

Sunflower - Special Care

Neonatal Unit

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Wash your hands with soap and warm water and dry thoroughly. Use hand gel, if provided, in care facilities.
- If you have symptoms of diarrhoea and vomiting stay at home and do not visit relatives that are vulnerable in hospital or in residential care. You will spread the illness.
- Keep the environment clean and safe. Let's work together to keep it that way. Prevention is better than cure.

Philosophy of care

Our primary objective is to provide the optimum standards of care for all infants and their families in a secure and welcoming environment.

We aim to achieve this by:

- Respecting parent's views and wishes and encouraging the development of their parenting role by providing information, guidance and support which meets their individual needs.
- Recognising the need for parents and staff to be partners in their baby / babies care. We believe this can be achieved through a framework of mutual trust and effective communication which maintains privacy and confidentiality.
- Actively working together with parents to help them achieve skills and confidence to become a family unit.

What changes can you expect in special care?

- Less monitoring for your baby, unless your baby is being nursed on oxygen. Their monitoring usually stops at 34 weeks and depending on your baby's individual nursing needs, the monitor that records their heart rate and saturations may be switched off, unless your baby is nursed on oxygen. If the monitor alarms, you will be encouraged to look at your baby for any concerns, rather than the monitor and the nursing staff will attend to the alarm.
- Once your baby is in a cot, you will be able to use tap water when you change their nappy, just like you would do at home. Also when you clean their eyes, you can use your cotton wool from home, instead of the hospital packs of cotton wool. Let a member of staff know you will be cleaning their eyes, as we will be able to get you some sterile water.
- A reduction in the use of boundaries around your baby. Your baby will spend less time on their tummy and more time on their back, as this is how you will be advised to care for them at home.

- You will be encouraged to take on more of the parental aspects of your baby's care, for instance, nappy / clothes changes, feeding and bathing. The nursing staff will carry out these tasks when you are not here or at your request. We hope you can be here as much as you are able to be, whether it's during the day, evening or during the night.
- Visiting policy will remain the same, one parent plus one visitor at the baby's cot side. Siblings of the baby are welcome anytime with you, unless they are over the age of 18, then they are counted in the numbers specified in the visiting policy.
- As mentioned in the visiting policy, now your baby is in special care, grandparents and your other visitors will now be able to hold your baby with your permission.
- Your baby will continue to be reviewed by a doctor or advanced neonatal nurse practitioner (ANNP) during the week. However, large ward rounds, like you may have seen in Poppy (HDU) or Bluebell (intensive care), do not take place in special care. The consultant will do a round with the doctor for special care usually on Monday, Wednesday and Friday. At weekends, the doctors will not be based in special care, but will review the baby, if the nursing team have any concerns.

Staff and parent teamwork in special care

What will we do?

- Ensure your child's safety by applying a security tag upon admission to Special Care. Unless your baby is nursed in an incubator.
- Teach and support you in taking a more active role as caregivers, to the best of your abilities, to your baby / babies.
- Teach and support you in giving basic care to your baby / babies, such as breast / bottle feeding, bathing, nappy and clothes changes.
- Teach and support you with more clinical skills, such as weighing your baby, checking their temperature, drawing up and administering medication.
- Encourage you to talk to the doctors during the ward rounds.
- Keep you informed about your baby's plan of care and preparing for discharge.

What can you do?

- Please provide nappies and cotton wool for your baby. Please check regularly if these items are running low, so you are then able to bring in more. If you are providing your own clothes, please ensure they are clearly labelled with your baby's name.
- If you are bottle feeding your baby, we will ask you to bring in a bottle and a bottle brush so your baby is used to feeding from their own bottle.
- Mums who are solely expressing or alongside breastfeeding, please ask staff to check the amount of milk that is on the unit before you go home. You will then be aware of how many feeds can be given to your baby in your absence especially if you only want your milk to be used.
- Feeding times may change slightly, especially when you are establishing breast feeds, or once your baby is fully breast fed. While with your baby on the unit, you will be aware of these time changes. However, during the period of time you are not here, please ring when you know you will be back so you will be aware of the last time they were fed and when they will be next due.
- Bottle feeds can be timed to coincide with your visits. To help us arrange this, please advise staff of the time of your next visit by keeping in touch by phone. We will only wait 15 minutes after the arranged time before feeding your baby, if we have not heard from you.
- Baths and cares will also be timed to coincide with your visits, please arrange times for these activities with staff.
- Once your baby is in a cot, no soft toys are allowed in the cot with them. If you wish to bring in musical toys or cot mobiles to attach to the side, you may, as long as they are wipeable. You can talk to a member of staff for more information regarding this.
- Talk to us if you have any concerns, worries or issues; please let us know of these. If you do not, we cannot help.

Getting ready to be discharged home

Once settled into Special Care we will start discussing your baby being discharged home. While planning for discharge, there are things that you can make sure have been done.

- Register your baby's birth.
- Register baby with your G.P.
- Make sure you have a Moses basket / cot for your baby to sleep in and sterilising equipment if you are expressing or bottle feeding.
- Car seat to safely travel home in.

Also for discharge...

- Your baby will need to be at least 34 weeks gestation before they can go home.
- Your baby will need to weigh approximately 1.5kg.
- Your baby may be able to go home tube feeding, if you are happy to do so. They will still need to be either breast or bottle fed as well as tube feeding.
- Remember, when preparing for discharge home, your baby will no longer need bed boundaries and their cot will need to be laid flat.
- If your baby is on oxygen at 36 weeks gestation, they will have a 'sleep study' which is their oxygen saturations recorded overnight onto their monitor, twice weekly. This information is printed off and doctors will review this information and change the oxygen requirement where necessary. This information will be explained.
- Some babies do go home on oxygen. If this is necessary, our doctors will speak to you about this, once the above monitoring has shown it is required.
- Babies born below 36 weeks gestation may have our neonatal community team visit you and your baby at home the day after discharge. This will be confirmed with you, before your baby goes home.
- If our community neonatal team visit you after discharge, a plan of home visits will be put in place with yourselves during their first visit.

- Community midwives will be notified if your baby is discharged home less than 10 days old.
- Once discharged home, health visitors are notified and they will contact you for a visit.
- Before discharge, we offer STORK (Supporting, Training, Offering, Reassurance and Knowledge) training. This involves learning about baby basic life support, what to do if your baby was choking, common signs of your baby becoming unwell and safe sleep guidelines.
- For further information about STORK, please ask a member of staff.

Meals and mealtimes

Expressing and breast feeding mums, who are here throughout the day and parents in the flat, will be entitled to meals.

Meal times are:

Breakfast	08:45
Lunch	12:45
Dinner	17:45

Vouchers will be needed, please ask a member of staff and these will be issued.

Further Information

www.bliss.org.uk

www.royalwolverhampton.nhs.uk
Infant feeding - you and your baby

www.breastfeedingnetwork.org.uk
Sunflower direct phone number – 01902 694039

Notes

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowałiby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。