

East of England Neonatal Operational Delivery Network

NEONATAL PASSPORT

Assistance Cards

Developmental Care



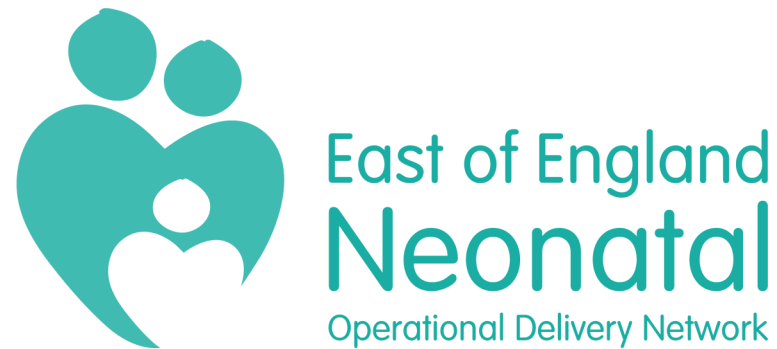
East of England
Neonatal
Operational Delivery Network

Collaborative working to deliver high quality care to our babies and their families



Acknowledgement

The East of England Neonatal ODN would like to give special thanks to the North West Neonatal ODN, East of England Neonatal Outreach team, Paula Peirce, Sophie Phillips and Nigel Gooding from Cambridge University Hospital, Emily Gorrod and Kelly Hart admin support to the ODN for all of their help with our Parent Passport.



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PARENTS TAKING PART IN WARD ROUNDS



Baby's Name and Sex

Gestation and Current age in days

Birth Weight and Current Weight

Hospital where baby was born and date when transferred

Type of delivery

Respiratory support needed at birth and currently.

Nutrition - TPN, Type of milk, how much and how milk is given

Has baby had a wee or a poo?

What lines/drips are in place?

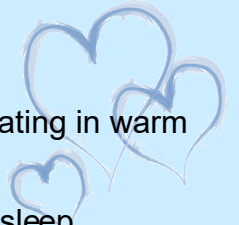
How do you feel your baby has been over the past 24 hours?

How are you coping as a family? Where are you staying? Are there other children to consider?

Any questions for the medical and nursing team today?

Anything else you would like to share with your baby's health care team

Neonatal Unit Environment



The NICU environment is very different to the environment your baby will have been in the womb, where they will have been floating in warm fluid, cushioned by soft boundaries and where light and sound will have been filtered for them.

Baby's grow and their brains develop when they are in deep sleep. There are many things we can do on the unit to protect their sleep.

Noise:

Preterm and newborn babies are not able to block out noise and find sudden, loud noises particularly uncomfortable. Whilst on the unit, please try to

- Keep voices low. It is still important to talk, sing or read to your baby sometimes as your voice will be familiar and soothing for them (think about talking in a "library voice").
- Turn mobile sounds off
- Close doors and drawers carefully
- Wear quiet soled shoes
- Don't tap on the incubator, or place items on top of the incubator
- An incubator cover reduces the level of noise that will reach your baby

Lighting:

Under the age of 34 weeks, babies are not able to adjust their eyes in response to bright light. Preterm babies also have thin eye lids. It is therefore important that we protect their eyes from bright and direct light.

- Incubator covers and cot canopies protect from room lighting
- Window blinds protect from daylight
- Ensure examination lights are switched off when they are no longer needed
- Phototherapy goggles should be in place correctly if needed
- When you are holding your baby, try shielding your baby's eyes with your hand; they may be able to open their eyes to look at you if it is not so bright!

Neonatal Unit Environment



Smell

Premature babies are sensitive to strong smells. They also need to be given the opportunity to experience nice smells, and familiar smells.

- Make sure hand gel is rubbed in properly before placing your hands into incubator, or picking up your baby. Allow a few moments for the smell to wear off
- Avoid wearing perfume or after shave when you visit your baby; they will recognise your unique smell
- Wear a muslin close to your body and leave it in your baby's cot when you are not able to be with him/her
- Place a used breast pad close to your baby's face in their cot. Your breast milk has a similar smell to your amniotic fluid and will be comforting to your baby
- Allow your baby to smell the milk before you give them a tube feed, by holding a cotton bud dipped in milk close to their nose

Taste

- If your baby is not yet able to feed by mouth, use expressed breast milk for mouth cares (or sterile water)

Touch

- Hold your baby in skin-to-skin for as long as you both feel happy and comfortable to do so. YOU are the best environment for your baby! It is better to hold your baby for one long stretch if you can (e.g. 4 hours) than for lots of short periods of time, as sometimes the process of being lifted in and out of the cot can be unsettling
- There will be some circumstances where your baby is not stable enough to be held in skin-to-skin. In this case offer comforting touch instead. Make sure your hands are warm and gently cup his head and feet with your hands, keeping them still.

Nesting

Your nurse will be able to show you how to make a nest for your baby, with boundaries to help them feel safe and secure, develop good posture and to gently push against to build their muscles.

How we monitor your baby on the neonatal unit **And what you might observe**



Most babies on the unit require some type of monitoring, but this will be reduced as your baby moves through the unit. All electronic monitoring is removed before your baby goes home. The alarm limits on all the monitors are set at different levels for each baby, depending on their individual needs.

You **must never** alter the limits on the monitor or cancel the alarms; it is really important that the nurses know what the monitors are reading. The alarms may go off for many reasons, such as leads becoming disconnected, a wriggly baby or a change in your baby's condition. If a nurse is not able to come to your baby straight away, they will still be looking to see how your baby is responding.

As well as the technology that monitors your baby, the nurses will be watching your baby closely for changes in skin tone, facial expression, breathing pattern, body movements and behaviours such as hiccupping, yawning and sneezing. These are ways that your baby communicates how comfortable he is feeling. As you get to know your baby, you may start to pick up on these changes even before the monitors do. If you have any concerns about how your baby is behaving, then please let your nurse know.

Some ways in which we monitor your baby **on the neonatal unit**

Heart rate

- The heart rate is recorded through 3 leads which are attached to either side of the chest and on the upper part of 1 leg by a gel pad. These leads are attached to a wire which goes to the monitor – at the connection point there are 3 colours – red, black and yellow
- The yellow lead goes on left side of the chest, the red goes on right side of the chest and the black goes on the leg
- If one of the leads falls off, the monitor may alarm. When you are changing your baby check the leads are still in place and if they fall off let your nurse know and she will give you a replacement. It is common for the leads to fall off as pad loses its stickiness over time.

Oxygen saturation

- The oxygen saturation is measured through a probe with a red light, that is attached to the foot or hand
- Each time you do your baby's cares, you can move the probe to another foot or hand
- Make sure the 2 sides of the probe are flat against the baby's foot / wrist or hand and secure firmly but not too tightly ensuring the light is opposite each other.

Some ways in which we monitor your baby on the neonatal unit



Temperature

- Your baby's temperature is taken at least every 6 hours (usually with cares) with a thermometer that is placed under the arm
- Ask your nurse if you would like to take your baby's temperature
- Your nurse will show you how to; pull probe from machine, put a new cover on and check thermometer is ready to use
- The probe should be placed right under the arm and the arm placed back over probe, you need to hold in this position until the temperature is recorded
- Clean the probe machine with a wipe when you have finished with it.
- Tell the nurse what the reading is so they can record it in your baby's notes and take any appropriate action

Apnoea monitor

- As monitoring is reduced your baby may be put on an apnoea monitor. An apnoea alarm monitors movement and shows a flashing light when your baby takes a breath. Turn the alarm off when you take your baby out of cot and turn it back on when you put your baby back. The nurses will immediately respond if they hear this alarm go off.
- If your baby is on an apnoea monitor with a lead; the lead is attached with tape to the lower abdomen which is changed every 7 days. The lead can be unplugged from the monitor when baby is out for cuddles and feeds.

Understanding your babies cues



Aim

Parents will be able to understand the cues that their baby is giving

Resources

Pictures

Learning points

Your baby is very good at communicating in their own way how they are feeling; it is good to know if they are feeling calm or stressed. Babies use behavioural cues to communicate.

Signs of being calm

- Steady heart rate
- Steady breathing
- Uniform pink colour
- Feeding well
- Resting comfortably in bed or in arms
- Arms and legs flexed, relaxed position
- Hands on face or around mouth
- Sleeping or quietly alert

Understanding your baby's cues



Signs of stress

- Changes in heart rate
- Changes in breathing
- Colour change
- Poor feeding and/or spitting up
- Squirming
- Frowning
- Extension of arms or legs
- Crying/fussing/looking away
- Sneezing
- Hiccups

When you are handling your baby if they are showing signs of stress, stop what you are doing or pause and then continue when they have calmed down

Carrying out basic hygiene on your baby

'Top and Tail'



Aim

Parents are able to carry out normal hygiene care for their infant

Resources

- Doll
- Waste bag and tape
- Bowl
- Cotton wool
- Cotton wool tipped applicator for mouth care
- pH strips
- 5ml syringe
- Nappy
- Sterile gauze
- Sterile water

Carrying out basic hygiene on your baby

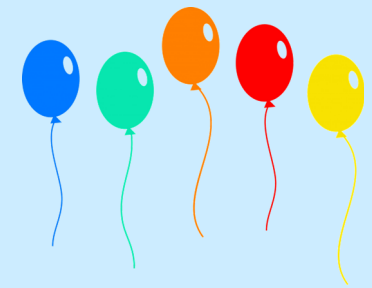
'Top and Tail'



Learning points

Before starting cares your baby's observations, including temperature, should be observed and documented-this is a separate teaching session. There will also be a teaching session on checking the position of feeding tube, aspiration of tube and feeding. Although we always have a time 'cares' are due, this is flexible and can be changed to meet the needs of the baby.

- Get all the equipment you need ready before you start
- Skin-with warm water and gauze gently wipe around the face, behind the ear lobes and folds of the neck, look for any rashes, broken areas, signs of redness or inflammation; dry the skin thoroughly with gauze
- Eyes-do not need to be cleaned; if they look sticky tell the nurse
- Wet sterile gauze or swabs with EBM or sterile water and gently wipe inside mouth
- The umbilical cord shouldn't be cleaned routinely but check for signs of redness or inflammation; if the nurse decides the umbilical area requires cleaning, sterile gauze with sterile water should be used and the area thoroughly dried
- Undo nappy and fold front half down on back half, clean groins, genitalia and buttocks with cotton wool balls and warm water, observing for signs of redness, soreness, rashes or broken areas, dry the area thoroughly
- Avoid lifting the baby up by the legs, instead hold the baby's feet together and gently bring the legs towards the body
- Slide new nappy under old one, then remove the old one
- While your baby is undressed the nurse will need to check their tummy
- Change baby's clothes and bed linen if required
- If baby is staying in cot or incubator ensure in correct position (separate teaching session)



Taking your baby out of an incubator

Aim

Parents will be able to take their baby out safely

Equipment

Blanket

Comfortable chair

Incubator

Learning Points

Ask for help to take baby out if in Intensive Care or High Dependency

Following discussions with staff if your baby is stable enough for you to take out of an incubator:

- Make sure chair is nearby and has brakes on
- Open side of the incubator
- Ensure lines are free-check no snagging and there is enough length to reach the chair
- Place one hand under the baby's head and one hand under the baby's bottom and lift baby up to your chest
- Then sit down, ensuring you and they are comfortable
- Hold in position that is comfortable/in skin to skin

Positive touch



Aim

Objective: For parents to understand how to provide the best possible touch or containment holds

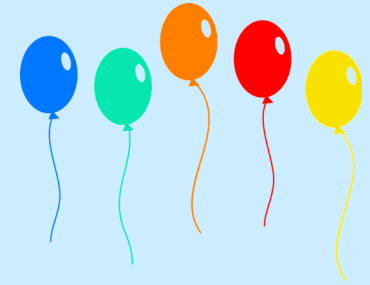
Equipment/resources

Doll

Learning points

- **Positive Touch:**
 - Firm/still touch – holding a hand or a foot and talk gently to the infant, offering reassurance. This offers a minimal amount of touch, so is not too invasive and allows the baby to get used to being touched and to learn that touch can be a positive experience
 - Stroking can be irritating/over stimulating to a baby and may result in physiological instability (i.e. desaturations)
- **Containment/Comfort holding:**
 - One of the ways for parents and babies to get to know each other
 - Comfort holding is a way to experience loving touch when the baby is not ready to be held
 - This is another form of 'still touch'
 - Containment holds are resting holds and are best offered to the infant when the carer has warmed their hands
 - The carers two hands can be used to gently 'contain' the infant, making them feel enclosed and secure
 - The infant's head can be cupped with one hand and the other hand placed on or over the infant's tummy, trunk or bottom
 - The hold is continued for as long as the infant's condition allows, closely observing the infant's behavioural cues and physiological condition throughout

Swaddled bathing



Aim

For it to be a pleasurable experience for the baby and that parents feel confident in the process

Resources/Equipment

- Bath
- Doll
- Towel
- Muslin square or thin sheet

Learning points

- Bath times need to be planned to suit both the family and the workload of the staff in the room
- Before starting bath observe baby and check they are awake and responsive
- Collect all equipment needed
- Fill the bath with warm water (wrist test)
- Undress the baby and wrap in muslin square or thin sheet, if dirty nappy, clean bottom
- Wash face, neck, ears and hair-bath products are not recommended under 1 month of age
- Still wrapped in muslin sheet, lower baby gently into bath and allow them to adjust before slowly unwrapping sheet-practice holding position with a doll
- Gently wash the rest of the baby with soft cloth; observe baby's cues and if they become distressed lift out of bath at any time
- Leaving muslin square in bath and with a towel over your chest lift baby onto the towel and wrap
- Dry baby thoroughly and maybe have skin to skin time before dressing

Dressing your baby

Aim

Parents are able to dress their own baby

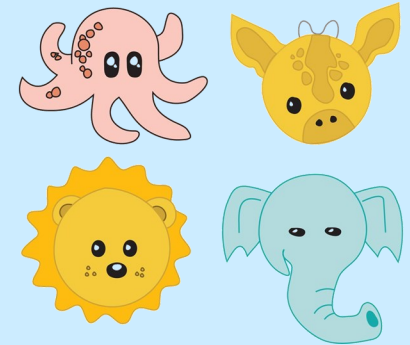
Resources

- Doll
- Clothes

Learning Points

Once baby is starting to get stronger and needing fewer wires they can be dressed. Dressing your baby for the first time is a lovely memory and one that you should be part of.

- Have a discussion with nursing staff to check your baby is ready to be dressed
- Wash and label your baby's clothes and have them ready to use
- Dressing can be done after cares have been performed
- Make sure baby's clothes are appropriate for their environment
- Open Babygro and place under your baby
- Ask the nurse for help if you are unsure how to position ECG leads or if they need replacing. Make sure your baby isn't lying on any lines and that nothing is tangled around their legs/toes
- If your baby has a line in make sure the limb is kept visible for VIP scoring



Weighing your baby



Aim

To have an accurate record of growth; that baby feels secure during process

Equipment

- Scales
- Doll
- Muslin square or thin sheet
- Sheet or towel

Learning points

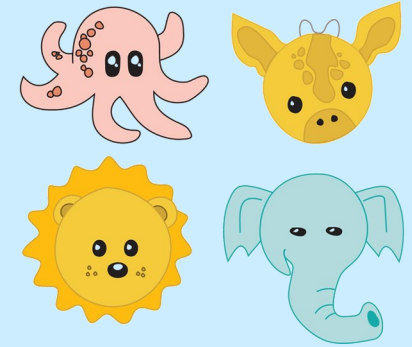
- Make sure scales are plugged in
- Place sheet or towel onto scales and zero
- Weigh muslin square or sheet, write down what it weighs then remove
- Undress baby completely and wrap in muslin square or sheet that has been weighed
- Check with nurse that it is ok to remove saturation probe and disconnect ECG leads; if there are IV fluids up a nurse will help you
- Re zero scales
- Lift baby out of cot or incubator onto scales, when weight has registered write it down

Weighing your baby

- Never leave baby in scales unattended even for a few seconds
- Place baby back into cot or incubator
- Tell the nurse what the weight is before redressing your baby so weight can be rechecked if a large weight loss or gain
- Babies should gain 15-20gms/kg/day



Changing your baby's bedding



Aim

For parents to be able to change their own baby's bedding

Resources

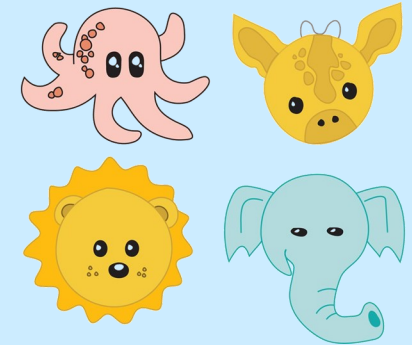
- Clean sheet
- Clean nest/blankets

Learning points

Before starting make sure you know where clean linen is kept and where dirty linen should be disposed of

- 2 people make it easier so one can hold baby and one change the linen
- Loosen the sheet around the whole incubator/cot before lifting baby to minimise handling
- Take out the dirty sheet/nest and replace with clean ones, make sure that creases are out of the sheets so it's comfortable for baby to lie on
- Ensure baby has boundaries so they can be positioned correctly

Changing your baby's bedding



Preterm babies enjoy a comfortable bed with fresh linen. It is knowing when they want to be changed that is important

I have been shown how to change my baby's sheets when being nursed on respiratory support in an incubator

I understand that whilst in critical care it is not always necessary as they will require limited stimulation

I can be responsible in giving my baby a 'breast cloth' placed under their head and changed after feeds

I understand that the incubator will be changed weekly

The cot sheets can be changed every day by me

The cot sheet would also be changed should they become soiled whether from overspill from nappy or possets

Positioning your baby

Aim

That parents will be able to position their baby according to condition and to promote good development

Resources/equipment

Clean nest/blankets/ positioning aids, doll

Learning points

- Ideal positioning is head is aligned with ears, shoulder and hip straight line (NB: with exception of prone when head is rotated to left or right)
- Sometimes babies will be put prone or supine for respiratory or observational reasons
- Ensure position supports the baby bringing hands to midline and close to mouth
- Need high and supportive boundaries to allow extension and flexion
- Once preparing for home (usually around 36 weeks) back to sleep guidelines should be followed
- On the unit we sometimes swaddle babies but this isn't something you should do at home
- Position should be changed 6-8 hourly or more often if your baby seems uncomfortable or in pain
- Some babies will have a gel pillow to prevent head moulding
- Avoid rapid movement, move your baby gently



Positioning your baby



Preterm babies have poor muscle tone; you may observe their movements be disorganised and very energy consuming. They have difficulty working against gravity and need a little help with support.

Parents/carers must recognise the need for good postural support whilst on the NICU

Parents/carers must have been shown how to use boundaries/nesting to contain the arms and the legs

Parents/carers must have been shown how to use pillows/wedges to aid head support to avoid flattening

Parents/carers must know how to recognise when the head is turned flat to the side and how to avoid this

Parents/carers must understand why limbs should be tucked in and not 'dangling' when being lifted or being held whilst feeding

Parents/carers must have been shown how to use different positions that calm or keep baby organised

Parents/carers must understand that towards the end of their stay on NICU positioning aides will gradually be removed



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