JENNY LIND
CHILDREN'S HOSPITAL

NHS
Norfolk and Norwich
University Hospitals
NHS Foundation Trust

NICU Baby Care Booklet

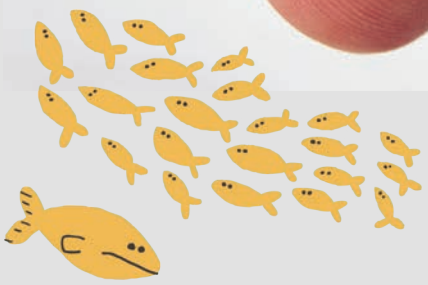
Baby's Name .....

Hospital No. .....

Welcome to NICU

Congratulations on your new arrival. Having a baby needing care in the NICU can be a wonderful and frightening experience all in one. You will be excited that this new beautiful little person has come into the world, but you may feel overwhelmed with being separated from your baby, with nurses, doctors, equipment, beeping and the hustle and bustle of the NICU.

This booklet aims to provide comprehensive information for families in all aspects of their baby's care and will be kept at the cotside. You will meet a member of the Family Care Team shortly after admission who will help familiarise you to NICU and the Team. There is additional information in the NICU Family Guide which you can take home. Our staff's commitment is to work in partnership with families ensuring that their baby has the best care available. With specialised knowledge and resources our goal is for you to have a happy and healthy baby coming home to be part of your family. Your journey may be a long one in NICU and the strategies below will help you to understand your baby and the care they need whilst in NICU and beyond.



Parent/carer signatures

Print name ..... **Signature** .....

Print name ..... **Signature** .....

Introduction to the Neonatal Unit

Introduction to the Neonatal Unit	Staff discussed Sign & date	Parent 1 Initial & date	Parent 2 Initial & date
Working with Families			
I have had an introduction and tour of NICU			
I have been introduced to my baby's Consultant			
I have been introduced to the Family Care Team			
I have been given an admission pack including the NICU Family Guide and Bliss Booklet 'About Neonatal Care – an introduction to your baby's care in hospital'			
I am aware that it is open access for parents to be with their baby and a password system is in place for information to be given over the telephone			
I am able to have a designated supportive other person if I am the only responsible person for my baby			
Parent rooms are available if my baby is very unwell, has been transferred from another hospital or is ready to go home			
I have signed consent for digital photos and videos of my baby to be taken by the NICU team			
I am aware that free parking is available for me to see my baby			
I am able to get 50% off food vouchers whilst my baby is on NICU			
I am aware that during 12.30 - 14.00 quiet time is there to protect my baby's sleep			
I am encouraged to be present at the daily medical ward round when I am able to			
I know that I can learn to give my baby's medicines independently			
I know that translator services are available on NICU			
I am aware of the psychological services available whilst my baby in on NICU			
I have been given a diary which staff will complete about my baby's journey on NICU			

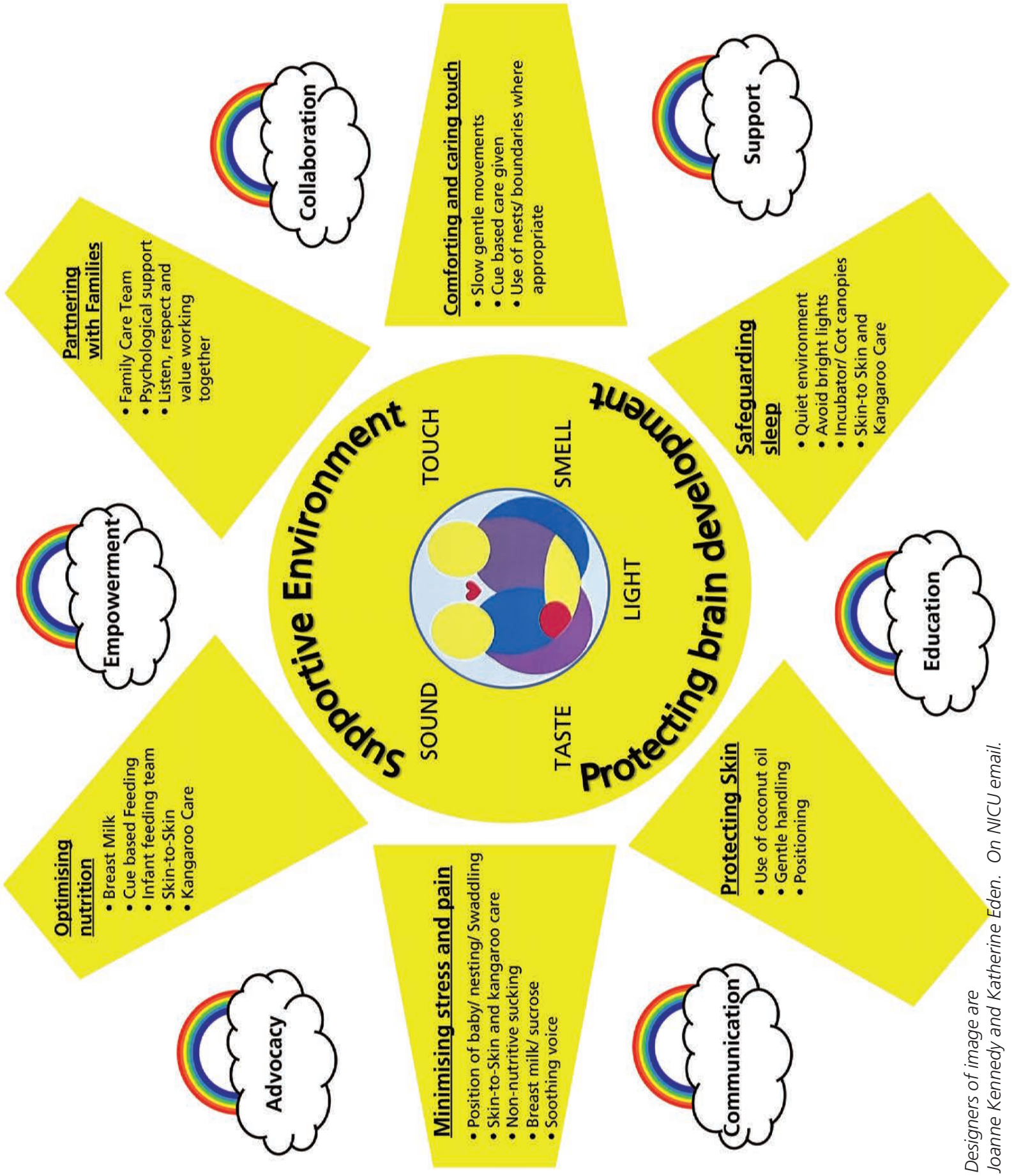
Feeding your baby

We have a NICU Feeding Team including a Speech and Language Therapist and Infant Feeding Coordinator. They will give you additional support with your feeding choices and discuss the benefits of breast milk for your baby. You will learn how to recognise feeding cues and how to feed your baby safely.

Family Centred Developmental Care Strategies	Staff discussed Sign & date	Parent 1 Initial & date	Parent 2 Initial & date
Feeding your baby			
I have met the NICU Feeding Team to discuss expressing my milk and feeding options for my baby			
I have received the colostrum pack for early breast milk expression			
I know how to hand express effectively			
I know there are breast pumps available to be used on NICU. I can either sit at my baby's cot side or in the designated expressing room			
I have been shown how to use the breast pump safely and the correct shield size			
I know how to clean and sterilise the breast pump equipment			
I know how to complete the expressing log			
I know how to store breast milk on NICU and at home			
I have completed the tube feeding competency			
I have been shown how to position my baby for bottle feeding and know what teat to use			
I know I can learn to pass a feeding tube			

Family Centred Developmental Care

Family Centred Developmental Care is an individualised approach of care that promotes the maximal potential of development for those babies admitted to the Neonatal Intensive Care Unit.



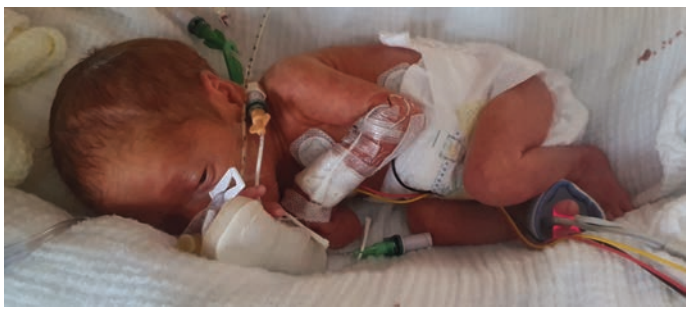
Designers of image are Joanne Kennedy and Katherine Eden. On NICU email.

Family Centred Developmental Care

When your baby needs a high level of intensive care

Things you can do:

- You must always wash and sanitise your hands before and after touching your baby and before you leave the nursery.
- Watch your baby – At this stage you may notice your baby's special characteristics and their personality starting to evolve.
- First touch – Even though you may feel nervous about touching your baby, a warm, gentle, firm containment hold on their head and feet will provide your baby with comfort and they will know you are there.
- Your baby may find comfort from holding your finger, sucking on a soother or sucking on your clean finger.
- Talk to your baby. Your voice is the one familiar thing in your baby's world. You can read your baby stories, hum or sing to them.
- Your baby is sensitive to light, so if they are in an incubator, be sure to keep their eyes shaded from the direct light with their incubator cover. Fold it back far enough that you can see them, without the light shining directly in their eyes.
- Express your breast milk. Breast milk helps to protect babies. Starting early expression in the first few hours when you're able to will really help with long term milk supply. Even if your baby is not ready to feed yet, your baby's nurse will show you how to use it for mouth care for your baby.
- Ask your nurse to show you how to change your baby's nappy laying on their side. It is much less stressful for your baby.
- Be mindful of noise levels around your baby and in the nursery. Try to talk in quiet voices at all times. You will see a decibel meter in each nursery to help us all keep noise levels down.



When your baby is more stable but still needs breathing support

Things you can do:

- You must always wash and sanitise your hands before and after touching your baby and before you leave the nursery.
- Get to know your baby by taking part in their daily care.
- Clean your baby's mouth with your breast milk or sterile water, using either gauze or cotton buds.
- Changing your baby's nappy.
- Learning to tube feed your baby.
- Settling your baby into a comfortable sleeping position.
- Having skin to skin with your baby.
- Bring in muslins for your baby to lie on in their incubator or cot.
- Share moments of quiet relaxation holding them and talking softly.
- If your baby is stable enough, they may enjoy being massaged. Use coconut oil, to give them the best moisturisation.

When your baby has progressed to needing special care support

- You must always wash and sanitise your hands before and after touching your baby and before you leave the nursery.
- Choose clothes for your baby that are easy to get on and off. You will be given the opportunity to bring in your baby's own clothes. Make sure they are labelled. Your nurse will leave them for you to be washed at home.
- Watch your baby's emerging sleeping and waking patterns. In a quiet awake state your baby may be ready to start oral feeding by breast or bottle.
- Continue with skin to skin, this will help with your baby starting to nuzzle and learning to breast feed.
- If your baby is going to feed by bottle, you can bring in your own bottles as advised by your nurse and your baby may wish for a dummy to suck on to help them settle.

- Your baby may still need heel pricks or eye tests at his stage. They will like to be cuddled by you for comfort and security.
- Your baby may be ready for a first bath. Bring in baby wash that is gentle on their skin.
- Wrapped bathing, weighing and transfers to and from the incubator will be much less stressful for your baby. You can use muslins that you have bought in for your baby.
- You can be part of your baby's routines. This could include getting them ready to be weighed to see how they are growing or assisting on the ward round with your baby's consultant and medical team.
- Look and listen to what your baby is telling you. They will start responding to your voice, turning their eyes or even their head towards you.

Watching and observing your baby – What are they trying to tell you?

"Every little sign is like a word in a sentence that is part of a story." Cherry Bond.

By watching your baby, gazing at them, drinking in their unique features and characteristics and movements, you will start to get a picture of how your baby feels. Parents who know their babies can pick up subtle changes that signals when their baby is uncomfortable or becoming unwell.

Always share these changes with staff caring for your baby. By observing your baby, you will also begin to recognise when your baby feels relaxed, comfortable and ready to interact with you. These cues are your baby's way of communicating with you.

Successful feeding will depend on signs your baby is telling you they are ready to feed. By working closely with the neonatal team and speech and language therapists where needed, feeding can be a satisfying and positive experience for them.

Your baby's cues will tell you how much and what kind of stimulation they can enjoy without being sensory overloaded.

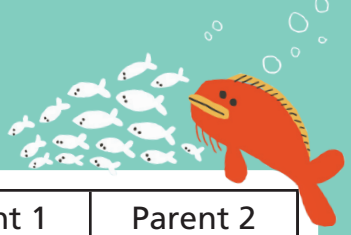
Breathing and Skin Tones

- Watch your baby's breathing. If they need intensive care support then the ventilator will be doing most of the work. However, once they can breathe independently, watch for changes of speed, depth and rhythm of breathing. This will tell you if they are settled, wakeful, tired or restless. If your baby is preterm it is common for them to have pauses in their breathing known as 'apnoea.' Please inform the staff looking after your baby if you are worried.

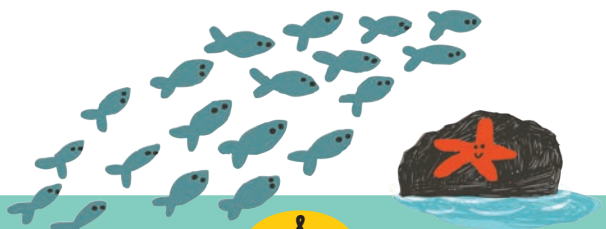
- Look for variations in your baby's skin tones. You may notice paleness around their nose, dusky tinges around their eyes or mouth or blotchy patterns on their body. These changes may be your baby telling you that they need to pause and may be overwhelmed, they need comfort or they may need to change position.

- One way that preterm babies tell us they are overwhelmed may be through hiccoughs, yawning, sneezing and bringing up some milk known as a 'posit.' If your baby is displaying these signs it may be time to stop and pause the activity you are doing with them to allow them to rest.

Observing my baby



Family Centred Developmental Care Strategies	Staff discussed Sign & date	Parent 1 Initial & date	Parent 2 Initial & date
Observing my baby			
I have been given the Bliss booklet called 'Look at me - I'm talking to you' which shows me what my baby may be telling me			
Observing my baby's behaviour helps me to understand what they are trying to tell me			
When my baby is feeling unhappy with their situation, they may have changes in their: - Breathing patterns - their colour - oxygen saturations - heart rate - twitching and tremoring			
My baby communicates through their posture. It can be tense with an arched back or their posture may be limp			
My baby's facial expressions will also show me how they are feeling, such as grimacing, looking away, eye floating, a glazed look and their mouth hanging open			
Straining, twitching, squirming, jerky movements, and extended arms and legs show my baby is feeling overwhelmed			
Sneezing hiccupping and yawning are ways my baby tells me they are feeling overwhelmed			
When my baby is feeling happy and comfortable they will display approach behaviours			
Steady breathing, a healthy colour, appropriate oxygen saturations and steady heart rate are signs my baby is happy and content			
Hands clasped together, feet together and moving hands to their mouth or face show my baby is ready to interact			
Rooting and sucking shows my baby is ready to nuzzle and try feeding if appropriate			



Family Centred Developmental Care Strategies	Staff discussed Sign & date	Parent 1 Initial & date	Parent 2 Initial & date
Observing my baby			
A perky attentive expression with a relaxed open face, orientating to the sound of my voice shows my baby is ready to interact and happy with their environment			
To minimise stress to my baby, changing my baby whilst they are side lying will help them to feel calm			
To minimise my baby's stress I must not place objects on top of my baby's incubator, such as nappy care bowls and bottles			

Movements and Facial Expressions

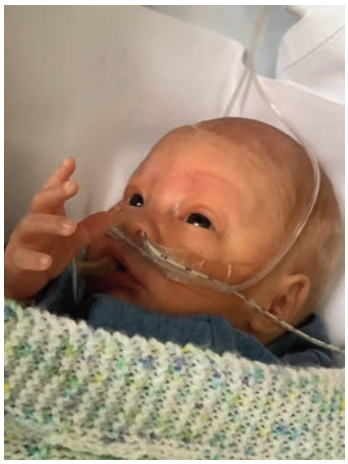
If your baby is very preterm, it is common for your baby to make twitchy movements, these can become more obvious if your baby is distressed, tired or unwell.

In the outside world, preterm babies can find it difficult to co-ordinate movements that they would make in the womb, such as stretching, kicking or sucking their fingers. They will lose energy quickly after bursts of activity. If your baby's posture is looking limp and uncomfortable, they may need extra support and comfort with the use of the nest or by you giving them containment holding.

Your baby may show you that they need extra help by arching their back, having stiff arms and legs and even lifting their legs off the bed. When this happens, your baby will need help and support to help them find a comfortable flexed position where they can bring their hands to their mouth and their knees are tucked in like they would be in the womb.

As your baby gets stronger, they will become more coordinated. They will be able to curl up with their arms and legs tucked in, using their hands to touch their face and grip onto things. Gradually with time and maturity movements will become smooth and graceful, rather than abrupt and jittery.

Watch your baby's facial expressions, these will tell you how they are feeling. A grimace may show they are uncomfortable. A relaxed contented expression may show they are ready to interact or feed. Raising eyebrows and a wrinkled forehead trying to open their eyes shows they are listening for your voice. When they are staring intently, they are actually listening for your voice. This is a good opportunity to talk, sing or read a story to your baby.



Practical Tips for Helping Your Baby's Development

Family Centred Developmental Care Strategies	Staff discussed Sign & date	Parent 1 Initial & date	Parent 2 Initial & date
Motor Development and Positioning			
Good positioning will help my preterm baby to conserve energy			
If my baby is preterm, their head position should be in line with their body, their limbs flexed inwards, side lying will encourage baby getting their hands to their face			
Sometimes babies wriggle out of these positions so I should let staff know if I need help with getting them back in to a comfortable position			
Supportive positioning where my baby looks comfortable and flexed will help my baby to have a settled sleep			
Different positions my baby may be in are on their back (supine), on their side, and on their tummy (prone)			
If my baby is preterm the use of a gel pillow will help with their positioning			
To help with my baby's long term development my baby's shoulders should be able to come forward and they should be able to tuck their knees forward in a side lying or prone position			
When my baby is in an incubator they will need positioning aids such as a nest to help them push their feet against and to feel supported			
My baby has access to physiotherapy and occupational therapy if needed. I can ask the nurses and doctors if this is needed			
When my baby needs breathing support and is being monitored they may need to sleep and rest on their tummy. I know that this is not a safe sleeping position when they are at home			
For my baby's safety, all nests and positioning aids must be removed in preparation for going home			

Sensory Development

Smell: Your baby will learn who you are through their sense of smell. Avoid strong perfumes which may mask your natural smell and let antibacterial gel dry before touching your baby.

Taste: All babies taste flavours through the amniotic fluid in the womb. If you can express, it's important for your baby to taste your breast milk to taste different flavours through your milk. If your baby is not ready to feed through their mouth, this can be done with mouthcare activities.

Hearing: Talking to your baby is very important. They will find comfort from this as they have been used to listening to your voice when they are in the womb. Be careful not to put anything on top of your baby's incubator such as bottles or nappy care bowls. This may startle your baby causing a stress response.

Vision: Preterm infants have immature, unfocused vision. Bright lights are stressful. Be mindful to ensure your baby's incubator has a cover to ensure they are protected from harsh, bright lights. When your baby needs a procedure staff will make sure your baby's eyes are protected.

Touch: A gentle still holding of your baby such as containment holding of their head and feet is more relaxing rather than light and feathery stroking.

If your baby is born at term, they may need to be in NICU because they are unwell, needing a surgical procedure or have had an unexpected entry into the world. If this is the case, then they will still need support to protect them from sensory overload. Being close to you, hearing your voice, your smell, touch and your taste are all equally important.

Once your baby has reached term and are well enough, they may also be ready for varied interactions. Our developmental care team can help provide toys and sensory equipment to help your baby's development.

Practical Tips for Helping Your Baby's Development

Family Centred Developmental Care Strategies	Staff discussed Sign & date	Parent 1 Initial & date	Parent 2 Initial & date
Sensory Development			
I am aware that there are 5 sensory systems. These are: Touch, Vestibular (sense of balance), Chemosensory (smell and taste), Hearing and Visual			
Skin is the largest sensory organ and positive touch is important for my baby			
I am aware that touch is important for protection and emotional regulation of my baby			
I am aware that light feathery touch is over stimulating for my baby			
My baby will prefer a gentle, firm touch. Containment holding will help my baby to feel calm and relaxed			
Touch plays an important role in attachment for me and my baby			
As my baby grows touch will play a major role in visual development			
I must have warm, clean hands before touching my baby			
Mouth care should be given to my baby in a firm, but gentle way with either my breast milk or sterile water on gauze or cotton buds			
My baby needs clean, smooth bedding to lie on. I am aware I can bring in my own muslins for my baby to lie on			
When moving my baby is it important this is done in a slow and gentle way, keeping my baby in contact with the bed where possible			
Sudden unpredictable movement will stress my baby. I know I can pre-warn my baby they are going to be moved by talking to them and preparing them			
I know to avoid brisk rotations when turning my baby			
My baby will prefer to be moved in a tucked position on their side			
When lifting my baby out of the incubator, if I am physically able to my baby will prefer to be kept close to my body whilst I sit down			
Smell has an important role in attachment. I have been given triangles to keep with me and with my baby. I am aware I should swap these over to feel close to my baby and their smell			

Practical Tips for Helping Your Baby's Development

Family Centred Developmental Care Strategies	Staff discussed Sign & date	Parent 1 Initial & date	Parent 2 Initial & date
Sensory Development			
I am aware that strong smells such as strong perfumes and cigarette smell are overwhelming for my baby			
After washing my hands and applying alcohol gel, I must allow this to evaporate before touching my baby			
If I can express, breast milk is best for my baby's mouthcare, especially if they are not ready to feed			
When my baby is ready to, a soother can be dipped in milk for non-nutritive sucking			
Hearing development is important for attention, emotional bonding, speech and language development and communication			
I know that when I am on NICU I must talk in a quiet voice			
I know that I must not have loud conversations with others around my baby			
I am aware that when on NICU, I must take phone and video calls outside of the nursery to protect my baby			
If the room is above 55 decibels it may affect my baby's ability to sleep, grow, feed and rest. It may also have an impact on my baby's hearing development			
I have been shown the decibel meters in my baby's nursery and I am aware that the noise levels should be 45-55 decibels to help my baby's growth and development			
To help my baby's development to distinguish my voice, I can read or sing quietly to my baby			
NICU can be bright and overwhelming for my baby			
I know I must protect my baby's eyes from direct light exposure. I can do this through ensuring my baby's incubator cover is protecting them from the light			
My baby's eyes will be protected using goggles when they need overhead phototherapy lamps			
My face is the most appropriate visual stimuli for my baby			
If my baby is post term and still needing NICU care I can ask my nurse about appropriate toys and sensory stimulation for my baby			

The NICU Environment: We should all aim for a quiet, calm, softly lit environment. Your baby will be sensitive to things that adults might not notice. You will see decibel meters in every room to help staff and carers to be mindful of noise levels around your baby.

Skin to Skin

Babies usually sleep very well during skin to skin time. Make sure you can set aside at least 2 hours for this, so your baby has enough time to adapt coming out of their cot or incubator. Through skin to skin your baby will experience feeling of closeness, the warmth of your skin, the sound of your voice and heartbeat and the movements of your body. This will help them to feel calm and relaxed.

Practical Tips for Helping Your Baby's Development

Family Centred Developmental Care Strategies	Staff discussed Sign & date	Parent 1 Initial & date	Parent 2 Initial & date
Skin to Skin			
Skin to skin promotes the health and well-being of preterm and term babies			
Skin to skin reduces the incidence of my baby getting severe infections			
It promotes my baby's sleep-wake cycles			
My baby will cry less with painful procedures			
Having skin to skin will have a calming effect on my baby			
Skin to skin will help me and my baby have time to form a bond and attachment to each other			
It is important for my baby's growth and development			
It will help my milk production for expressing and breast feeding			
I am aware that my baby will need at least 1-2 hours for skin to skin contact			
If I am uncomfortable undressing for skin to skin, I am aware that cuddling my baby is just as beneficial			
It is useful to bring in a shirt or front opening clothing from home that can be buttoned at the front to make skin to skin transitions easier. I can leave this in my baby's incubator drawer			
I can bring in a mirror so that I can see my baby's face			
I can ask for a screen for privacy whilst I have skin to skin			

Protecting Sleep and Rest

Your baby needs sleep to grow, to feel better if they are unwell and to help with their brain development. Preterm sleep is interrupted on a daily basis on NICU through various procedures and activities, so quietly watch your baby when they are peacefully sleeping, offering support when they need help to settle.

Family Centred Developmental Care Strategies	Staff discussed Sign & date	Parent 1 Initial & date	Parent 2 Initial & date
Sleep			
Sleep is a vital human function, essential for all aspects of health			
Sleep states start to emerge from 28 weeks			
Sleep is important for: Growth and Tissue repair, brain development, sensory development, memory and learning			
Protecting sleep and sleep cycles will help my baby's brain development			
My voice can help my baby settle to sleep			
Skin to skin can help my baby go into a quiet sleep state and improve my baby's sleep-wake cycles			
To protect my baby's sleep I know that the nursery should be a quiet, calm environment			

Family Centred Developmental Care Strategies	Staff discussed Sign & date	Parent 1 Initial & date	Parent 2 Sign & date
Minimising Stress and Pain			
Pain is always stressful, but stress is not necessarily painful			
Stress and pain will show similar physical and behavioural responses for my baby			
If I feel my baby is in pain or feeling stressed I must inform the nurse looking after my baby			
If my baby has had a surgical procedure I can ask my baby's nurse about managing my baby's pain with medication if needed			
My baby may be able to have sucrose prior to a painful procedure			
Ways to manage other types of stress and pain can be through skin to skin, swaddling, sucking, my presence and a soothing voice			
I can be given the choice whether to be present when my baby has a painful procedure			

Use of Dummies/Soothers/Pacifiers on the NICU

Non-nutritive sucking is the term used for when a baby sucks on something like a dummy or finger for comfort. Dummy/finger/thumb sucking is different to the suck babies use to suck a milk feed.

Benefits

Evidence suggests that offering a dummy for short periods of non nutritive sucking can:

- Help babies to settle and calm themselves so they use less energy, which may help them to grow a little faster.
- Decrease the stress response if a baby has to have painful procedures e.g. blood test.
- Stimulate the stomach to make the juices that help the baby to digest and tolerate their feeds more easily so they grow faster.
- Can speed up the maturity of a baby's sucking reflex so that they move onto oral feeding more quickly.

Developmental benefits

Sucking in particular is vital in the early development of the infant. Speech and language therapists often recommend non-nutritive sucking programmes for tube fed preterm infants to speed up the transition to oral feeding. Also it may assist brain development and improve oxygen levels in infants receiving nasal ventilation e.g. vapotherm, nasal cannula oxygen and CPAP (Continuous Positive Airway Pressure).

When to offer a dummy

Your baby will show you if they would like to suck, you will notice them move their mouth/tongue and mimic sucking actions. Offering a dummy at the same time as giving a tube feed will help stimulate digestion and your baby will begin to associate the sucking technique with receiving milk.

Your baby will also tell you if they don't want to suck in a variety of ways for example if they spit out the dummy, pull a grimacing face, gag, close their lips and frown. Some babies prefer to suck their own fists or fingers rather than a dummy. The key is to use your baby as the lead and respond to their actions.

Risks

As a parent, you may feel worried that using a dummy may have an impact on getting breast feeding established when your baby is ready to start oral feeds. The information surrounding this generally concerns healthy full term babies and does not apply to premature or unwell term babies that are not receiving oral feeds.

There is no evidence to show that short term use of a dummy in a premature breastfed baby has any negative effects provided there is ongoing support for breast feeding.

Alternatives

Once your baby is stable enough, if you are planning to breast feed them, your baby maybe able to nuzzle at the breast instead of using a dummy.

Your baby may also prefer to suck their fingers instead of a dummy, if they are able to get their hand to their mouth.

We can provide very tiny dummies for very tiny babies but we ask you to supply your own if your baby can manage a newborn size.

For more information on non-nutritive sucking and the use of dummies in preterm infants, please see the Bliss website which can be found at

https://www.bliss.org.uk/parents/about-your-baby/feeding/tube-fg

Retinopathy Of Prematurity (ROP)

Retinopathy of prematurity is an eye disorder affecting the blood vessels of the retina that may be seen in babies born prematurely or have a very low birth weight. All babies that are born at less than 32 weeks gestation or less than 1501g will be screened for ROP. ROP can occur when babies are born prematurely or at low birth weight due to their eye structures not being fully developed, and therefore completing their development after birth, where it may be different from that inside the womb.

We endeavour to screen all babies meeting the criteria whilst they are an in-patient on NICU and this will be arranged by the NICU link nurses. Your baby will have eye drops prior to the screening to aid the examination by the specialist paediatric eye doctors (ophthalmologists). Babies may be discharged home prior to the date they require screening. An appointment will be made for your baby to be screened as an out-patient on NICU. Babies may require follow up screening, often on a 2 weekly basis, in order to monitor their eyes until they are fully vascularised/developed and the risk of ROP is reduced.

For most babies that develop ROP, it is mild and will settle completely without requiring treatment. If the ROP is more severe then early treatment is required to prevent loss of eyesight. This may be in the form of injections or laser treatment. If you have any concerns or questions please ask the nurse caring for your baby.

Newborn blood spot (heel prick) test

This test involves taking a small sample of your baby's blood to screen it for 9 rare but serious health conditions. Further information is available on www.nhs.uk

This test is done when your baby is 5-8 days old. Early treatment can improve your baby's health and prevent serious disability or even death. The results are available at 6-8 weeks. You will be contacted earlier if there are any concerns. Further information is available on www.nhs.uk. You can also speak to your GP and Health Visitor if you have any questions.

Hearing

Screeners will test your baby's hearing on NICU. Sometimes further follow up is required after your baby has been discharged home.

Immunisations

Your baby may receive routine immunisations on NICU depending on their age. You will be given a Red Book which has a section about the immunisation programme. Further information is available on www.nhs.uk

Nasogastric tube feeding guidelines for parents

You are invited to feed your baby via the nasogastric tube providing the tube is already in place and it is considered safe for you to do so by the neonatal staff. You must have adequate instruction and complete and sign the competency statement for parents with the neonatal nurse who has taught you. You must be closely observed until you feel confident with the procedure and there must always be a member of staff in the room with you.

Equipment
3mL syringe for testing
pH Indicator Strip
Appropriate sized syringe to deliver the feed (nurses will advise you)
Feed

Procedure

1. See the diagram to show the correct position of the tube.

2. Ensure your baby is in a safe and secure position.

3. Wash your hands, dry thoroughly and use alcohol gel.

4. Collect equipment - syringes, pH Indicator Strip, and the correct amount of warmed breast milk or formula milk (can be used at room temperature).

5. Open packets containing the syringes and put a pH Indicator Strip in/on the syringe packet to keep it clean and dry.

6. Do not touch the coloured area of the pH Strip with your fingers as it may affect the reading.

7. Test the feeding tube is in the correct place by gently withdrawing a small amount of fluid up the tube from the stomach with a 3mL syringe attached to the tube. If you are unable to obtain any fluid from the tube then you must ask for help.

8. Drop a small amount of the fluid onto the pH Indicator Strip, ensuring you cover the coloured area (3 squares), leave for a few seconds and check the pH colour against the scale. It must be 5.5 or less. If you are unsure of the result, please ask a nurse to help you.

9. When it has been confirmed that the tube is in the correct position, check the temperature of the milk and then attach the open syringe to the tube. Do not overfill the syringe because if the baby cries, it can force the milk to overflow from the syringe. With smaller feeds (less than 10mLs) the full feed can be drawn up into an appropriate sized syringe.

10. When giving a feed that is already drawn up in a syringe, make sure the black plunger is at the top end of the syringe before attaching to the feeding tube. This prevents unnecessary pressure on your baby's stomach when withdrawing the plunger from the syringe.

11. Allow the milk to flow via gravity down the tube into the stomach at a steady rate - not too quickly. This will depend on how high or low you hold the syringe. It may be necessary to give a gentle push with the plunger just to get the feed started.

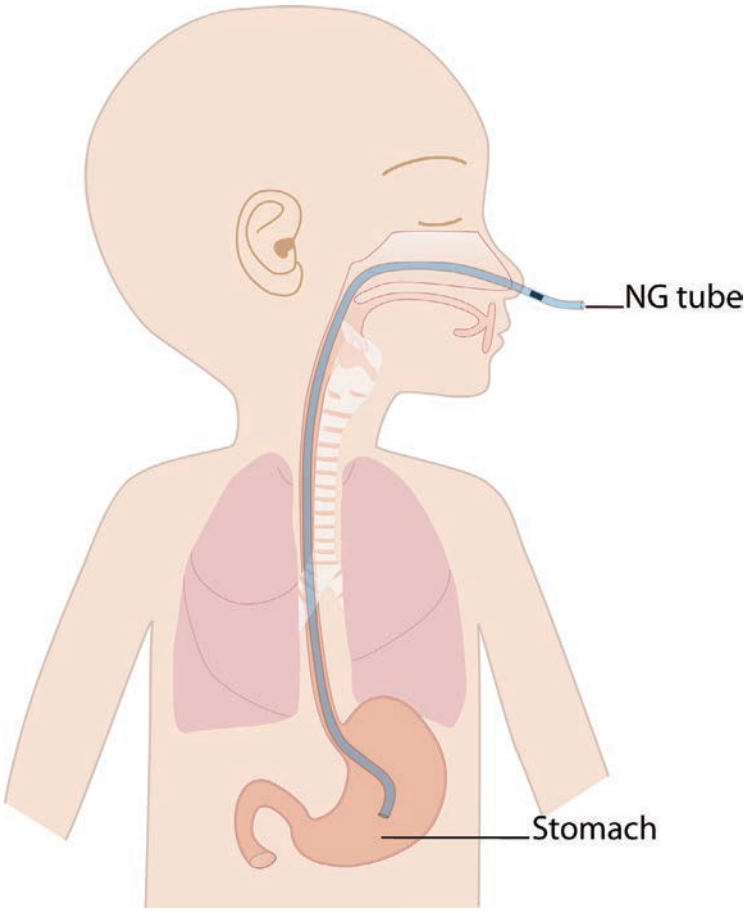
12. If giving a larger feed, where the syringe may need topping up during the feed, ensure that you do not let the syringe empty completely in between because this can allow air to enter the stomach via the tube causing discomfort for your baby. You must kink the tube to stop the flow into the baby whilst topping up the syringe. The nurse will show you how to do this.

13. Throughout the feed, observe your baby for signs of vomiting, change in colour or signs of distress. If this happens, stop the feed by kinking the tube and call a nurse immediately.

14. Once the feed is completed, allow the milk to run down the tube. If this does not clear the milk from the tube, gently push in 0.5mLs (or less) of air to clear the tube. Kink the tube to prevent milk flowing back up the tube. Remove the syringe and recap the end of the feeding tube.

15. Dispose of all equipment appropriately in a safe manner and wash your hands.

Diagram to show correct position of nasogastric tube



Tube feeding my baby

Competency Statement for Parents

Statements of Competency	Parent/Carer Initial		Nurse Signature
I have received, read and understood a copy of the leaflet 'Nasogastric Tube Feeding – Guidelines for Parents')			
I have been given a demonstration of nasogastric feeding by NICU/Transitional Care staff including • Positioning – safe and secure • Skincare • Visual Observation of the baby			
I am aware of the Health and Safety issues around this procedure including potential aspiration of milk • It has been explained to me what to do if my baby coughs, chokes, gags, vomits, becomes unwell or changes colour whilst feeding • I also know what to do if my baby vomits and at the same time the nasogastric tube becomes dislodged			
I know how to effectively wash my hands using the correct technique before I start the procedure and, if in hospital, to use the alcohol gel after washing			
I know how to safely warm the milk if needed and not to carry hot water outside of the milk kitchen			
I know my baby must be in a safe and secure position/place before I start the feed			
I have been shown how to check the feeding tube is securely attached			
I have been shown how to check the feeding tube is in at the correct length and documented on the feed chart			
I have been shown a diagram demonstrating the correct position of a nasogastric tube (feeding tube)			
I have been taught how to check the correct position of the tube by gently aspirating immediately prior to use, then testing the aspirate on a pH Indicator Strip			
I understand the result range on the pH paper and that it must be 1~5.5. If 6 or above I must not feed my baby. If baby has taken some feed orally I will wait 10-15 minutes then retest the pH. If it remains above 6 whilst in hospital I will inform the nurse caring for my baby. If at home I will call the Children's Assessment Unit (CAU) on 01603 289774 or the Neonatal Outreach Team 01603 286838 or 07771 881389			
I know what a normal aspirate (clear/milky) looks like and to call for help if green/yellow or blood stained. Contacting CAU or NOT at home (details as above)			
I have been shown the types and sizes of syringes that I need to use and how to use them			
Before starting to feed baby, I will check the temperature of the milk is not too hot or too cold			

A photocopy needs to be filed in baby's medical records and for The Outreach Team

Supervision log - Please ensure an assessment is carried out over a period of time to ensure parents are consistently competent. The amount of supervised tube insertions will be dependent on each parent/care giver's individual needs and staff need to assess this.
A minimum of three supervised insertions is recommended.

Date (dd/mm/yyyy)	Staff signature/Designation	Comments and Name of Parent/Carer

Staff and parent to sign prior to completing nasogastric tube feeds without supervision	Print Name, Sign and Date
Parent: I have received training, been assessed and feel safe and able to feed my baby by nasogastric tube. I am willing to take responsibility for feeding my baby using a nasogastric tube without supervision	Parent/Carer (1)
	Parent/Carer (2)
Staff: I have provided the above training to the Parent/Carer named and assessed their competence. I consider them ready to take responsibility for feeding this baby by nasogastric tube without supervision	Parent/Carer (1)
	Parent/Carer (2)

Passing a nasogastric feeding tube - Guidelines for Parents

You are invited to pass a nasogastric feeding tube on your baby when it is considered safe for you to do so by the neonatal staff. You must have adequate instruction and complete and sign the competency statement for parents with the neonatal nurse who has taught you. You must be closely observed until you feel confident with the procedure and there must always be a member of staff in the room with you.

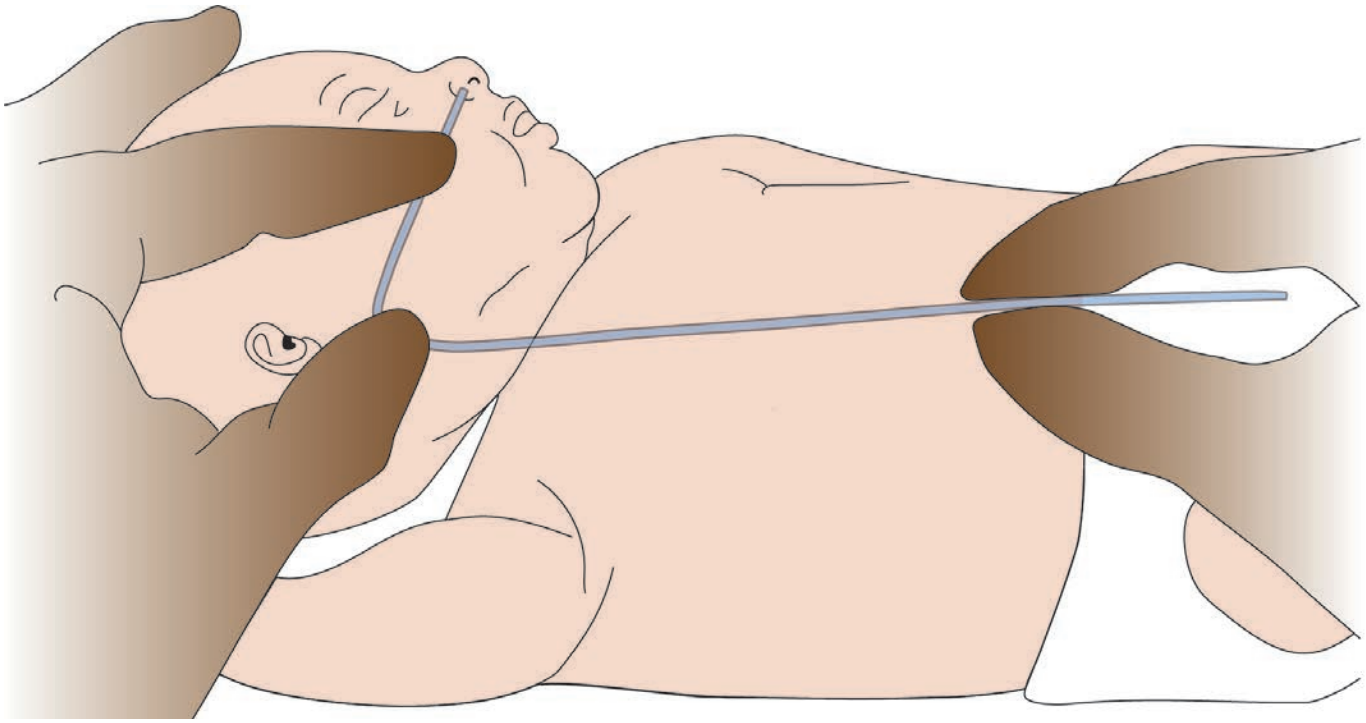
1. Collect all necessary equipment
   - Correct size feeding tube (usually a size 6).
   - Pre-cut Duoderm tape for the face.
   - Clear tape cut to an identical shape to secure the tube.
   - 3ml syringe to test the position of the tube once in place.
   - pH strips.

2. Check that all packaging is intact and date is correct for use and the feeding tube has not become kinked from folding during storage.

3. Wash hands, dry thoroughly and disinfect with alcohol gel to prevent the spread of infection.

4. Prepare equipment for use
   - Open feeding tube packet and attach 3ml syringe to the end of the tube.
   - Put a pH strip on the inside of the syringe package (remember not to touch the end of the paper that the sample is going to be placed on as the paper can be affected by the pH of your skin).
   - Stick the Duoderm on your baby's face, close to the nostril on the side to be used (Pass the tube down the alternate nostril from the previous tube if possible).
   - Keep the top layer of clear tape close by.

5. Measure the level that the tube needs to be passed to, from the nostril to the ear lobe and then down to the xiphisternum as shown below.



6. Place your baby on their back, wrap in a soft blanket to secure the arms or ask a second person to hold them to provide some comfort during the procedure. If your baby is able to suck on a dummy during this time it may help make the insertion easier.

7. Hold the tube with your dominant hand and with your other hand mark the distance to which the tube needs to be passed.

8. With the head in a slightly tilted back position so that the nose is upwards, direct the tube slowly backwards and down through the nostril. The tube should take at least 15 seconds to pass into the stomach.

9. If there is any resistance felt, stop, withdraw slightly and alter the angle you are using to pass the tube. If your baby is distressed this may also cause some resistance. Try to calm baby with a dummy or clean finger to suck on. Your baby might gag when the tube reaches the back of the throat, pause, give them time to relax and then continue they may swallow which will help the tube move down.

10. Watch your baby's colour and breathing throughout, occasionally the tube can curl up in the mouth, so check the mouth and if this happens remove and start again. Sometimes a small amount of blood may appear in the tube. If baby continues to cough and protest remove the tube. Allow a period of recovery before trying again.

11. When the tube reaches the measured length test the pH. If this is less than 5.5 secure the tube to the cheek. It is now ready for use.

12. If you cannot aspirate the tube, try to insert the tube a little further or check that it has not coiled in the mouth.

13. If the pH is too high the tube may be too far down. Try to withdraw a little, do NOT use a tube if you are unsure of the position.

14. NEVER try to pass a feeding tube when your baby has just been fed. This may cause your baby to vomit or the pH will be high as the pH of milk is 6. ALWAYS wait until the next feed is due.

15. Dispose of any rubbish and wash your hands.

Passing a nasogastric feeding tube Competency Statement for Parents

Statements of Competency	Parent/Carer Initial		Nurse Signature
I have received, read and understood a copy of the leaflet 'Nasogastric Tube Feeding – Guidelines for Parents')			
I have been given a demonstration of nasogastric feeding tube by NICU staff including: • Preparation of correct equipment • Positioning of baby • Skincare and use of tape • Visual Observation of the baby during and after procedure			
I am aware of the Health and Safety issues around this procedure including potential for tube displacement • I have been shown a diagram demonstrating the correct position of a nasogastric tube (feeding tube) • I have been shown a diagram demonstrating how to measure the level that the tube needs to be passed to • It has been explained to me what to do if my baby coughs, chokes, gags, vomits, becomes unwell or changes colour whilst inserting a feeding tube			
I know how to effectively wash my hands using the correct technique before I start the procedure and to use the alcohol gel after washing			
I know my baby must be in a safe and secure position/place before I start the procedure			
I know to ask a second person to hold my baby to provide comfort and offer baby a dummy if appropriate to help make insertion easier			
I have been shown how to position my baby's head and pass the tube down the nostril to the level required			
I have been taught how to check the correct position of the tube by gently aspirating immediately prior to use, then testing the aspirate on a pH Indicator Strip			
I understand the result range on the pH paper and that it must be 1~5.5. If 6 or above I must not feed my baby. If baby has taken some feed orally I will wait 10-15 minutes then retest the pH. If it remains above 6 whilst in hospital I will inform the nurse caring for my baby. If at home I will call the Children's Assessment Unit (CAU) on 01603 289774 or the Neonatal Outreach Team 01603 286838 or 07771 881389			
I know what a normal aspirate (clear/milky) looks like and to call for help from nursing staff if green/yellow or blood stained. Contacting CAU or the Neonatal Outreach Team if at home (details as above)			
I know what to do and who to contact if I have any concerns about the nasogastric feeding tube. (Nursing staff whilst in hospital and CAU or the Neonatal Outreach Team once at home)			
I know that I should not allow anyone else to insert a feeding tube on my baby who has not been trained to do so by the NICU staff			

A photocopy needs to be filed in baby's medical records and for The Outreach Team

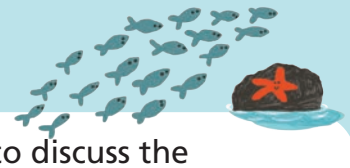
B

Supervision log - Please ensure an assessment is carried out over a period of time to ensure parents are consistently competent. The amount of supervised tube insertions will be dependent on each parent/care giver's individual needs and staff need to assess this. A minimum of three supervised insertions is recommended.

Date (dd/mm/yyyy)	Staff signature/Designation	Comments and Name of Parent/Carer

Staff and parent to sign prior to completing nasogastric tube feeds without supervision	Print Name, Sign and Date
Parent/Carer: I have received training, been assessed and feel safe and able to pass a nasogastric feeding tube on my baby. I am willing to take responsibility for passing a nasogastric feeding tube on my baby without supervision.	Parent/Carer (1) Parent/Carer (2)
Staff: I have provided the above training to the parent/carer named and assessed their competence. I consider them ready to take responsibility for passing a nasogastric tube without supervision.	Parent/Carer (1) Parent/Carer (2)

Preparation for discharge home



The medical and nursing team have a weekly discharge planning meeting to discuss the progress of babies and readiness for discharge home. We will always try and keep you informed about what is happening and the expected date of discharge from NICU. We ask that you get everything prepared at home and work with us to feel confident looking after your baby independently. Please ensure you register your baby with a GP as soon as possible. When you go home, a prescription form will be given to you to take to your surgery so that the GP can continue to prescribe any medicines, vitamins, iron supplements and NP2/specialist milk that your baby needs. Your baby may require a follow up appointment with their consultant or further investigations. The appointments may be posted to you after discharge from NICU.

Family Centred Developmental Care Strategies	Staff discussed Sign & date	Parent 1 Initial & date	Parent 2 Initial & date
Preparation for home			
I have met the Neonatal Outreach Team			
I am aware of follow up support at home and who to contact if I am concerned about my baby			
I know about my baby's follow up appointments with the consultant and multidisciplinary team			
I have received the Bliss Going Home Booklet			
I am confident to breastfeed my baby at home			
I have completed and signed the tube feeding competency			
I know how to prepare bottle feeds at home and have my own bottles and teats			
I know how to clean and sterilise bottles and teats			
I have read the Carer Administration of Medicines on NICU Information			
I have completed the Carer Administration Assessment and Consent Form			
I understand how to give my baby their medicines at home and how to get prescriptions from the GP			
I am confident about taking my baby's temperature Normal range is 36.5˚C – 37.5˚C			
I have completed the Infant Basic Life Support (Resuscitation) Training			
I have the Lullaby Trust Safer Sleep for Babies Booklet			
I am aware of car seat safety information ROSPA and Lullaby Trust Websites			
I have received a Red Book and know how to contact my Health Visitor			
I have completed and signed to passing a feeding tube competency			
I have registered with a GP			

Iron and Vitamin Supplementation on Discharge

Sytron - babies less than 37 weeks commence at Day 28

It is important that babies have the correct supplements for growth and development

Milk Choice	Supplement Dose - PRESCRIBE
Breastfeeding	1ml Sytron once daily until 1 year corrected
Nutriprem 2 (NEPDF)	No supplementation required
Normal infant formula Specialist term formula Nutrient Enriched Term Formulas	1ml Sytron once daily until 6 months corrected

Abidec - babies less than 34 weeks

Milk Choice	Supplement Dose - PRESCRIBE
Breastfeeding	0.6ml Abidec once daily until 1 year corrected. Ensure mum is also taking 10ug/ 400iu Vitamin D per day
Nutriprem 2 (NEPDF)	0.6ml Abidec once daily to 6 months corrected then 0.3ml Abidec/5 drops Healthy Start Vitamins once daily as per DOH Recommendations for all infants > 6 months of age
Normal infant formula Specialist term formula Nutrient Enriched Term Formulas	0.6ml Abidec once daily to 6 months corrected then 0.3ml Abidec/5 drops Healthy Start Vitamins once daily as per DOH Recommendations for all infants > 6 months of age

Folic Acid – babies less than 34 weeks

Milk Choice	Supplement Dose - PRESCRIBE
Breastfeeding	50 mcg Folic Acid once daily to due date

Vitamin Supplementation for babies born after 34 weeks

Milk Choice	Supplement Dose – NO PRESCRIPTION REQUIRED. If mothers are eligible for Healthy start programme/ on certain benefits, they can obtain free healthy start vitamins – speak to midwife for vouchers
Breastfeeding	Vitamin D 8.5ug-10ug daily to 1 year of age. Over 1 year of age 10ug Vitamin D per day
Normal Infant formula	No Vitamin D supplementation required unless they consume less than 500mls of formula per day, then then require Vitamin D 8.5ug-10ug daily to 1 year of age. At 6 months old and if consumes less than 500mls of formula milk per day need vitamin supplements containing Vitamins A, C and 10ug vitamin D daily until 5 years of age as per DOH Recommendations for all infants > 6 months of age

Carer administration of medicines on NICU
A guide for carers

What is the carer-administration scheme?
Carer administration is a scheme used on NICU to enable you to become confident in giving your baby the medicines they will need once they get home.

What are the benefits of carer-administration?

- You will have a chance to get used to giving your baby's medicines before you go home.
- You will have the opportunity to ask any questions you have.

Who can I talk to about carer-administration?
Before you take part in this scheme, you will have the chance to discuss with a nurse or pharmacist exactly what carer-administration involves.

Do I have to take part?
If it is not easy for you to take part in giving your baby the medicines they need, please come and talk to us, as there may be other arrangements we can make. We are very happy to talk through any anxieties you may have.

What should I expect to happen?
If you are asked and agree to take part, then before starting a nurse will:

- Explain carer-administration to you more fully.
- Observe you administering medicines at least once to ensure you are safe and confident to give your baby's medicines.

The medicines you require will be given to you from the hospital pharmacy. Each medicine will be labelled with instructions.

What are my responsibilities whilst administering?

- Keep your baby's medicines secure in the lockable medicines cabinet you are allocated.
- Inform your nurse when you have given your baby's medicines.

What if circumstances change and I cannot be available to administer my baby's medicines?
Please let your baby's nurse know so that we can resume administering medicines and your baby does not miss any doses.

What if I realise I have forgotten to give my baby's medicines?
Let your nurse know as soon as you remember. The nurses will be checking your baby's medication record every shift and will be able to confirm what needs to be given.

How will my baby's medicines be kept safe?
The nurse will give you a key for a lockable medicines cabinet and you should keep your baby's medicines locked away until you need to give them.

What happens when I take my baby home?
A prescription will be written and the medicines you have been using will be checked against it by the nurses. They will also check you still have plenty left in the bottles. Once you go home, you will need to order further supplies from your GP. Always order more of your baby's medicines before they run out.

B

Staff to photocopy and place in notes on discharge

Addressograph Label	**Special Care and Transitional Care (Room 3 & 4) NICU** **Carer Administration Assessment and Consent Form**

	Assessment	**YES** Tick	**NO** Tick
1	Has the carer read and understood the information leaflet about the scheme?		
2	Is the carer willing to participate in the carer-administration scheme?		
3	Will the carer be responsible for administering their baby's medicines at home?		
4	Can the carer open child resistant bottles safely and use an oral syringe?		
5	Can the carer read the instruction labels on their baby's medication?		
6	Does the carer understand the purpose of their baby's medications?		
7	After observation has the carer administered their baby's medicines correctly?		

The carer-administration scheme has been explained to me and I wish to take part. I have read the information leaflet about the scheme and agree to abide by the conditions laid down.

	Signature:	Print name:	Date (dd/mm/yyyy):

I have assessed the carer to be capable of administering medication safely.

Registered Nurse	Signature:	Print name:	Date (dd/mm/yyyy):

CHOKING

1. Safety

- Ensure safety of rescuer and baby
- Assess situation - if cough effective encourage to cough

2. Stimulate

- Check the baby's responsiveness
- If cough ineffective, shout for help

3. Back blows

- If baby conscious and cough ineffective give up to 5 back blows

4. Chest thrusts

- If still choking give up to 5 chest thrusts

5. If still choking

- Check responsiveness
- Ensure an ambulance has been called

6. If still choking

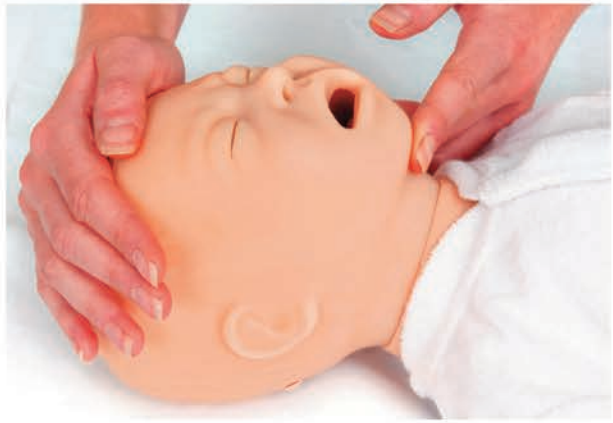
If object not expelled and baby still conscious continue back blows and chest thrusts

If the baby loses consciousness at any time follow Basic Life Support sequence as overleaf from Step 4

Reference Paediatric Basic Life Support Resuscitation Council UK Guidelines 2015
Date of production 2015 Review date 2022
Trust Doc ID 13850

JENNY LIND CHILDREN'S HOSPITAL
NHS
Norfolk and Norwich University Hospitals
NHS Foundation Trust

Infant Basic Life Support



Safety

Stimulate

Shout

Airway

Breathing

Circulation

This leaflet is intended to be used with practical teaching

Authors: Niall Pearcey, Sarah Highton

Our Vision
To provide every patient with the care we want for those we love the most

IN TRAN
communication for all

INFANT BASIC LIFE SUPPORT

1. Safety

- Ensure the safety of rescuer and baby

2. Stimulate

- Check the baby's responsiveness

3. Shout

- Shout for help
- Call 999 if another person available to do so
- Lie baby on a firm flat surface

4. Airway

- Check mouth and open the airway supporting the head and chin as shown

5. Breathing

- Look, listen and feel for normal breathing for no more than 10 seconds

6. If breathing is not normal or is absent

- Give 5 initial rescue breaths
- Ensure chest is moving

7. Circulation

- Assess for signs of life for no more than 10 seconds

8. If no signs of life

- Start chest compressions. Give 30 chest compressions then 2 breaths

- Continue giving 30 compressions to 2 breaths for 1 minute

9. After one minute

- Reassess
- Call 999 or 112 if not done already
- Continue 30 compressions then 2 breaths, until help arrives or baby shows signs of life

Share the ICON message!

It isn't just parents who get frustrated at a baby's cry. Think very carefully about who you ask to look after your baby.

Share the ICON message with anyone who may look after your baby.

Check that caregivers understand about how to cope with crying before you decide to leave your baby with them and share this ICON leaflet with them.

Reminder about Safe Sleeping:

- The safest place for your baby to sleep is a separate cot or Moses basket in the same room as you for the first 6 months, even during the day.
- When putting your baby down for a sleep, place them on their back, with their feet at the foot end of the cot.
- Don't let them get too hot – 16-20 degrees celsius is comfortable.
- It is dangerous to sleep with a baby on a sofa or in an armchair, never do this.
- Make sure that your baby is not exposed to cigarette smoke, as this increases their risk of cot death.

You can talk to your Midwife or Health Visitor about all aspects of crying and safe sleeping.

Further information and support:

Midwife _____

Health Visitor _____

GP _____

Who I can go to for help with crying?

_____

_____

_____

What will I do if I need a few minutes to myself?
What makes me feel better?

_____

_____

_____

CRY-SIS National Help Line: 08451 228669
Lines open 7 days a week, 9am-10pm

Remember – if you are concerned that your baby may be unwell, contact your GP or NHS 111 (go to 111.nhs.uk or call 111- the service is available 24 hours a day, 7 days a week).

In an emergency, ring **999**.

For a translation of this document, an interpreter or a version in

large print or Braille or

Please send requests to ICON Website at: iconcope.org

Website: iconcope.org
Facebook: ICONCOPE
Twitter: ICON_COPE

NHS

Infant crying and how to cope

Information for parents and carers

ICON

Babies Cry, You Can Cope!

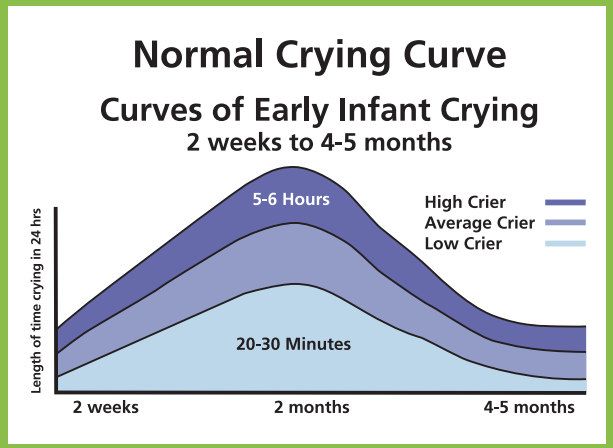
BABIES CRY! Infant crying is normal and it will stop

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.

The crying may get more frequent and last longer during the next few weeks, hitting a peak at about 6 to 8 weeks.

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



Barr RG. The normal crying curve: what do we really know? Developmental Medicine and Child Neurology 1990;32(4):356-362.

What can I do to help my baby?

Comfort methods can sometimes soothe the baby and the crying will stop.

Babies can cry for reasons such as if they are hungry, tired, wet/dirty or if they are unwell.

Check these basic needs and try some simple calming techniques:

- Talk calmly, hum or sing to your baby
- Let them hear a repeating or soothing sound
- Hold them close – skin to skin
- Go for a walk outside with your baby
- Give them a warm bath

These techniques may not always work. It may take a combination or more than one attempt to soothe your baby.

If you think there is something wrong with your baby or the crying won't stop speak to your GP, Midwife or Health Visitor. If you are worried that your baby is unwell call NHS 111.

The crying won't stop, what can I do now?

Not every baby is easy to calm but that doesn't mean you are doing anything wrong.

Don't get angry with your baby or yourself. Instead, put your baby in a safe place and walk away so that you can calm yourself down by doing something that takes your mind off the crying. Try:

- Listening to music, doing some exercises or doing something that calms you.
- Call a relative or friend – they may be able to help you calm or may be able to watch your baby.

After a few minutes when you are calm, go back and check on the baby.

It's normal for parents to get stressed, especially by crying. Put some time aside for yourself and take care of your needs as well as your baby's to help you cope.

What not to do...

Handling a baby roughly will make them more upset. Shouting or getting angry with your baby will make things worse.

Sometimes parents and people looking after babies get so angry and frustrated with a baby's cry they lose control.

They act on impulse and shake their baby.

Shaking or losing your temper with a baby is very dangerous and can cause:

- Blindness
- Learning disabilities
- Seizures
- Physical disabilities
- Death

Remember: Never ever shake or hurt a baby

ICON

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

Top tips and important information after your baby has been discharged

If your baby is under the Outreach Team see the contact numbers in the Family Guide Page 25

Any immediate concerns for your baby contact:

999 for Emergency
111 for immediate medical advice
GP for medical concerns or questions
Health Visitor for support with feeding, growth and development

Having visitors and going outside.

- It is normal for you to feel anxious when you take your baby home. Some people, including close family, may not understand the journey you have already been on with your baby and the additional worries and anxieties you may have.
- Do not be afraid to take some time as a family to settle in, it is a good idea to limit the number of visitors you allow.
- Family, friends, and even strangers, will likely want to congratulate you and meet the baby, always encourage them to wash their hands and not to kiss baby.
- It is important that you keep your baby away from people with cold or flu - like symptoms or stomach upsets.
- Please be aware it is common for premature babies to pick up colds and sniffles and sometimes they will need to be readmitted to hospital. This is due to their immature immune systems. Keep them as safe as possible following the pointers above. But do not blame yourself if they do get poorly.

Sterilising

It is important to sterilise bottles, teats and expressing equipment until they are at least 12 months old.

Before sterilising, you must wash in hot, soapy water as soon as possible after every feed or expression.

Cold water sterilising solution

- Follow the manufacturer's instructions.
- Leave feeding equipment fully submerged in sterilising solution for at least 30 minutes, changing the solution every 24 hours.

Steam sterilising (electric steriliser or microwave)

- Follow the manufacturer's instructions based on type and brand.
- Make sure the openings of the bottles and teats are facing downwards in the steriliser.

Once sterilised leave the bottles and teats in the steriliser until needed. Once removed, put the lid on straight away and follow manufactures guidelines for how long the bottle will remain sterile.

Breast Milk

You can store expressed breast milk in a sterilised container or in special breast milk storage bags:

- At the back of the fridge, not the door, for up to 5 days (at 4°C or lower).
- In the ice compartment of the fridge for up to 2 weeks.
- In the freezer with temperature -18°C for up to 6 months.
- Once defrosted, decant milk you want to use immediately, the remaining can be kept in the fridge for 24 hours.

Storing breast milk in small quantities will help to avoid waste

If you're freezing it, make sure you label and date it first.

Defrost frozen breast milk in the fridge to thaw out completely or defrost by placing in a jug of warm water if using immediately.

Warm breast milk in a jug of warm water – never in the microwave.

Formula Milk

Guide to making up formula milk:
To reduce the risk of infection, it's best to make up 1 feed at a time and use straight away.
Step 1: Fill the kettle with at least 1 litre of fresh tap water (do not use water that has been boiled before).
Step 2: Boil the water. Then leave to cool for no more than 30 minutes. The water must be at least 70c to kill bacteria in the powder.
Step 3: Loosely fill the scoop with formula powder, according to the manufacturer's instructions, and then level it using either the flat edge of a clean, dry knife or the leveller provided.
Step 4: Always follow the manufacturer's guidance to how much water to mix per scoop of formula e.g. 30mls water per 1 level scoop
Step 5: Replace the teat and cap, and shake the bottle until the powder is dissolved.
Step 6: The formula should be body temperature when given to your baby. Test the temperature on the inside of your wrist – it should feel warm or cool – but not hot. If the milk needs cooling down, hold the bottle under cold running water until desired temperature is reached.
Step 7: If there is any made-up formula left in the bottle after a feed, throw it away – do not store or re-use.

Temperature

To monitor your baby's temperature, place the back of your hand on their forehead, chest or back. They should feel warm to touch but not hot. A baby's hands and feet can feel cooler which is normal. If you have concerns that your baby is too hot you can use a thermometer under their armpit to check their temperature.

A normal temperature in babies is between 36.5°C and 37.5°C.
A high temperature or fever is usually considered to be a temperature of 38°C or above.

Safe Sleeping

- Your baby should sleep on their back with their feet at the bottom of the cot
- Place your baby in a separate cot or moses basket in your room for the first 6 months.
- Keep your baby's head uncovered to allow them to regulate their temperature
- Their blanket should be tucked in no higher than their shoulders – there should be no loose bedding or blankets in the cot.
- Do not use cot bumpers or sleep aids
- Do not allow anyone to smoke near your baby at any time. Your baby should always sleep in a smoke free room.

Nappy Care

Change your baby's nappy when they are awake. Try not to disturb their deep sleep – this is when they develop and grow.
Put a towel or muslin on the changing mat to make your baby warm and more comfortable.
Check your baby's skin during a nappy change for any redness.
Always clean from front to back, wiping the 'clean' area first and then their bottom or 'dirty' areas.
Ensure the skin is dry before putting on a clean nappy.

Bathing and Washing

You do not need to bathe your baby every day. You may prefer to wash their face, neck, hands and bottom carefully instead.

Make sure the room is warm. Get everything ready beforehand. You will need a bowl of warm water, 2 towels, cotton wool, a fresh nappy and clean clothes.
You do not need to add soap to the water within the baby's first month. The water should be warm, not hot. Check it with your wrist or elbow and mix it well so there are no hot patches.

Start washing you baby from clean to dirty. Wash their face, ears and head first, then dry completely to stop baby getting cold. Move onto their hands, feet, arms and legs. Wash under their neck and armpits. Clean their chest, tummy, back, genitals and bottom. Ensure to wash and dry inside all their creases. Dry thoroughly after bathing.

All information from www.nhs.uk

Quick guide to bathing your baby

Ensure the room and towels are warm and you have everything you need. Babies can get cold very quickly so make sure your baby's temperature is maintained at all times.

Check the temperature of the bath water with a baby bath thermometer or the inside of your wrist or elbow. This should be 37-38C. Bubble bath is not necessary when you baby is young as this can dry out their skin.

Place a clean towel on a changing mat, undress baby to nappy and wrap up.

Clean face first with cotton wool and dry.

With baby wrapped in a towel, securely hold baby under your arm and gently pour water over baby's head. Use very small amount of shampoo, rinse and dry.

Keeping baby wrapped, clean the nappy area.

To place in the bath, hold baby firmly so that their neck rests on your forearm, with your hand under their arm providing support. Let baby's feet feel the water and gently immerse. Use your other hand to wash baby.

Firmly grip your baby under both arms and place them back on the mat. Beware a wet baby can be slippery.

Dry nappy area first particularly skin creases and folds and put nappy on.

Ensure baby is kept warm and wrapped while you dry, paying particular attention to folds around the neck, underarms, elbow folds and between fingers and toes.

Before dressing your baby, you may moisturise and massage your baby with coconut oil or unperfumed baby cream.

There are videos on-line with bathing demonstrations.
www.nhs.uk/caring for a newborn/washing and bathing your baby
www.nct.org.uk/baby-toddler/everyday care/bathing your baby

Notes about my baby

Infection Prevention and Control

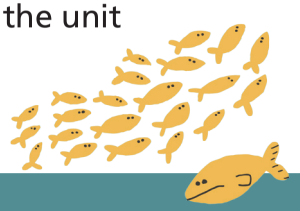
Please be aware that restrictions and the use of personal protective equipment (PPE) may apply due to the COVID-19 pandemic and any other current infection risks. Please discuss with nursing staff if you are unsure of the correct procedures on NICU or have any questions. Please inform the Nurse in Charge if you see anyone not following the hand washing policy.

Why is hand washing important?

To help protect all the babies on NICU from infection risks, all parents and visitors are asked to follow the hand washing policy at all times. Babies on NICU are particularly vulnerable to infection. By washing your hands, you can remove bacteria, which might be unsafe for your baby. Please familiarise yourself with the correct technique. There are posters at each sink too.

When should I wash my hands?

- every time you enter NICU. This will help reduce germs being carried into the unit from outside
- before and after you touch your baby
- after every nappy change
- before and after expressing breast milk
- before and after preparing a feed for your baby
- each time you leave the nursery
- before you leave NICU. This helps prevent germs being carried out of the unit

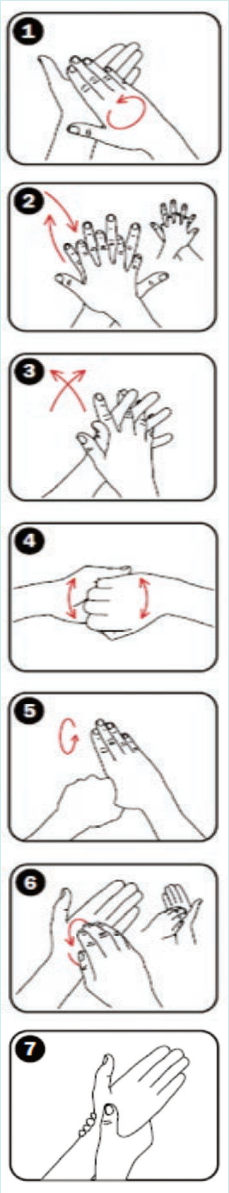


Hand washing technique for parents and visitors on NICU

Follow these steps and the diagrams below to effectively wash your hands

1. Take off your outdoor coat and hang it on the hooks at reception. Keep your valuables with you or use a locker.
2. Roll up your sleeves and remove any watch, bracelets and rings. Keep them securely in your pocket or bag until you leave NICU.
3. Wet your hands. Turn the tap off using your elbow.
4. Apply soap from the dispenser and wash your hands, wrists and lower arms following the instructions in the diagrams.
5. Dry your hands, wrists and lower arms using the paper towels provided.
6. Finally, apply the hand sanitiser provided in the dispenser, using the same technique as when washing your hands. It will dry in a few seconds.

If you have any questions please don't hesitate to ask a member of staff.



Floor plan


Room 1
Intensive Care
+ High Dependency
Assessment Room
Isolation Room
Reception Desk
Entrance
Room 2
Intensive Care
+ High Dependency
Office
Nurse Managers Office
Waiting Area
Matron's Office
Room 3
High Dependency
+ Special Care
Milk Kitchen
Blood Gas Machines
Equipment Storage
Utilities Area
Fledglings Nursery
Special Care
Utilities Area
Utilities Area
Storage
Parent's Bedroom 2
Breast Feeding Room
Staff Toilet
Parent's Toilet + Shower
Parent's Bedroom 3
Quiet Room
Parent's Toilet + Shower
Parent Bedroom 5
Parent's Bedroom 4
Cleaner's Storage Area
Family Room + Kitchen
Key
Parents' areas
Clinical areas
Staff areas

Neonatal Intensive Care Unit
Level 3, West Block
Norfolk and Norwich University Hospitals Foundation Trust
Colney Lane, Norwich, NR4 7UY

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communication for all

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