

Frimley Park Hospital

Neonatal Unit



Parent Information Booklet

Welcome to NNU



Congratulations on the birth of your baby. Your baby has been admitted to the neonatal unit and we know that this can be a stressful and worrying time for you. Hopefully this booklet will answer some of your questions but feel free to ask any of the neonatal staff anything at any time. The unit consists of two nurseries; Nursery 1 is mainly for babies requiring high dependency or intensive care. Nursery 2 is the special care nursery. If your baby requires prolonged intensive care or specialist care they may be transferred to another hospital in the network. This will be done by the specialist neonatal transfer service.

There are two parents' rooms on the unit with ensuite bathrooms and sofa beds where parents can stay to get used to caring for their baby overnight and to establish breastfeeding. Parent lockers are available in reception. A fridge and microwave are available for parent use. We ask that no food or hot drinks are consumed in the nurseries. There is a restaurant, baguette shop, café and shop onsite.

Visiting

Parents and Siblings - 24 hours a day

Grandparents (with a parent) - anytime except during quiet time

Any other visitor - 15:00-17:00

Children under the age of sixteen are not permitted to visit the unit for infection control reasons unless a sibling of the baby.

Handwashing is required on entry to the nurseries and, before and after touching your baby, carrying out feeds or cares. Alcohol gel is available at each bed space. If you have any illnesses or infections you need to contact the unit before visiting to check if you should or shouldn't visit.

Ward Routine

On first entering the unit there is a signing in book at reception. Any visitors must sign in and out of the unit in case of a fire.



In Nursery 1 only parents are allowed to hold their baby. When babies are moved to Nursery 2 grandparents are also allowed to hold with parents permission.

The doctor's ward round starts at 09:00 in Nursery 1. Parents are welcome to be present but for confidentiality are asked to either leave the room or listen to music with headphones whilst the doctors discuss the other babies.

The doctors hold a grand round on Thursday. All of the neonatal consultants attend and discuss all the babies care.



Babies are weighed on admission to the unit. They are then weighed twice a week on Wednesday and Saturday nights.

Head circumferences are measured on admission then on Thursday during ward round.

Skin-to-Skin

You as parents are the most important providers of support for your baby. When you feel ready and as soon as your baby is stable enough, the neonatal staff will encourage you to hold your baby directly against you skin-to-skin. This is also called kangaroo care. Both parents can have skin-to-skin with their baby.

Benefits of skin-to-skin:

- Your baby has a chance to get to know your voices, smells and heartbeat, and you will start to establish a close bond with your baby.
- Regulates your baby's temperature.
- Your baby will sleep more restfully and for longer against your skin. Sleep is important for your baby's growth and recovery.
- Skin-to-skin helps with a mother's breast milk production and once breastfeeding can be established it allows a mother to respond to her baby's feeding cues and put them to the breast more easily.



You can hold your baby skin-to-skin for as long as you like, the staff are here to help and will assist so you can have as much skin-to-skin time as possible. We recommend at least an hour so that your baby has time to settle and benefit from the positive effects.

Skin-to-skin is recorded on our kangaroo care charts which both yourselves and the nurses can fill in with a sticker for every time you have skin-to-skin.



We also have slings which you can wear while having skin-to-skin, just ask a member of staff and they will assist you.

Feeding Your Baby

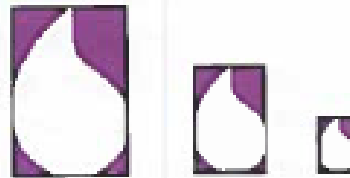
When your baby is first admitted to the neonatal unit they may not be able to feed. Non-nutritive sucking can provide comfort, aid digestion and help develop babies sucking reflex. This can be done with either a soother or gloved finger.

Once milk feeds are introduced your baby may need to be fed via a tube which goes directly into their stomach. This may be because they are too small to feed by themselves. The medical team will advise you when your baby should be able to start taking feeds by mouth.

Breast Milk

Breast milk is best for your baby especially if they are born prematurely. Some of the benefits of breast milk are:

- Immunity
- It is easy to digest
- Brain Development
- Closeness and Bonding
- Growth and Development



Even if your baby can not feed straight away it is important to start expressing as soon as possible after delivery. This can first be by hand expressing then by pump. The nurses and midwives will be able to help you with this. No matter how little you get at first, every drop counts and can be used for your baby. We encourage you to express 8-10 times in a 24 hour period to help establish and encourage your milk supply. There are curtains around each bed space, or there is a milk expressing room on the unit for you to express. We also have pumps that can be lent out to you if you are discharged home before your baby so that you can continue to express at home.

Method of Feeding

However you choose to feed you will be supported, be this by breast, bottle or a combination of both. If you choose to bottle feed advice will be given regarding making up feeds, choosing the right type of bottle for your baby and positioning.

The Community Team

The lead **Neonatal Community Outreach Nurse** is Elizabeth Thomas.

The Neonatal Unit has an outreach service, consisting of two nurses, who cover the core hours of 08:00-16:00 each week day. They oversee discharge planning and visit babies at home following discharge. Their aim is to promote a smooth transfer from hospital to home and to provide a point of contact and support to parents, both at home and throughout their stay. The babies that are normally visited at home are usually those born at less than 34 weeks gestation or 1.8kgs. However, other babies that may be visited include post surgical babies or those with complex needs. Families are visited between 1-4 times on average and care is personalised around the needs of the baby and family.

Criteria and Preparing for Discharge

Babies should reach at least 35 weeks gestation before discharge. Although there is no set discharge weight they have to be showing steady weight gain. Babies need to be independently feeding by breast, bottle or a combination of the two. They should also be able to maintain their own temperature in a cot without the use of a hat.

Discharge planning starts from admission and the nursing team work with you to prepare you for discharge. You will be offered feeding and bathing advice, resuscitation training and information on preparing your home prior to discharge. You will also be able to room in with your baby.

We ask that you provide nappies and cotton wool. You may wish to bring your own baby clothes or blankets but there are plenty available on the unit.



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in another format:**

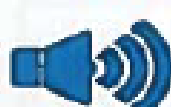
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**Please contact (PALS) the
Patient Advice and Liaison Service on:
Telephone: 01276 526706**

or

Email: palsfrimleypark@fhft.nhs.uk

Title of Leaflet	Frimley Park Hospital Neonatal Unit Parent Information Booklet				
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Ref. No	V 1	Issue Date	June 2016	Review Date	2019

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