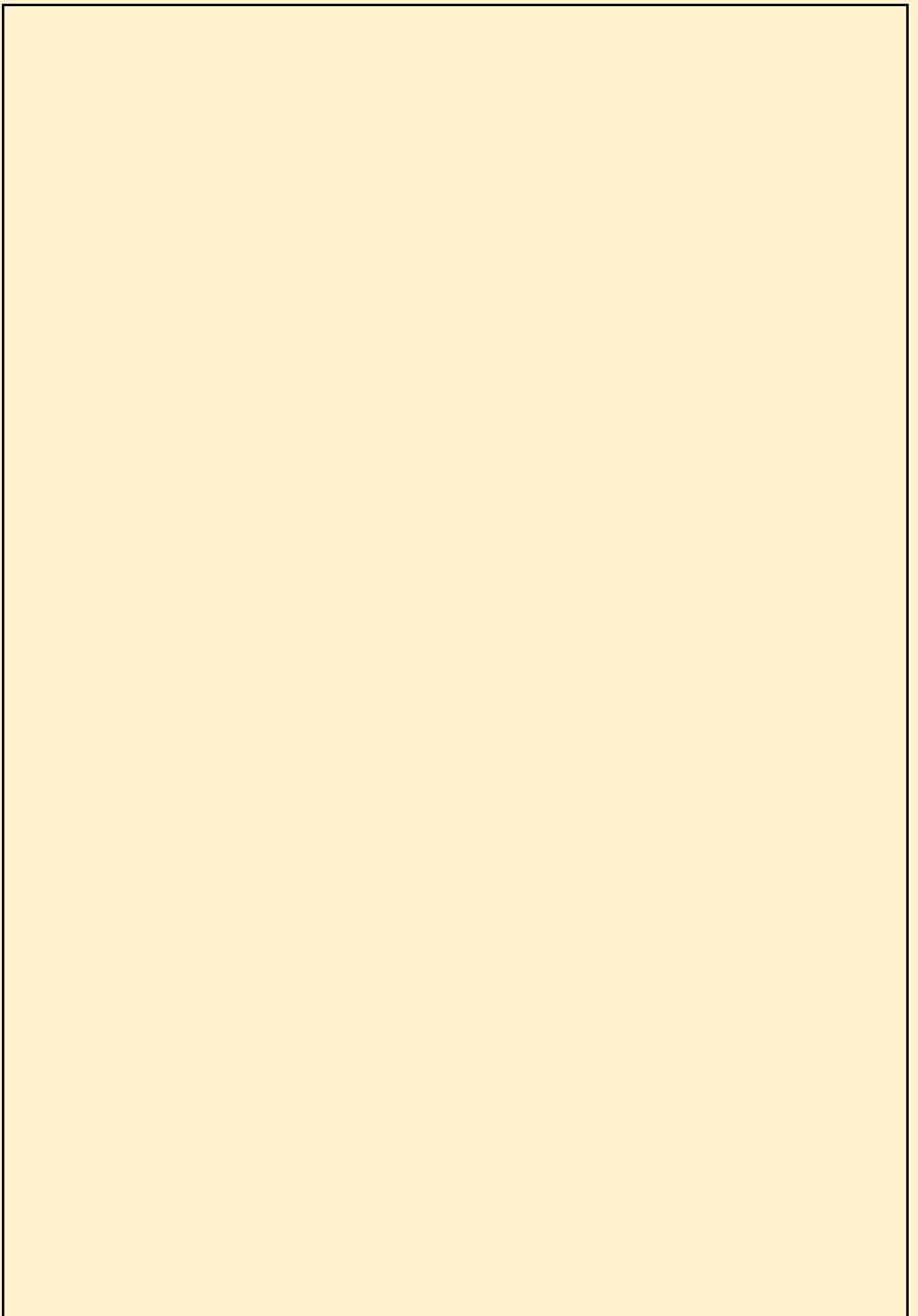


## Optiflow – also called “High Flow”



Optiflow delivers air/oxygen depending on what the baby needs through some small nasal cannula or prongs. This air is warmed, and humidified to make it nicer for baby to breathe in.

Sometimes babies move between one type of breathing assistance and another in a very short space of time. Always ask us if you have any worries.



## **What are probiotics?**

When a baby is born at term their bowels are full of 'friendly' bacteria which help to keep the bowel healthy. When infants are born prematurely, they do not have the same range or amount of 'friendly' bacteria. This can lead to less 'friendly' bacteria increasing within the bowel, which, in turn, can put them at risk of developing a disease called necrotising enterocolitis (NEC). NEC is a condition that mainly affects premature infants. It affects the bowels and, when severe, can be life threatening. There are many factors involved in the development of NEC, but we know that the type of bacteria in the bowel is one of them.

Probiotics preparations contain the 'friendly' bacteria normally found in the bowels of babies born at term. They are given to preterm babies to grow in their own bowel and to help stop more 'unfriendly' bacteria from growing out of control. Research studies have shown that giving probiotics to premature babies can reduce their risk of developing NEC. They may also help prevent other infections and improve overall survival. In the UK probiotics are classed as food supplements, not medicines. However, the probiotic preparation used in the neonatal intensive care unit (NICU) is produced under the same standards as medicines to ensure its safety and quality.

## **Will my baby receive probiotics?**

If your baby is born at less than 32 weeks, probiotics will be given daily until your baby reaches around 34 weeks corrected age, as this is the age the risk of NEC is thought to reduce. However, if your baby is older than this but was started on probiotics because they were very small, the probiotics will stop as part of the discharge planning process. If, for any reason, your baby stops feeds, then the probiotics will stop as well. They will recommence once feeds are restarted.

## **How are probiotics given?**

Probiotics are given as soon as your baby is ready to feed, at the same time as one of their milk feeds. It can be given down their feeding tube or in their mouth using a syringe once they have started to take their vitamins orally.

## **What are the side effects of probiotics?**

Research has shown probiotics to be safe to use in preterm babies. There is however a very small risk that probiotics may cause an infection in some preterm infants. This infection can be treated with antibiotics. The risk of infection from the use of probiotics is much smaller than the risks associated with the development of NEC. In other words, the benefits of giving probiotics outweigh the risks of not giving them.

## Vitamins on SCBU

If your baby has had a stay on SCBU, it may be that they will require some medication via mouth which could continue when you go home. Most commonly these medicines are iron and vitamins.

Vitamins, such as Vitamin A, D, E and Folic Acid, are often required for babies born prematurely or low birth weight, as they have lower stores and higher requirements than babies born at term. Vitamins may start when your baby is receiving their full amount of milk required for their weight. Premature and low birth weight babies are also at higher risk of iron deficiency, typically between 2-6 months of age, so may start an iron supplement at 4 weeks of age.

These supplements will be individual to your baby and any medication your baby requires will be fully explained to you, so do ask if you have any questions at all.

You will have the opportunity to start giving your baby this medicine on the Neonatal Unit with the support of the nurses, so you feel well practiced before you go home, if this has not been offered to you and you are already feeding your baby their milk feeds, please do ask your nurse.

When you go home you will be given a supply which will last you at least one week, and you will need to get more from your GP in time for when this runs out.

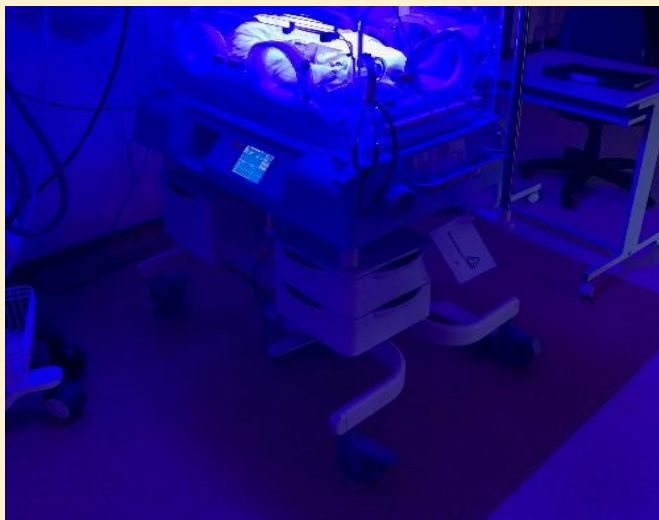
## Jaundice

Jaundice is very common in all newborn babies, not just those that are admitted to SCBU.

Jaundice causes a yellowing of the eyes and the skin and happens because of a raised bilirubin level in the body. The body has lots of ways of getting the bilirubin out of the body (including through faeces and urine), but sometimes these don't keep up with the amount of bilirubin in the baby.

While on SCBU, your baby will be monitored for jaundice through blood tests.

If the results show your baby requires treatment for jaundice, they will be cared for under phototherapy lights. They will need to wear goggles to protect their eyes from the bright lights and remain under the lights as much as possible. How long your baby remains under phototherapy varies depending on their gestation and age. Please ask us if you have any questions.



## Newborn Blood Spot Screening

The Newborn Blood Spot Screening test is usually done on day 5 of your baby's life, from a heel prick blood sample, which is sent away to test for serious inherited health conditions which have better possible outcomes for treatment if discovered early.

Any baby that is admitted to the neonatal unit, will have an additional Newborn Blood Spot Screening taken as soon as possible after arriving on the unit.

You should receive the results by letter from your health visitor or GP within 6 weeks. There is the most up-to-date information about Newborn Blood Spot Screening here:

<https://www.nhs.uk/conditions/baby/newborn-screening/blood-spot-test/>

## Blood Transfusion

Occasionally, a blood transfusion will be needed for a baby who has either lost some blood, or is not producing blood cells as quickly as needed. The need for a blood transfusion will be fully discussed with you before it is given, except in very rare, extreme emergency situations. Blood is given through a cannula into your baby's vein. This QR code contains general information about blood transfusion.



## Infection Screening

When babies are admitted to SCBU, showing certain behaviours, or meeting certain criteria, which we know can be linked to the risk of infection, they may need antibiotics.

We will monitor your baby's infection markers by doing blood tests, and once the infection has been adequately treated, then the antibiotics will be stopped. This is usually a minimum of 48 hours after blood tests, because we have to wait for the 'blood cultures' results.

Sometimes, babies who have been on SCBU for a little while may also show signs of becoming unwell and require antibiotics. In nearly all cases, babies on SCBU are given their antibiotics via a 'drip', in their hand, arm or foot.

On admission, and then weekly thereafter, we will swab your baby for Meticillin Resistant Staphylococcus Aureus (MRSA). In the rare event that the result comes back as positive, treatment involves the use of a special wash and nose ointment. This will be fully explained if needed.

## Retinopathy of Prematurity (ROP)

Retinopathy of prematurity or ROP is a condition where the blood vessels at the back of the eye (the retina) develop abnormally. Usually, no treatment is needed, however, in some of those affected babies, treatment may be required.

When a baby is born prematurely, the blood vessels of the retina are not fully developed. After birth, these blood vessels have to develop and may grow abnormally, if this happens there is a risk that the retina may become damaged.

Due to this risk, all babies who are born under 32 weeks gestation, or under 1.5kg are screened for ROP.

If your baby needs screening, the nurses will give some eye drops about an hour before the examination. These are to dilate the pupils and make it easier to view the back of the eye during the examination, and a second eye drop offers pain relief during the procedure. The ophthalmologist then examines the back of the eye using their special equipment.

If the ophthalmologists find ROP has developed in your baby, they will discuss this with you and explain the next steps required.

## BCG

In the UK, the BCG vaccination is offered to babies who are likely to spend time with someone with TB. The most up to date information can be found here

[www.nhs.uk/conditions/vaccinations/bcg-tuberculosis-tb-vaccine/](http://www.nhs.uk/conditions/vaccinations/bcg-tuberculosis-tb-vaccine/).

# Hearing Screening

The newborn hearing screeners will perform the hearing test on your baby just before they are discharged from SCBU. It is aimed to find those babies that have permanent hearing loss and provide support and advice to those families.

1 in 900 babies have hearing loss in 1 or both ears, this increases to 1 in 100 for those babies that have spent 48 hours in SCBU.

Once your baby is more than 34 weeks corrected gestation, but less than 3 months old and they are ready to go home, the hearing screeners will be able to complete the test. The test doesn't take long but needs to be done when they are asleep and calm. The hearing screeners will need to get your consent before completing the test and will document the results in baby's red book.

## Getting ready to go home



One of the most frequent questions we are asked is when a baby will be ready to go home. This will be very individual to your baby and your family, and we won't always be able to give you a definite answer. Babies often go through stages of slower progress (which can feel really frustrating to families) and sudden bursts of progress.

It's most important that you talk to the doctors or nurses if you have questions about when you will be able to go home, and we'll also do our best to keep you updated. Please don't wonder or worry in silence.

### **There are some things we need to have happened before you can go home:**

- Your baby needs to be able to control their own temperature in a normal cot
- They need to be showing us they are putting on weight
- Babies can usually go home with their feeding tube in, but we need them to be able to have at least two feeds per day, for at least a couple of days, of breast or bottle feeds before letting you go home
- We strongly encourage you to listen in to the Basic Life Support training we offer, and stay in our parents room for at least one night before going home
- We need you to have registered your baby with their GP before you can leave the hospital**
- Your baby will have had to have their hearing screening completed



## On GOING HOME Day

When the day comes to go home, it is very normal to have very mixed emotions. We're always here to support you if you need to ask any last minute things, or just talk.

There are some things we will need to do with you on your last day before you can go, so it's best not to expect to be able to leave until the afternoon (although we will always work with you as best as we can if you need to arrange a specific time).



These will include:

- Weighing your baby and measuring their length and head circumference
- Preparing your baby's final paperwork to send to their GP and Health Visitor, giving details of their stay
- Contacting any services who will need to know your baby has been with us and is now going home (e.g. Midwives if your baby is still under 28 days old, Health Visitors, any specialist teams your baby may be under)
- Being seen one last time by the doctor on the unit
- Ensuring you have all your belongings, including any frozen/refrigerated expressed breast milk from the milk kitchen
- Explaining any formula milk and/or medicines your baby is going home on
- Giving you details of any follow up appointments you may need
- Signing back in the breast pump if you have borrowed this for your baby's stay

Some families like to write a list of anything they want to ask on going home day.

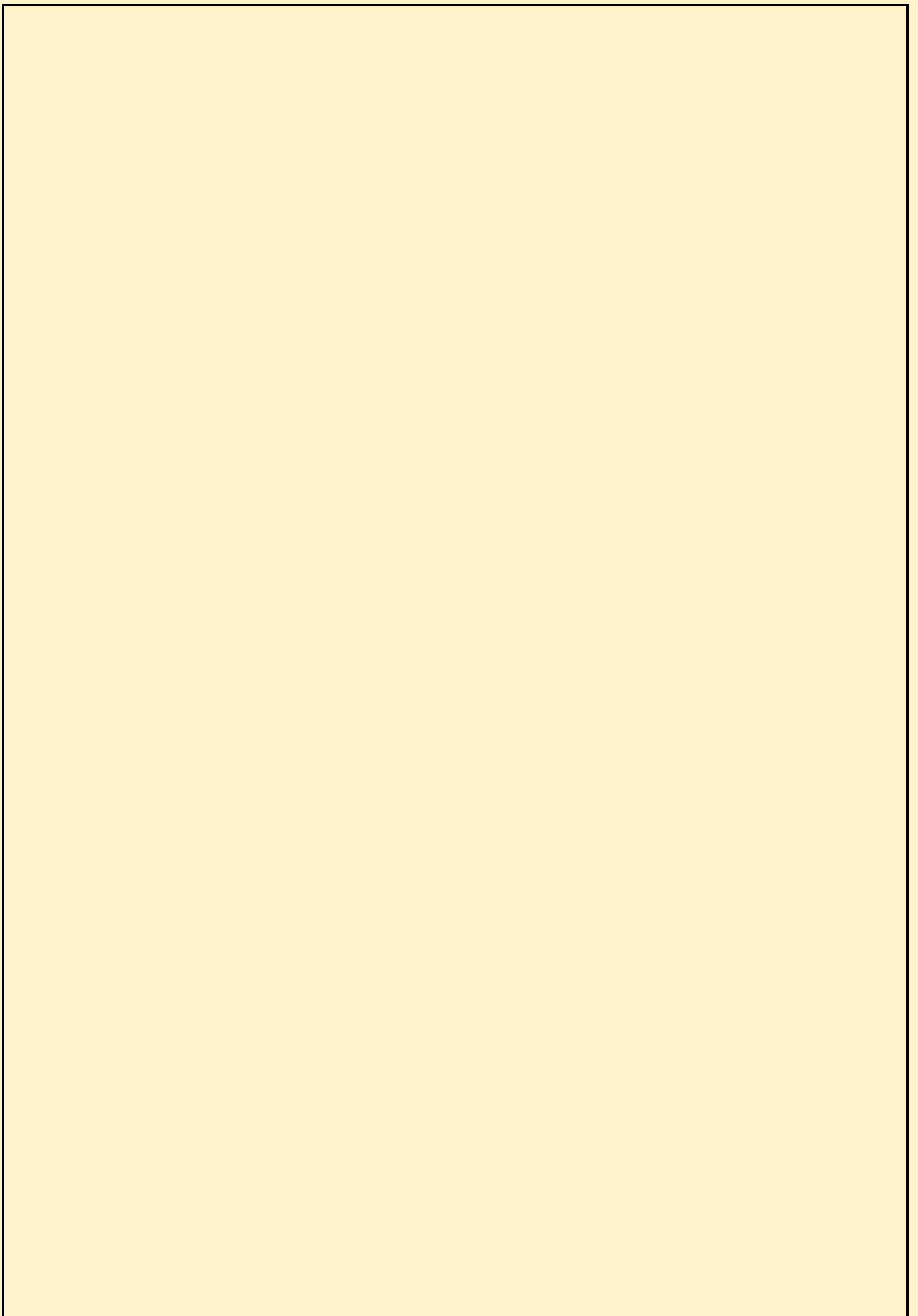
Don't forget you might want to take a photo at the front door of SCBU as you leave with your baby – we're always more than happy to help with this as we wave you goodbye.

### When you have gone home

Going home can be overwhelming, and you may have questions over the following days once you've gone home. You can phone the unit if you have anything urgent you want to ask.

You may be visited at home by our Outreach Team – Gemma, Karen, Aimee, Kerry and Esther. They will introduce themselves to you whilst you're still on the unit, discuss with you what you will need from them, and give you a leaflet explaining what they do. The Outreach Team is contactable Mon-Fri during office hours on 01480 416238 or the mobile number you are given when you meet them.

You will also be contacted when you have been at home for about 6-8 weeks, and invited to a baby massage course run by SCBU staff. Please note, this may be dependent on staff availability.





# Discharge links



## SAFER SLEEPING

Safer sleeping advice for premature babies, from the Lullaby trust.



## INFANT CPR

scan the above QR code. This will take you to a you tube video by the Bliss Baby Charity, on how to resuscitate an infant.



## BABY CHECK

Baby check is provided by the Lullaby trust and contains different questions to decided what appropriate help you need



## ROSPA- CAR SAFETY

Information on car seats and positions



## ROSPA-NAPPY BAGS

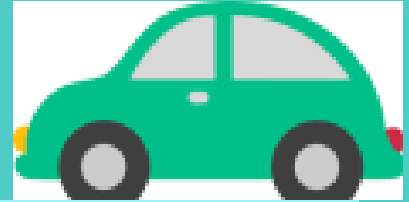
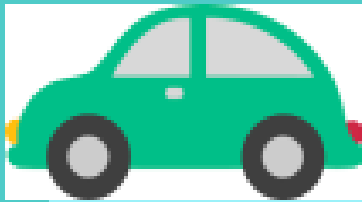
Information leaflet on the dangers of nappy bags



## MENINGITIS

Information poster with the symptoms of meningitis





# Discharge links



## OFF TO THE BEST START

Important information about feeding your baby



## GUIDE TO BOTTLE FEEDING

How to prepare infant formula and sterilise feeding equipment to minimise the risk to your baby



## GUIDE TO IMMUNISATIONS

Summary of immunisations up to one year of age



## SMOKING

Information on smoking and your baby



## Bliss -taking your baby home

Information on taking your baby home from nicu



## DOG SAFETY

Cambridgeshire and Peterborough Safeguarding Children partnership Board



## Data and Research



### National Neonatal Research Database

All infants within the Eastern Region (and most of the UK) have data entered onto the National Neonatal Research Database. We collect data to allow us to improve and make sure we are always providing the best care for our patients. It also allows us to compare practice between units both within the Eastern Region and beyond. Data is used for the National Neonatal Audit Project (NNAP), a national project to maintain and improve standards. No reports created at any time contain any information that could identify you or your baby and the only people able to access any identifiable information are the clinicians looking after your baby. We record all the following data:

- Demographic details (i.e. address, GP details, date of birth, NHS number etc.)
- Pregnancy, labour and delivery history
- Baby's diagnosis and treatments
- Baby's monitoring, weight, respiratory and feeding status
- Tests on baby and the results
- Details of where your baby was born and any hospitals involved in your baby's care.

This data is all collected by the clinical staff involved in your baby's care. All data is stored and handled in adherence with The Data Protection Act (1998). Guidance is available at:

<https://www.rcpch.ac.uk/sites/default/files/2021-07/NNAP%20Privacy%20Notice%20E%26W%201%20April%202021%20typeset%2024.06.21.pdf>

## Support & Information



For many families, the first few days, weeks or months with a premature or sick baby can be extremely tough. We are very happy to support you and your family and signpost you to relevant information sources should you need them.

We are so fortunate to have Family and Baby (FAB) support workers who will check in with all families weekly, more details about what they do is on the notice board in the kitchen.

If you are with us for more than a couple of days, we will provide you with a Journey Box for you to keep anything you wish. Other parents/carers have kept items such as their baby's first ID band, wires & stickers we use for monitoring, masks or nose prongs from any breathing support... but this is entirely up to you!

Transport – if you are struggling to get to the hospital to be with your baby, please talk to us, there are many community transport services that we may be able to point you in the direction of.



Best beginnings work to inform and empower parents/carers who want to maximise their childrens long term development and well-being. They also have a 'baby buddy' app.

<https://www.bestbeginnings.org.uk/>



The Lullaby Trust offers advice on safe sleep for babies and gives emotional support to bereaved families. There are lots of information on their website regarding the best way to keep your baby safe when they are asleep.

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



The mind website has a wealth of information on maternal mental health.

Call 0300 123 3393 or Text: 86463 [www.mind.org.uk](http://www.mind.org.uk)



ICON is a programme that provides information about infant crying and how to cope. There are videos on the website about infant crying, how to comfort your baby and Dad's talk.

<https://iconcope.org/parentsadvice/>



Bliss is a charitable organisation for babies born prematurely, sick or small. They offer a wide range of information booklets for families and their website has lots of further information about SCBU families.

[www.bliss.org.uk](http://www.bliss.org.uk) or Free phone **0800 801 0322**



Domestic violence or abuse can happen to anyone. Find out how to recognise the signs and where to get help.

Domestic violence, also called domestic abuse, include physical, emotional and sexual abuse in couple relationships or between family members.

<https://www.nhs.uk/live-well/healthy-body/getting-help-for-domestic-violence/>



Unicef Baby Friendly is all about transforming health care for babies, their mothers and families in the UK. It is a world wide programme of the World Health Organisation and Unicef which aims to improve standards of care for breastfeeding within health care settings.

<https://www.unicef.org.uk/babyfriendly/>



It's impossible to know what it's like behind NICU doors unless you've walked those corridors, scrubbed your hands, heard the alarms and felt the fear of losing the most precious thing in the world to you. We get it because we've been there too. The Smallest Things is run entirely by volunteers who've had premature babies. And that's exactly what inspires us to support families, raise awareness and instigate change.

<https://www.thesmallestthings.org/who-we-are-1>