

# Oxford Newborn Care Unit: Moving Towards Home

Information for parents and carers



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We try to get your baby home, to your local hospital or to the postnatal ward as soon as possible. This leaflet is about how we prepare you and your baby to leave the unit.

Our unit is divided into **three different areas** depending on the level of nursing the babies need.

**Intensive Care / Intensive Therapy Unit (ITU)**

for babies who need the most support

**High Dependency Unit (HDU)**

for babies who need a medium level of support

**Low Dependency Unit (LDU)**

for babies who need a little extra support

## While you are on the unit

What you can do for your baby:

- Feeding
- Expressing milk next to your baby
- Skin-to-skin / 'kangaroo' care
- Daily routine care such as washing, changing clothes or bedding
- Changing nappies
- Reading, playing lullabies, singing, talking
- Taking photographs
- Other special routines you may wish to do with your baby
- Please ask the nurse allocated to your baby for further information about any of these.



## Feeding your baby

Breastfeeding support, and advice on feeding your baby, is available every day on the unit.

If your baby needs tube feeding, we will teach you how to complete tube feeds. Once a member of the nursing team has 'signed you off' five times, you may tube feed your baby on your own, if you feel happy to do so.

Some babies are eligible for the home tube feeding programme. If your baby is eligible, this may mean you can take your baby home earlier. Babies must meet certain criteria to qualify.

We give families a training package and allow them home when they feel confident enough. Once home, our Outreach Team will provide follow-up care and families can discuss any concerns with them.



## Washing your baby – ‘top and tail’

‘Top and tail’ is a way to clean your baby using just a bowl of water and some cotton wool. You carefully wash your baby’s face, neck, hands and bottom to give them a bit of a ‘freshen up’.

When cleaning your baby’s eyes, use sterile water and always wipe from nose to ear using a new piece of cotton wool for each wipe. Then clean your baby’s face, behind their ears and under their chin. You can gradually progress down their body, making sure you clean in the creases and they are dried well afterwards. Leave your baby’s bottom until last.

When your baby is stable and maintaining their own temperature in an open cot without a hat, we can show you how to give them a bath.

## Transferring your baby into a cot

When your baby is stable and weighs over 1.6kg we will consider moving them into an open cot. This may have a heated mattress. In preparation for this, we encourage you to gradually dress your baby in clothes as we reduce the incubator temperature. Once their temperature is stable, we will transfer them. We try our best to do this when you are with your baby. If this is something you do not want to miss, please tell your baby’s nurse.

## Taking your baby out

When your baby is stable and maintaining their own temperature it may be possible to take them out with you for a short walk within the hospital grounds. This is often easier once your baby is on the Low Dependency Unit.



## Getting ready to go home

We try our best to get babies discharged home or to the postnatal ward with their parents as soon as they are ready.

Premature babies on average will be ready for discharge at 35-37 weeks' gestation (3-5 weeks before their due date) but some babies will need longer and may go home after their due date.

### **To be ready to leave the unit your baby must be:**

- in a stable condition, and off all monitoring
- feeding well using your preferred method
- growing well
- maintaining their own temperature
- off intravenous medication.



## Discharge home – checklist

The milk you are feeding your baby

Something safe for your baby to sleep in  
(see Safe Sleeping Guidelines – [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk))

Car seat (if relevant)

Nappies and cotton wool

Clothes and blankets

Baby's birth registered

Baby registered at your GP Practice

Baby's medication (if required)

Baby's 'Red Book' (please see page 12)

Basic Life Support Training (required for Home Tube Feeding)  
(please see page 13)



## Registering the birth

While your baby is still in hospital you can register the birth on Level 4 of the Women's Centre. The Registration Office is open most weekday mornings, for weekly opening hours and further information please view the notice board in the HDU Family Room or the LDU Notice Board.

(If your baby was delivered here but this is not your local hospital, you may have to register your baby in Oxfordshire, rather than your local county registry office.)

## Registering your baby with a GP

Once you have registered your baby's birth you need to register them with your local GP Practice. You will need your baby's NHS Number and Birth Certificate.

## 'Homeward bound' rooms

We have four 'homeward bound' rooms on LDU where you can stay with your baby before going home. We allocate these rooms to families on the basis of each baby's needs.



Parents normally have access to these rooms a day or two before discharge. Slightly longer stays may be advised for babies with complex needs or babies who are establishing breastfeeding.

## Some of the professionals you may come into contact with

### Speech and Language Therapists (SALT)

Speech and Language Therapists support babies, typically with more complex needs, to establish feeding safely and efficiently. This may include developing pre-feeding skills (including tolerance of touch around the face), encouraging sucking skills and helping carers understand how pre-term babies communicate their readiness to feed.

### Newborn Hearing Screeners

When your baby is over 34 weeks' corrected gestation, off monitoring and nearing home, one of the Hearing Screeners will come and see you and your baby to check their hearing. They will give you a leaflet to explain the process, and ask you for your consent.



### Physiotherapists

Physiotherapists on the neonatal unit offer advice on movement and development. If your baby is born at 28 weeks and under or is at risk of developing movement related difficulties we will arrange for your baby to have Precht assessment (video movement assessment) at 13 weeks corrected age. At 2 years of age we will do a longer developmental assessment called Bayley's which looks at a range of areas including cognitive and speech development. Respiratory physiotherapy: Babies who are struggling with sticky secretions may be offered respiratory physiotherapy to help clear the lungs.

## **Occupational Therapists (OT's)**

OT's on the neonatal unit play a big part in supporting and empowering parents to support their baby in a nurturing and developmentally appropriate environment whilst coming to terms with having a premature baby and all that it entails. Baby massage and support with parent activities such as bath time can be offered once your baby is ready. OT's are also involved in doing 2 year Bayley's (developmental) assessments and baby behavior/communication assessment (NBO).

## **Discharge Planning Co-ordinator**

The Discharge Planning Co-ordinator is involved with babies who have more complex needs and require further support when they leave the unit, for example babies who require low flow oxygen at home, babies who have stomas and some babies who need tube feeding at home. They will liaise with all the teams your baby needs to see once they leave the unit, and will ensure a safe and smooth discharge home.

## **Neonatal Outreach Team**

Our Neonatal Outreach Team comprises experienced neonatal nurses, who provide home visits and phone support to parents of babies who meet certain criteria. These include babies on the home tube feeding programme, babies born extremely prematurely or very small and babies with more complex medical needs. They work closely with the unit and will follow up babies within Oxfordshire. We will also tell your Health Visitor that your baby has left the unit, to ensure you have continued support at home.

## **Personal Child Health Record or 'Red Book'**

Every baby is given a Red Book for you and health professionals to record information in. It is used from birth until the age of four. Once your baby has been discharged it is a good idea to keep your baby's Red Book with you at all times, along with the discharge paperwork from the hospital. This means that if you have any problems, or need to contact the hospital, you have all the details of your baby's medical history with you.

## **Medication**

We supply medication for one month when we discharge your baby from the unit. We will give you information about the medication which includes administration, dosage, frequency, side-effects, how long it will be required, safe storage and how to get repeat prescriptions. Before you leave, you will have an opportunity to practise giving medication to your baby.

## **Milk prescription requests**

If your baby is on a special type of milk you cannot buy in shops, we will give you a milk prescription request. Take this to your baby's GP Practice for them to issue a prescription. Once this is done, take the prescription to your local Pharmacy which will order the milk. Some specialist milk may take a few days to arrive, so ensure you allow enough time to complete the process. You are normally provided with one month's supply of milk, so please be aware of this when collecting it. The GP will continue repeat prescriptions as long as necessary.

## Basic Life Support Training

When your baby is nearing discharge from the unit we will give you some Basic Life Support training (this normally happens on the Low Dependency Unit).

This is required for babies who are being discharged on the home tube feeding programme and for babies with complex needs.

## Immunisations

When your baby is the correct age (i.e. day 60 of life) and in a stable condition, they will receive their immunisations. To see the immunisation schedule, please look inside your baby's Red Book. On some occasions we may delay these until a time when your baby is more stable. A member of the neonatal team will inform you when your baby is ready to receive an immunisation, and ask for your consent.

### **BCG injection**

If your, or your baby's, maternal or paternal grandparents are from high risk TB countries, your baby will be eligible for a BCG injection. This is normally done on the Tuesday of the week when you leave, or later at an outpatient appointment. If we have not discussed this with you and you believe your baby would be eligible, please tell your baby's nurse.

## **Retinopathy of Prematurity (ROP) eye screening**

It will not delay your discharge if your baby is still having ROP screening. We will book an outpatient appointment for you to attend with your baby.

The first screen is done in a precise time window. If you are having this screen as an outpatient please ensure you can attend on the date and time provided.

## **Newborn hip screening**

Babies who were breech in the third trimester or at delivery will routinely be offered hip screening.

If you were pregnant with multiples and one of the babies was breech then all babies will be screened. Your baby may also be screened if anyone in the family has had hip problems or your baby has got clicky hips.

You should receive an appointment in the post and the screening will take place at the Nuffield Orthopaedic Centre (NOC).

## **Follow-up appointments**

Your baby may need to come back to the hospital for some follow-up appointments after discharge. Details will be in your baby's discharge summary and we will send you appointments in the post.

If your baby was born before 32 weeks' gestation they will have consultant follow-up appointments until they are two years old.

## Further support

### **Oxford Newborn Care Unit**

Women's Centre  
John Radcliffe Hospital  
Headley Way  
Headington  
Oxford OX3 9DU

Parents' telephone numbers:

ITU: 01865 228 387

HDU: 01865 228 386

LDU: 01865 572 686

[www.ouh.nhs.uk/children/services/newborn-care](http://www.ouh.nhs.uk/children/services/newborn-care)

### **John Radcliffe Hospital Breastfeeding Clinic / Human Milk Bank**

Tel: 01865 221 695

[www.ouh.nhs.uk/infantfeeding](http://www.ouh.nhs.uk/infantfeeding)

### **Oxfordshire Breastfeeding Support (OBS)**

Supporting your family from pregnancy to weaning

[www.obsbreastfeedingsupport.org](http://www.obsbreastfeedingsupport.org)

### **Twins Trust**

Advice on twins and multiple births

[www.twinstrust.org](http://www.twinstrust.org)

### **La Leche League GB**

Support for all breastfeeding mums at every stage of their breastfeeding journey

National: [www.laleche.org.uk](http://www.laleche.org.uk)

Oxfordshire: [www.lloxford.org.uk](http://www.lloxford.org.uk)

## **Bliss**

Babies born premature or sick

[www.bliss.org.uk](http://www.bliss.org.uk)

## **Birth Trauma Association**

Support for mothers who have had a difficult birth

[www.birthtraumaassociation.org.uk](http://www.birthtraumaassociation.org.uk)

## **British Association of Counselling & Psychotherapy**

Help with finding a local counsellor or therapist

Tel: 01455 883 316

[www.bacp.co.uk](http://www.bacp.co.uk)

## **NCT**

Supporting parents, providing them with accurate, impartial information so they can decide what's best for the family

[www.nct.org.uk](http://www.nct.org.uk)

## **Integrated Family Delivered Neonatal Care (IFDC)**

Smartphone app that helps parents through their NICU journey. Search 'IFDC' in the app store; available for both Apple and Android devices

## **Oxford Early Birds**

A peer support group for families after their stay on the Newborn Care Unit.

In association with SSNAP. Please search 'Oxford Early Birds' on Facebook for more information.



## Support for the sick newborn and their parents (SSNAP)

SSNAP is an independent charity based in the John Radcliffe Hospital which supports the Newborn Care Unit and provides emotional and practical support to parents via their Family Care Team 7 days a week. They are committed to helping parents overcome practical barriers that mean they can't be with their baby. They also organise coffee mornings for families and staff on the unit.

They also support the unit in many other ways. This includes equipment purchases, funding staff training vital to the development of unit practices, sponsoring the vCreate service, facilitating practices and training, funding research projects key to our work and providing emergency funding for struggling parents.

SSNAP,  
Level 2 Women's Centre,  
John Radcliffe Hospital,  
Oxford  
OX3 9DU

Tel: 01865 221 359

Email: [ssnap@ouh.nhs.uk](mailto:ssnap@ouh.nhs.uk)

Website: [www.ssnap.org.uk](http://www.ssnap.org.uk)

Twitter: @ssnap\_oxford



## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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