



# Starlight neonatal unit

Information for parents



This booklet answers common questions about Starlight neonatal unit at Barnet Hospital, which provides medical and nursing care for premature and sick newborn babies. You will find some information which parents of the babies we have cared for in the past have found useful. If you would like further information, or have any particular worries, please do not hesitate to ask your nurse or doctor.

### **What you can expect of neonatal staff?**

The neonatal team is here to help you at all times and ensure you are kept up-to-date about your baby's progress. Our aim is to ensure that all parents are confident and skilled in looking after their baby. We want to help you get home safely as a family as soon as possible.

### **What we expect of parents?**

It is important that you take the time to read the neonatal unit family guide, which provides information about having a baby on the unit, as well as more general information about hospital facilities such as car parking.

Parents are a crucial part of the neonatal team, we ask you to work with us to enable us to support you in caring for your baby. It is also hugely beneficial for you to care for your baby as much as possible, participating in skin-to-skin care, feeding your baby and attending ward rounds.

All parents are also expected to provide nappies, cotton wool and muslins. Your baby may also have their own clothes and soft bedding, if desired. Please label your baby's clothes and bedding and take them home to wash.

### **Mobile phones**

We ask parents to respect the need for a quiet environment within the nurseries. We are happy for you to text or listen to music with earphones on your mobile, however if you need to have a conversation or video call, please take these calls outside in the communal areas.

## **Visitors and visiting**

We have worked extensively with parents to establish our visiting policy. We welcome:

- Parents and grandparents at any time on the unit. You will be asked for your password.
- Siblings are also welcome but should be supervised at all times.
- No other children under 16 are allowed onto the unit for infection control reasons.
- All other adult visitors are asked to visit between 2- 7pm.
- Space is limited on the unit and we ask you to use your discretion regarding numbers of friends and relatives gathered around your baby's cot. There should be a maximum of two people in any one cot space. All visitors must be accompanied by a parent unless they are a nominated visitor.
- Please ask your guests to respect the privacy and dignity of the other babies and families on the unit by avoiding looking into the cots and incubators around your baby.
- Winter visiting policy: During the cold and flu season, we may restrict visiting to protect our very vulnerable babies from viral illnesses that can be very serious. We will let you know if restricted visiting is in place.

If you are unwell, please inform the nurse or doctor looking after your baby so that they can advise whether any precautions need be taken. Please telephone first to discuss this. If any sibling, relative or friend is unwell, they are not permitted to visit the unit or seating area under any circumstances.

For the safety of the babies the neonatal unit has a locked entrance. This means that entry is permitted only to parents and visitors once they have identified themselves using the intercom system. To enter the unit you should press the buzzer on the left hand side of the entrance and we will let you in. If your call is not

answered within a few minutes, ring again, but please be patient as the staff may be busy.

### **Ward rounds**

Parents are expected to attend the daily ward rounds so that you are part of the team making plans for the day. Ward rounds start in nursery 1 and the ICR at 9.30am on most days. You will be asked to wear a set of headphones when we are discussing other babies to maintain confidentiality.

### **Nursing handovers**

There are two nursing handovers each day; one at 7.30am and one at 7.30pm. They usually last half an hour. Parents are welcome to stay in the nursery during nursing handover – especially if you are doing skin-to-skin contact or feeding baby. We do ask that you be settled in the nursery 15 minutes before as it is really important that the nurses are able to handover without interruptions and they may not be able to assist you immediately during this time. You will be asked to wear headphones during handover.

### **Contact information**

Starlight neonatal unit is on the second floor of the main building at Barnet Hospital in Wellhouse Lane, Barnet, Hertfordshire EN5 3DJ.

Telephone: 020 8216 5160

## **The Starlight team**

We have a dedicated multi-disciplinary team providing high quality care for premature and sick term babies admitted to Starlight neonatal unit. All of our staff wear visible identity badges telling you who they are and what they do. If you are not sure who someone is, please ask or look at our team board in the waiting area.

### **Consultant neonatologists:**

- Dr Clare Cane
- Dr Rhianne Davies
- Dr Michela Groppo
- Dr Karen Job
- Dr Jane Hawdon
- Dr Silvia Konig
- Dr Isioma Onyekpe
- Dr James Rosenberg
- Dr Shanthi Shanmugalingam
- Dr Marice Theron
- Dr Tim Wickham

The neonatal medical team also consists of a team of junior doctors who have been qualified for several years and who are training to be paediatricians.

**Unit matron:** Kath Eglington is in charge of the neonatal nursing teams across both our units.

**Neonatal community nursing team:** Our team of experienced neonatal community nurses supports babies discharged from the Starlight unit who have ongoing medical needs to help ease the transition from hospital to home. After discharge, the neonatal community nurses will maintain contact with parents and may visit families at home. Debby Hodge and Matilda Sella are our neonatal community nurses. They also lead the weekly nurture group (see section: 'Emotional wellbeing' for details of our support groups).

**Occupational therapist:** Our neonatal occupational therapist who supports parental wellbeing and the development of babies. She leads on developmental care on the unit. She also runs the

following support groups: 'Coffee, Cake and Coping' and 'Little Stars'.

**Speech and language therapist:** Celia Harding is our speech and language therapist, supporting families in learning feeding cues, development and communication.

**Pharmacist:** The pharmacist checks and dispenses medication for sick and premature infants. They will carry out regular ward rounds to ensure the prescribed medication is appropriate for each baby.

**Dieticians:** Gillian Lang is our lead neonatal dietitian, providing advice on milks and nutrition including specialised medical nutrition therapy for patients.

**Child and adolescent mental health liaison (CAMHS) team:** Our specialist CAMHS liaison team provide support to families during their stay on the neonatal unit. This may include emotional support.

**Consultant ophthalmologist (eye specialist):** All babies born before 32 weeks gestation or who weigh less than 1.5kg are screened for retinopathy of prematurity (ROP) – this is a condition which can occur in premature babies, where blood vessels in the retina (the light sensitive layer that lines the interior of the eye) do not develop properly. The consultant ophthalmologist and her team provide this weekly screening service, co-ordinated by lead nurse Jenny McKenzie.

**Newborn hearing screening team:** Our newborn hearing team offers screening to all babies prior to discharge. If your baby is identified as requiring further diagnostic testing, he or she will be referred to the Royal National Throat, Nose and Ear Hospital in King's Cross, London.

**Lactation consultants and breastfeeding advisors:** The neonatal unit breastfeeding nurse advisors are Mandy Lovett and Anissa Rahmetullah, who work alongside our neonatal nurses to give you advice and support on breastfeeding and expressing milk. You can discuss any concerns you have with both our advisors and nurses. We also have an infant feeding midwife, who can provide advice for mothers on the neonatal unit and Victoria ward.

**Clinical education team:** This is a team of clinical educators who provide continued training for the neonatal nursing team.

**Neonatal secretary:** Hansa Gosrani, who can be contacted on 020 8216 5153.

**Neonatal housekeepers:** Ximena Granda co-ordinates non-clinical services on the unit such as catering, cleaning, supplies and equipment.

**Ward clerk:** The ward clerk is based at the front desk on the neonatal unit. Along with organising all of the paperwork on the unit, they will often answer the phones and door buzzer.

**Osteopaths:** On Starlight we have a volunteer team of trained and student cranial osteopaths. Osteopathy is a branch of complementary medicine. Cranial osteopathy involves using fingers and hands in the gentle manipulation of the head to 'coax' the bone into proper alignment. While this is not a scientifically proven method of treatment, some families report beneficial effects for their babies. Having osteopathy treatment is an entirely voluntary parental decision. If you would like more information, please ask a member of staff.

**Bliss volunteer:** Bliss is a leading UK charity for babies born sick or premature. Bliss volunteers work for the charity and provide

support for families on the neonatal unit. Please ask a member of staff if you would like to speak to our Bliss volunteer.

**Students:** On Starlight we take pride in training the next generation of healthcare specialists. We have medical, nursing and midwifery students working with us at various times, as well as students interested in a career in the NHS. All students are supervised at all times.



## Family centred care

We view each family as key members of the neonatal team. We have an open door policy for parents to be with their babies at any time. We will support you to care for your baby and encourage you to do as much as you feel comfortable doing. If you are a big brother or sister, don't forget to pick up your Starlight sibling fun pack.



## Parent facilities

We have a parents' room, which is a quiet space to make a hot drink or heat food up, as food and drinks are not allowed in the nurseries. There is a television and reading materials available. Our parents' coffee morning is held here.

We also have a shower for parents. Siblings are welcome to use the play area by reception, but they should be supervised at all times.

## **Parking**

Parents with a baby admitted to the neonatal unit are offered parking. Please request a form from one of the senior nurses.

## **Individualised care rooms**

On Starlight, we actively encourage you to participate in all your baby's care throughout their stay. Once your baby is medically stable, we also have the unique ability to allow you to stay with your baby in one of seven fully monitored rooms supported by the Starlight team – our individualised care rooms. Some families stay a few nights with their baby while other families stay for several weeks. There is more information about this service in the parents' room, but if you are interested please talk to a member of staff.

## **Hand hygiene**

Babies on the neonatal unit are very young and their immune systems are very immature. This makes them extremely vulnerable to infection. Starlight neonatal unit is committed to preventing and reducing infection in newborn babies by following a strict hand hygiene policy. Please help us to protect your baby by following the rules below:

### **When entering the neonatal unit:**

- Please hang your coat up on the coat pegs.
- Roll up your sleeves to above the elbow and make sure you are bare below the elbow.
- Remove all jewellery from your hands and wrists (wedding bands are allowed).
- Gel your hands.
- When you enter the neonatal nursery wash your hands thoroughly with soap and water and then use alcohol gel and allow them to dry.
- When staying with your baby, remember gel-baby-gel as what you should do before and after touching your baby.
- Wash your hands after any nappy changes.

- If you remove your hands from inside the incubator and touch the area surrounding your baby, use alcohol gel on your hands again and allow it to dry before touching your baby.
- When leaving your baby and the nursery clean your hands with alcohol gel and allow it to dry.

We encourage you to touch and participate in caring for your baby after following the above hand hygiene steps.



Palm to Palm



Right palm over left dorsum, then left palm right over dorsum



Palm to palm fingers interlaced



Backs of Fingers to opposite palms with fingers interlocked



Rotational rubbing of right thumb clasped in left palm and vice versa



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

## Feeding your baby

When your baby is first born, the neonatal team may give them fluids and nutrition through an intravenous (IV) line if they are extremely premature or have breathing difficulties. Alternatively, the doctors may decide they are mature enough to take milk through a small tube that is passed through the nose into the stomach. If your baby is strong enough to suckle, you will be encouraged to breastfeed; however if your baby is not ready yet to latch on, you can express milk and this will be fed to your baby through a tube. Please ask our team for one of our expressing kits, which has all the equipment you need and information on how to hand express your milk in the first few days.



## Expressing milk for your baby

Breast milk is the best food for all babies and is of particular benefit for preterm babies. Preterm breast milk is very easy to digest and is absorbed more easily than formula milks. It is important for growth, development and reducing infection. It provides antibodies that protect your baby against bacteria and viruses, boosts your baby's immune system and protects against infections.

It is best to start hand expressing as soon as possible after giving birth, ideally within six hours of delivering your baby. You'll need to express frequently, 10-12 times a day, including during the night. After a few days you may find it easier to use a hand held or electric pump. Many of the mums on our unit find it easier to

express while they are next to their baby, and are able to see and touch them. Privacy screens are available and there is a dedicated expressing room on the unit.

Initially when expressing you will only produce a few drops of colostrum – a sticky substance that is especially rich in nutrients – but once your milk comes in, a couple of days after the birth, the amount will increase.

You can store breast milk that has been expressed into a sterile container. Once expressed, the breast milk can be kept at room temperature for up to four hours. Otherwise, it should be put in the refrigerator immediately where it can be stored for up to 48 hours. Breast milk that is unused within 48 hours may be transferred to the freezer (unless previously frozen). It can be stored in a freezer at -20°C or below for up to three months. Defrosted breast milk should be used within 24 hours. Please ask a member of staff about how to label and store your breast milk on the neonatal unit.

Further information and a video on hand expressing can be found on the Unicef website here: <https://bit.ly/2UUxt0c>

### **Transitioning to breastfeeding**

Preterm babies go through specific stages as they learn to breastfeed, which is like learning any new skill. They slowly become better at breastfeeding as they transition to fully feeding from the breast. The time it takes to do this varies with each baby but things that may help include:

- skin-to-skin/kangaroo care
- observing your baby for feeding cues, such as rooting where your baby makes sucking motions with their mouth when their cheek or lip are touched
- expressing breast milk on to your nipple and gently rubbing it along your baby's lips which will help your baby become familiar with the taste and smell of your breast milk

- staying together with your baby as much as possible
- getting to know one another so you are better able to respond to your baby's cues.

For more information visit:

- Baby Buddy: 'Breastfeeding' video: <https://bit.ly/28IXsyP>
- Best Start: 'Breastfeeding your early preterm baby' leaflet: <https://bit.ly/2uv635c>

### **Feeding with formula**

We will always support you with your choice of feeding. Breast milk is the first choice of milk for premature and sick newborn babies, but if you cannot, or choose not to, breastfeed, we can introduce formula milk. Formula-fed premature babies are usually given a formula designed especially for their nutritional needs. This is normally given by a feeding tube initially and slowly transitioned to bottle feeds. It is important to sterilise all your baby's feeding equipment before each feed. The neonatal team can discuss the different formula milks with you and show you how to sterilise the equipment.

### **Dads and partners**

Having a baby on a neonatal unit is a stressful time for you and your partner. As a parent there are many ways you can care for your baby and the Starlight team will support you in doing this. You can:

- learn how to express breast milk with your partner in order to support her with your knowledge
- sterilise the pump and containers as required
- watch your baby and begin to understand their unique cues and how they respond to the world
- occasionally sit with your partner while she expresses, particularly at the beginning – getting those tiny drops of colostrum as a team

- take care of your baby, help to change their nappy and gently clean their mouth
- touch your baby and hold it in the skin-to-skin position
- talk or read to your baby, which is very soothing for them.

As you help to support your partner and spend time with your baby, don't forget to look after yourself. Having a baby is an emotional time for both of you and sometimes it helps to talk to other dads and partners. If you would like to talk to our CAMHS team, please talk to a member of our staff. You can also speak to your GP.

## Nappy changing

Changing your baby's nappy for the first time can feel like a daunting task. You do not need to do everything in one go. You can start by just closing the tabs on your baby's nappy and then gradually doing more and more. It can be easier having two people to do the nappy change; one of you can support and comfort your baby while the other person changes the nappy. Here are a few points to help make nappy changing easier:

1. Gather everything you need at the bedside (cotton wool, sterile water, a new nappy, nappy cream if needed, and a nappy sack).
2. Follow the hand hygiene advice.
3. Rest your hands gently on your baby and using a soothing voice greet your baby. Try to keep them in a tucked position (curled up with baby's arms in the middle) and keep one hand on them at all times.
4. Some babies prefer to have their nappy changed while lying on their side, this allows them to keep a flexed, tucked position and helps to regulate their bowels. They may need a soother to suck on.
5. Loosen your baby's clothes and place a new nappy under your baby's bottom before removing the soiled one.
6. Keep watching your baby's cues, if they start to show signs of sensitivity, bring them back into a tucked position, rest your hands on them and wait.
7. It is very important that you don't raise your premature baby's legs too high when changing their nappy, as this can affect the way blood pressure is supplied to the brain. Try to move your baby slowly and keep



them in contact with the supporting surface whenever possible.

8. After you have cleaned your baby, pat them dry.
9. Secure the nappy in place and put your baby's clothes back on.
10. Finish with slow, still hands (comfort holds) to help settle your baby back in their cot.

### **Things to remember**

Nappies should usually be changed every three to four hours, or when your baby has passed stool. Nappy changes can be scheduled around other care needs they have depending on what your baby can tolerate.

### **Nappy rash**

If you notice any nappy rash that you haven't seen before, let your nurse know. They will check the rash to make sure there is no infection. If there is an infection, an anti-fungal cream may need to be applied. For nappy rash, barrier creams containing zinc oxide, such as Sudocrem or Bepanthen, should be applied thickly at nappy changes.

## Developmental care



The harsh reality of the neonatal unit environment compared with that of the womb can be very overwhelming for most premature babies. Inside the womb everything is quiet and dark with a regular temperature and consistent positioning. The neonatal unit can be a very bright and noisy place, therefore procedures and policies are in place to ensure that we try and mimic the womb as much as possible.

Developmental care is about optimising and promoting babies' development while on the neonatal unit. By understanding your baby's behaviour, adapting to the environment, and positioning and handling your baby appropriately, you can help to achieve the best outcomes for your child.

### **Behavioural cues**

Cues are things your baby does that show what he or she is feeling. Observing babies helps us to recognise signs of stress, as well as understanding self-calming signals. Ask your neonatal nurse to teach you what your baby is saying by how he or she is acting.

**Signs of sensitivity include:** breathing pattern and colour changes, hiccups, sneezes, yawns, fingers stretched out wide and legs stretched out straight.

**Signs of coping include:** an even, stable colour, smooth breathing, arms/legs tucked in and hands resting near the mouth or some mouthing of hands.

### **Sensory development, the healing environment and sleep**

The neonatal team will try to create an environment for your baby that is safe, quiet, and more like being in the womb than in a noisy, busy hospital. They will do this by keeping the lights low, using soft voices, and positioning your baby's body so that it is cradled in the incubator. Bright lights and loud noises may bother your baby, especially if he or she is very premature or very sick. Premature and sick babies sleep for most of the day. It is best to avoid waking them because they need sleep to grow and get well. As babies get closer to full term and get stronger, they will be able to stay awake for longer periods of time. They are also very sensitive to overstimulation. Try to focus on one of your baby's senses at a time. For example, touch your baby and then talk to him or her, but not both at the same time.

## **Taste and smell**

Babies use taste and smell to know who their parents are while they are in the womb. They continue to use these senses to get to know you during their stay on the neonatal unit. Be sure to not wear perfumes or scented lotions. We also know that breast milk odour can help reduce stress in babies, so being close to your baby and allowing them to smell milk when establishing feeding is really important. On Starlight we encourage you to use a muslin cloth and sleep with it so that it has your smell. Place the muslin in the incubator so that your baby is comforted by your smell.

## **Hearing**

In the womb it is not silent but the noise is quiet and consistent. On the neonatal unit, we try to keep the background noise as quiet as possible. Sleep plays a critical role in neural development, learning and memory. Maintaining a quiet environment ensures baby's sleep is protected.

Your baby is able to recognise familiar voices from early on in the womb. For their language to develop, your baby needs to hear your voice. It is also reassuring for them if you talk to them throughout the day. When with your baby, talk softly, read books, comment on the day or sing songs.

If you would like to know more about early communication development, ask our speech and language specialist, Celia, to come and speak with you about this.

## **Vision**

Your baby's vision is their last sensory system to develop. Vision develops as your baby approaches term age and needs natural light. Your baby's eyelids are very thin before 32 weeks and their pupils cannot constrict. If they are born before this age we will cover their incubator, and gradually turn this back as they grow. At term, it is important to remember that your face and voice will be your baby's number one toy.

## **Motor development and positioning**

Preterm babies have low muscle tone and often find it difficult to maintain positions that best support rest, sleep and self-comfort. On Starlight we create soft nests from hospital sheets and positioning aids, such as Zaky hands, to help support them. We ensure your baby lies on a soft muslin. Your baby will be wrapped in the muslin during any painful procedures, or to help your baby stay calm when they come out of their cot to be weighed or for kangaroo care. If your baby has a gel pillow, please make sure it is on top of the muslin so that we can always see its position.



Quick, fast, rotational movements can be overwhelming. When you are turning your baby, try to keep them in contact with the bed and move them slowly. Similarly, when it comes to weighing your baby with the nursing team, wrap them in a muslin and weigh them on their side. This will help them feel safe, tucked and calm. For your baby's first bath, it is also a good idea for them to be wrapped in their muslin, to help them adjust to the temperature change and to remain calm.

## **Touch and skin to skin care**

Babies develop the sense of touch early, so they can be very sensitive. Always start and finish each interaction with slow, still hands. Ask your baby's nurse to help you use touch in a positive way. This might include:

- Using a constant, firm but gentle touch; a back-and-



forth touch like stroking or massaging can be too much for a premature baby.

- Gently cupping one hand under the head and another hand on the bottoms of the feet to support a fetal position.
- Skin-to-skin contact, which is also known as ‘kangaroo care’, is the practice of holding your baby naked on your bare chest. Skin to skin is an excellent activity to help with neurodevelopment, weight gain, breastfeeding and sleep. Skin to skin should be offered for a minimum of one hour. On Starlight there is a comfortable reclining chair next to each neonatal cot, and we have a number of kangaroo care wraps to help you remain comfortable while you hold your baby.
- Some of the benefits of kangaroo care are discussed further on the Unicef website: <https://bit.ly/2Yut2eD>

All members of the neonatal team will help support you take your baby out safely.



As your baby grows, you might want to introduce massage. Research has shown many benefits for the family and their baby, including improved weight gain, feeding readiness and parent-infant attachment, enhanced deep sleep, and reduced maternal stress. On Starlight, we are able to teach infant massage. Please speak to Anissa (nursery nurse), Mandy (nursery nurse) or Emily (occupational therapist) who are all certified infant massage instructors.

## **Pain and stress prevention and management**

During your baby's hospital stay they will need to undergo several medical procedures. It is natural for you to worry that these may be painful, however there are many ways we can support your baby and help make them comfortable. We will help you provide comfort during or after each medical intervention, and work with you to discover what helps your baby. There is a good body of evidence that supports the following comfort measures to help reduce pain:

- skin-to-skin care
- breastfeeding
- swaddling
- touch/massage
- soothing voice
- grasping a finger and bracing their feet against a rolled up towel
- oral solution eg sucrose, breastmilk and colostrum
- sucking on a dummy or the breast (non-nutritive sucking).

Please watch our video on the Royal Free London YouTube channel to learn more ways you can support your baby:

<https://bit.ly/2TzIK4x>

## **Further reading**

'Comforting your baby in intensive care' leaflet by Linda Franck – available for download on the University of California, Department of Family Health Care Nursing website here: <https://bit.ly/2TYICkc>

## **Emotional wellbeing**

Having a baby on a neonatal unit can be a very difficult and worrying time for families and we recognise that you may need support through this experience. If you are interested in one-to-one support please contact our CAMHS liaison nurse. Families also find emotional support and help by sharing their stories with other parents who have been through a similar experience.

## **Coffee, cake and coping**

Coffee, cake and coping is run by Cher Johnson, our specialist liaison nurse and neonatal occupational therapist, Emily Hills. It is held every Tuesday morning at 11am in the parents' room and is a chance to have a coffee, chat and unwind.

## **Supper club**

Supper club is held once a month on the neonatal unit. The concept was originally developed to help address the needs of fathers, who are often working frantically throughout the day and are then running exhausted to the neonatal unit. We wanted to create an opportunity where families could eat together, talk and receive information on preterm development.

Supper club is typically held on the first Tuesday of the month (the dates are on the board in the parents room). Our specialist liaison nurse Cher Johnson, and our occupational therapist, provide an informative lecture on preterm development and the sensory environment. Please let our ward clerk know if you would like to attend.

## **Little Stars group**

Little Stars is a five-week post-discharge group for babies born moderately premature. Each session begins with baby massage and includes developmental advice and an educational talk specific to preterm health and development. Please contact: [emily.hills@nhs.net](mailto:emily.hills@nhs.net) for more details.

## **Bliss support**

Bliss is a UK charity that offers emotional and practical support for families of babies born preterm or sick. Its website provides a wealth of information to support you at [www.bliss.org.uk](http://www.bliss.org.uk)

It also offers a number of resources including:

- A free confidential telephone service that offers a listening ear.
- Emotional support and information to families whose baby is in, or has been, in neonatal care.

Call Bliss on 0808 801 0322 or email: [hello@bliss.org.uk](mailto:hello@bliss.org.uk).

The Bliss and Netmums online forum for preterm and sick babies is a place for families to share experiences and get peer support.

## **Going home**

As well as being a happy time, going home can make parents feel nervous and unsure about being able to cope. The transition from hospital to home is a big step for you, your baby and the whole family. But remember, your baby is only coming home because he or she is well enough to leave the unit, and our team is confident you are able to look after them.

We will keep you updated about the progress of your baby throughout your time on the neonatal unit. Your baby will be ready to go home when they are controlling their body temperature, feeding is going well and you are able to care for them without professional support outside of a hospital environment. For premature babies, this can be before their due date.

There is also post-discharge support available. Your GP and health visitor will be sent a summary of the care your baby received on the neonatal unit. You will also be given a copy to keep. Please ask a member of staff if there is anything on the letter that is unclear.

## Research findings: Age at discharge for premature babies

Gestational age (at birth)	Likely length of stay on the neonatal unit (days)	Likely gestation at discharge
24	123	41
25	107	40
26	92	39
27	79	38
28	66	37
29	53	36
30	42	36
31	34	35

### Nurture group

The neonatal nurture group provides support for any parents whose baby has gone home from Starlight unit. It is a chance to come and enjoy coffee and chat to parents that understand what life can be like after discharge.

### Community nursing team

The community nursing team supports babies who have ongoing medical needs with the transition from neonatal unit to home. The team offers specialised neonatal support and nursing care for babies living in Barnet and Enfield. If your baby has ongoing medical needs and you live outside this area, our staff may refer you to your local paediatric community nursing team and transfer medical care to your local hospital.

### Neurodevelopmental follow-up

The follow-up programme is a way for us to assess your baby's ongoing development. When a baby is born very prematurely it is important to monitor their developmental progress closely. The follow-up programme is for all babies:

- born at less than 30 weeks gestation
- weighing less than 1,000 grams
- that have had an MRI scan of the brain.

### **Medical follow up**

Not all babies who go home need to come back to clinic to see a doctor. If your baby needs to be seen in clinic, the doctors will discuss this with you before you go home with your baby. We do not take direct GP referrals to our neonatal clinics. The clinics are designed for following-up babies discharged from the neonatal unit.



## Glossary of terms

Here are some of the common medical terms and abbreviations used on the neonatal unit. If your baby's nurse or doctor uses a term that you don't understand, please ask.

**Apnoea:** The brain functions of babies who are born premature are not fully developed. Consequently, they frequently forget to breathe – apnoea – and may require gentle stimulation to remind them. Babies may also experience an apnoea as a result of stress, distress or infection.

**Aspirate:** This term is used to describe breast milk or formula that is left in your baby's stomach from the previous feed.

**Apnoea alarm:** A device attached to your baby's chest or tummy which picks up each breath and sounds an alarm if no breaths are detected after 10 to 20 seconds.

**Blood gas:** a sample of blood that measures the level of oxygen, carbon dioxide and acid in the blood.

**BMF:** Breast milk fortifier (sometimes called human milk fortifier or HMF).

**Bradycardia (brady):** Any decrease in the baby's heart rate below 100 beats per minute. These are very common in premature babies and often correct themselves without additional help.

**Blood pressure:** The blood pressure of the baby is monitored either by a pressure cuff or via an arterial catheter.

**CLD:** Chronic lung disease (CLD) is the term used to describe babies who require ongoing oxygen or need ventilator support at either 28 days of age or past 36 weeks corrected gestational age (a premature baby's corrected age).

**Cranial ultrasound scan (head scan):** An ultrasound scan of your baby's brain which helps us see the structures within it, and identify if there has been any bleeding.

**CFM:** Cerebral function monitoring (CFM) is a tracing of the electrical activity within the brain.

**CPAP:** Continuous positive airway pressure (CPAP) is a machine that helps support your baby's breathing by delivering air or oxygen under pressure through your baby's nose.

**Cannula:** this is a small plastic tube, which is passed through a vein to deliver antibiotics, medications or fluids to your baby.

**Desaturations (desats):** When the oxygen level in the blood falls below the level appropriate for the baby's gestation and medical condition.

**EBM:** Expressed breast milk.

**Extremely premature:** Babies born between 24 and 28 weeks in the womb.

**Haemorrhage:** Bleeding.

**Heel prick:** A method of getting a blood sample from a baby's heel.

**High flow oxygen:** High flow oxygen is similar to CPAP and is another method of supporting your baby's breathing through prongs in their nose.

**Hydrocephalus:** Water on the brain.

**IVH:** Intraventricular haemorrhage (IVH) is bleeding into the fluid

filled areas (ventricles) within the brain or into the brain itself. This is seen more commonly in extremely premature babies.

**IUGR:** Intrauterine growth restriction (IUGR) refers to babies born smaller than expected for their gestational age.

**Jaundice:** The yellow colour seen in the skin usually during the first two weeks of life due to a build up of a substance called bilirubin produced from broken down red cells. A serum bilirubin level' (SBR) measures the amount of jaundice, and helps to determine if treatment is required.

**Kangaroo care:** A type of caring where your baby has skin-to-skin with you for as long as possible each day.

**Long line:** This is a thin, long, plastic catheter, which is passed through a vein in the arms or legs into a central blood vessel to deliver nutrition to babies who are unable to feed for various reasons.

**MRI scan:** Magnetic resonance imaging, known more commonly as MRI, is used to view brain structures in detail.

**Necrotising enterocolitis (NEC):** A serious intestinal disorder causing bleeding into the gut, infection and occasionally perforation of the gut and inflammation of the internal lining of the abdomen (peritonitis).

**Nasogastric tube:** A feeding tube passed through your baby's nose to the stomach.

**NMB:** Nil by mouth.

**Patent ductus arteriosus (PDA):** The ductus arteriosus is a blood vessel that connects the pulmonary artery (main vessel supplying the blood to the lungs) to the aorta (main vessel supplying the

blood to the body). This connection is present in all babies in the womb, but should close shortly after birth. In some babies, especially in those born prematurely, this vessel may remain open. This is called a patent or persistent ductus arteriosus.

**Phototherapy:** A special light used to treat babies who have jaundice.

**Pneumonia:** Infection of the lung, or part of the lung.

**Premature:** Babies born before 37 weeks of gestation.

**Retinopathy of prematurity (ROP):** abnormal growth of blood vessels in the back of the eye in preterm babies.

**Serum bilirubin level (SBR):** The level of jaundice in the blood.

**Term:** A baby who has spent between 37 and 41 weeks in the womb.

**Total parenteral nutrition (TPN):** Fluids normally given into a vein to premature and term infants who cannot tolerate feeding by the mouth or into the stomach.

**Umbilical arterial catheter (UAC):** A soft plastic tube inserted through an artery in the belly button, which is used to take blood samples and record blood pressure.

**Umbilical venous catheter (UVC):** A soft plastic tube inserted through the belly button, which is used to give intravenous feeds and medication.

**Ventilator:** This is a life support machine to support a baby's breathing.

**X-ray:** A picture taken to look at bones and organs within a baby's body. The most common is a chest x-ray used to check your baby's lungs.

## Useful resources

### Books:

'Caring for your baby in the neonatal unit' by Inga Warren and Cherry Bond

### Unicef leaflets:

- You and your baby: Supporting love and nurture on the neonatal unit: <https://bit.ly/2TzIPVT>
- Building a happy baby: A guide for parents: <https://bit.ly/2P9FQW7>

### Apps:

- Integrated family delivered neonatal care
- Baby Buddy – for pregnancy, birth and beyond
- Quantum caring for parents – NNU

Please note the Royal Free London is not responsible for the accuracy of information produced by external organisations. Please refer to the original author or organisation for further information.



## More information

For more information about the neonatal units at the Royal Free London, please visit our website:

[www.royalfree.nhs.uk/services/services-a-z/childrens-services/neonatal-units](http://www.royalfree.nhs.uk/services/services-a-z/childrens-services/neonatal-units)

## Your feedback

If you have any comments on this leaflet or require a list of references for it, please email: [rf.communications@nhs.net](mailto:rf.communications@nhs.net).

## Alternative formats

This leaflet is also available in large print. If you need this leaflet in another format – for example Braille, a language other than English or audio – please speak to a member of staff.

© Royal Free London NHS Foundation Trust

Service: Starlight unit – neonatal service

Version number: 1

Approval date: April 2019

Review date: April 2021

[www.royalfree.nhs.uk](http://www.royalfree.nhs.uk)

