

Welcome to Oxford Neonatal Unit

**Information for
parents and carers**



Oxford Neonatal Unit

Congratulations on the birth of your baby, and welcome to The Oxford Neonatal Unit.

Our unit is deeply committed to valuing and respecting the diversity of all families. We welcome everyone, regardless of background, additional needs, disability, family structure, sexual orientation, or gender identity. We encourage you to share any specific needs your family may have, so we can support you in the best possible way.

This leaflet gives you some information about how the Neonatal Unit works. We hope it helps you settle in as a new parent.

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About the Oxford Neonatal Unit

The Oxford Neonatal Unit looks after any baby who requires specialist care following delivery, either until they are ready to go home (for Oxfordshire babies) or until we can transfer them to a unit closer to home ('neonate' is the medical term used to describe a baby who is less than one month old).

Our unit is divided into three different areas based on the level of care the babies need.

Intensive Care/Intensive Therapy Unit (ITU) for babies who need the most support.

ITU is where we care for babies with the highest level of need. Babies here may have been born very early, have complex medical / surgical needs or require help to breathe.

High Dependency Unit (HDU) for babies who need a medium level of support.

HDU provides less intensive support than ITU for babies not yet stable enough for care in the less medicalised LDU (see below). They may need light therapy, support with breathing or feeding, or time to mature.

Low Dependency Unit (LDU) for babies who need a little extra support.

LDU is a relaxed, parent and Nursery Nurse led area. Babies are here to learn to feed, grow and to get ready to leave the unit. Nurses will support you to ensure you feel confident taking your baby home.

The Neonatal Network

Some aspects of neonatal care are highly specialised, and intensive care, surgical and cardiac services are centralised. The Oxford Neonatal Unit is the lead centre for the Thames Valley Neonatal Network, and provides intensive care, surgical and some cardiac services for the whole region (patients requiring cardiac surgery are transferred to Southampton or London).

The local hospitals in our network are:

- Wexham Park Hospital, Slough
- Royal Berkshire Hospital, Reading
- Stoke Mandeville Hospital, Aylesbury
- Milton Keynes University Hospital, Milton Keynes

We also look after babies from outside of these areas who have been under the care of the Maternity or Fetal Medicine Service, and occasionally accept babies from other networks when the need arises.

We work with the other hospitals in our network and with the specialist neonatal transport team (Southampton Oxford Neonatal Transport (SONeT)) to ensure all babies who need intensive care, surgery or cardiac care are either born in, or transferred to, Oxford. All the hospitals in our network provide high and low dependency care, so your baby will be moved back to your local hospital when they no longer need specialist services. We will keep you updated on the progress of your baby and let you know when they are ready for transfer.

Please visit **www.sort.nhs.uk/SONeT** for more information.



Staff members on the unit and how to recognise them

All staff members wear hospital ID badges.

Neonatal Medical Team

Consultant Neonatologist

Your baby will have a named consultant, but you are likely to meet several consultants as care is shared to ensure all babies have access to consultant support at all times. Consultants wear light blue uniforms.

Resident Doctors

Resident Doctors are doctors who have had between three and 15 years' post qualification experience. They are known as 'specialty trainee' or 'clinical fellow' and wear blue hospital scrubs. Trainees come from all over the world, as the unit is recognised internationally for the specialist training provided.

ANNP

Advanced Neonatal Nurse Practitioners (ANNP) are experienced neonatal nurses who have undergone further training and they work on the medical rota. ANNPs wear black uniforms.

Other medical teams

Other teams of consultants, for example surgeons, and junior staff will also visit the Neonatal Unit to see specific patients. They might wear blue hospital scrubs.

Neonatal Nursing Team

Matron

The Matron has overall responsibility for the unit and wears navy blue/red trim.

Band 7

The Band 7 Sister/Charge Nurse is an experienced neonatal nurse and wears navy blue/white trim.

Band 6 and 5

Band 6 nurses are senior nurses/Deputy Sisters with a specialist training qualification in neonates and wear navy blue/no trim.

Band 5 nurses are more junior neonatal nurses. They all wear royal blue scrubs/no trim.

SONeT Team Nurse

Southampton Oxford Neonatal Transport (SONeT) Nurses wear navy blue / pink trim with the SONeT logo.

Nursery Nurse

Nursery Nurses look after babies with lower care needs. They wear royal blue / pink trim.

Neonatal Feeding Team

The Neonatal Feeding Team helps parents to feed their babies. They wear grey scrub tops and dark blue bottoms.

Nursing Assistant

Nursing Assistants stock and clean equipment and prepare babies' feeds. They wear light blue.

Research Nurses

The Neonatal Research Team support families to be involved in research. The research nurses wear navy uniform with turquoise trim or royal blue scrubs with no trim.

Neonatal DOTS (Discharge and Outreach Team)

Comprised of nursery nurses, deputy sisters and a sister, the team support complex discharge planning and also work in the community. They wear either a grey tunic or a navy tunic with green trim along with navy trousers and an orange lanyard.

Other staff

Researcher

Researchers from other research teams wear scrubs.

Ward Clerk

Ward Clerks wear purple tunics and navy trousers.

Physiotherapist

Physiotherapists wear white polo shirts / navy trim and navy trousers.

Occupational Therapist (OT)

Occupational Therapists wear teal coloured scrubs.

Dietitian

Dietitians wear teal scrubs.

Clinical Psychologist

Clinical Psychologists wear teal scrubs.

Pharmacist

Pharmacists do not wear uniforms. Speech and Language

Speech and Language Therapist (SALT)

Speech and Language Therapists do not wear uniforms.

Support for Sick Newborn and their Parents (SSNAP)

SSNAP staff do not wear uniforms (see page 19).

SONeT Ambulance Service

Ambulance staff wear green shirts and trousers.

Human Milk Technicians

Human Milk Technicians work within the milk bank, pasteurising donated breastmilk, storing expressed breastmilk and preparing babies' feeds. They wear grey tops and ID badges.

Parental presence on the unit

We would strongly encourage you to be present on the unit as much as possible to support your baby. Babies' siblings are also welcome regardless of age. At times for example during a pandemic /exceptional circumstances this may change, if you are unsure please discuss with your nurse. We do not see parents as 'visitors', but as partners in care who are fundamental to the wellbeing of their baby.

There may be rare occasions when we ask you to leave, for example if we have an admission or a surgical intervention to perform.

The main medical ward rounds take place at 9:30 AM in both ITU and HDU. There are additional smaller rounds at 5:00 PM in ITU and HDU, and again at 9:00 PM in ITU.

We have a room for parents where you can wait and make a drink if you wish (see page 16). Siblings are welcome but **must be supervised by you or your family in all areas of the Neonatal Unit.**

You can call the unit at any time for an update on your baby. We will provide updates to the baby's parents, not to other relatives.

Parents' telephone numbers

- ITU: **01865 228 387**
- HDU: **01865 228 386**
- LDU: **01865 572 686**

Please respect other families and babies, and do not take phone calls in the nurseries.

Facial Recognition System

We have a facial recognition system which can be set up for both parents when accessing the unit. Please ask a ward clerk to set this up.

Tailgating

Please ensure when entering and exiting the unit that you do not allow others to enter the unit.

vCreate

vCreate is a free NHS Trusted secure video messaging service that helps parents stay connected with their baby while on the neonatal unit. If you would like more information please speak to the ward clerks.

Visits from family and friends

Visitors must be over the age of 16 and accompanied by the baby's parent/carer. There may be times for example during a pandemic/ exceptional circumstances when visitors will not be able to attend the unit. If you are unsure please discuss with your nurse.

You may bring other visitors at times to suit you and your baby, but please avoid Ward Rounds and nursing handover times. Please discuss your plans for the day with your baby's allocated nurse.

Please do not bring more than two people to the unit at any one time and remind your visitors to remove their coats and wash their hands on arrival.

Each area has security doors in place. We aim to answer the bell as quickly as possible.

Getting to the John Radcliffe Hospital

Parking

While your baby is a patient on the Neonatal Unit we are able to provide you with a form for a free parking permit. Please ask your baby's nurse for a form to take to the Car Parking Office on Level 2 of the main hospital.

Buses

There are buses which come to the hospital and stop right outside the main entrance. There are also many buses from central Oxford to Headington, ten minutes' walk away. For more information visit www.traveline.info

For details about travel to the John Radcliffe Hospital please see:

www.ouh.nhs.uk/hospitals/jr/find-us

Protecting babies from infection

All babies on the unit are vulnerable and at risk of infection. For this reason we are extremely vigilant about hand washing; there are sinks in the entrance of each area and throughout the unit for hand washing.

Each person entering the unit must:

- take off outdoor coats (there are pegs by the lockers)
- place handbags in the lockers
- ensure sleeves are rolled to the elbow and all watches, rings and bracelets are removed ('bare below the elbows')
- wash hands thoroughly following the pictures shown at the sinks, and apply hand gel provided at the sink or bedspace.

If you or one of your visitors has a cold or other possible infection, please discuss this with staff **before** coming to the unit.

If you or a family member has been in contact with someone who develops chicken pox, diarrhoea and vomiting or another potentially serious infection, please call to let us know as soon as possible.

What to bring in for your baby

The unit will provide nappies and cotton wool for the first few days after admission, after which we ask that you supply these for your baby. If your baby needs tiny nappies that cannot be bought in shops, the unit will provide these.

Your baby may like one toy/comforter in the incubator with them (more than one can pose an infection risk).

If you wish, you can provide your own blankets and clothing for your baby. Please, label them as we cannot take responsibility for lost items.

Helping to care for your baby

We encourage you to become actively involved in your baby's care. We invite you to stay for Ward Rounds so that you can participate, understand your baby's treatment plan and ask questions. We can teach you to tube feed your baby and will also support you in caring for your baby, washing them or changing nappies. We will adjust our daily routine to make sure these things are mostly done when you are around. We promote skin-to-skin care / 'kangaroo' care (ask your nurse for a 'journey card' about this).



Breastfeeding

Your baby may not be able to breastfeed straightaway, but our aim is for them to be breastfeeding by the time they leave the unit.

The Neonatal Feeding Team, Nurses, Nursery Nurses and Speech and Language Therapist are on hand to support you. Each bed space is equipped for mothers to express milk for their baby (a privacy screen can be provided) and there are expressing rooms on HDU and LDU.

We have a number of breast pumps to loan out to parents who live within Oxfordshire.

If you live outside the area you can hire one:

visit www.medela-rental.co.uk

or call **0161 776 0400** (quote 'MEDNICU' for a discount).

Oxford Human Milk Bank

We are very fortunate in Oxford to have access to pasteurised human milk. If we feel that this could benefit your baby, the nursing /medical staff will discuss this with you.

Please note that due to very limited supplies, we operate a strict priority system.

If you are breastfeeding, you have the opportunity to donate to the Oxford Human Milk Bank. Ask unit staff for details.

Research

We have an active team of research nurses and doctors on the unit, who may ask you to participate in one or more studies. Although we are keen to offer you the opportunity to participate, you are under **no obligation** to do so. There is information about current studies on notice boards around the unit: if you would like further details, please ask your baby's nurse.

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 preterm 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, development and positioning whilst your baby is on the unit. Babies who are struggling with sticky secretions may be offered respiratory physiotherapy to help clear the lungs.

Babies born at 28 weeks or under or those in a higher risk group for developing movement related difficulties will have a Prechtl Assessment (video movement assessment) as part of their follow-up.

This takes place at 13 weeks corrected age (13 weeks from your due date). Many of our babies will meet criteria for a more in-depth assessment at 2 years of age. This will look at your child's cognitive, speech, fine and gross motor development.

Occupational Therapists (OT)

Occupational Therapists 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 involved in doing 2-year Bayley's (developmental) assessments and baby behaviour/communication assessment (NBO).

Dietitians

You are more likely to see a dietitian if your baby has: medical needs that require additional energy or protein for growth, or a specialist medical formula; poor absorption of nutrients; or they will be going home on the complex tube feeding pathway. Dietitians work closely with other multi-disciplinary teams to provide a personalised nutrition plan for your baby to ensure they receive the necessary nutrients for optimal growth and development. If ongoing dietetic support is needed once your baby is home, the hospital dietitian will provide handover to community teams for ongoing care.

Neonatal Discharge and Outreach Team Service (DOTS)

DOTS are involved with babies who have more complex medical needs and require further support when they leave the unit, for example babies born extremely prematurely, 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.

The team comprises experienced neonatal nurses and nursery nurses, who provide home visits and phone support to parents of babies within Oxfordshire.

Accommodation for parents

We may be able to provide accommodation on-site through Ronald McDonald House. We prioritise requests for accommodation according to the baby's condition and home address. If you have difficulty with travelling or travel costs please discuss this with the nurse looking after your baby.

We have four 'homeward bound' rooms on LDU where you can stay with your baby before going home.

Facilities on the unit

We have three parent rooms on HDU, LDU and ITU (please see map on page 22). These rooms have tea, coffee, sugar and milk (for hot drinks) available, and a microwave, toaster and fridge for storing food. Please label and date any item you place in the fridge.

Facilities in the John Radcliffe Hospital

There are restaurants, League of Friends cafeterias, shops and vending machines throughout the John Radcliffe Hospital site, and cashpoints on Level 2 of the main hospital building and in the West Wing atrium.

We also offer free WiFi: **'OUH-Guest'**.

For more details about facilities at the John Radcliffe Hospital please see:

www.ouh.nhs.uk/hospitals/jr/facilities

Central Headington is ten minutes' walk from the hospital and offers a full range of facilities including banks, supermarkets, shops, cafés and restaurants.



Toilets

There is a toilet just outside LDU (please see map at the back of this leaflet) for any parents or visitors to the unit. The toilet has changing facilities and is accessible for disabled users.

There are also toilets on Level 2 of the Women's Centre near the lifts and around the hospital site.

Further support

Oxford Neonatal Unit

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

Oxfordshire Breastfeeding Support (OBS)

Supporting your family from pregnancy to weaning.

www.oxbreastfeedingsupport.org

Twins Trust

Advice on twins and multiple births.

www.twinstrust.org

La Leche League GB

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

National: www.laleche.org.uk

Oxfordshire: www.lloxford.org.uk

Bliss

Babies born premature or sick.

www.bliss.org.uk

Birth Trauma Association

Support for mothers who have had a difficult birth.

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

NCT

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

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.



SSNAP is an independent charity based in the John Radcliffe Hospital which supports the Neonatal 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

www.ssnap.org.uk | Twitter @ssnap_oxford

Abbreviations and terminology

Being in the unit can be a confusing and stressful time for you and your family. You will hear new words and medical language you may be unfamiliar with.

Here are a few of the most common words and phrases you may hear.

Oxygen Saturations (Sats) – amount of oxygen in the blood as a percentage.

Heart Rate (HR) – number of times the heart beats per minute.

Respirations (Resps) – number of breaths taken per minute.

Blood Pressure (BP) – pressure generated in the arteries by the pumping of the heart.

Apnoea – short break in breathing: this can be followed by a bradycardia and or oxygen desaturation (see below).

Bradycardia (Brady) – drop in normal heart rate.

Desaturation (Desat) – drop in normal oxygen saturation level.

Apnoeas, bradycardias and desaturations are normal for premature babies.

Naso-Gastric Tube/ Oro-Gastric Tube (NGT / OGT) – small tube passed either via the nose (Naso) or mouth (Oro) into the stomach to enable your baby to feed.

Endotracheal Tube (ETT) – small tube passed into the trachea (wind pipe) to help with breathing using a ventilator.

Ventilator – machine which helps your baby breathe.

High Flow Therapy (HFT) – machine which supports your baby's breathing via prongs in the nose.

DuoPAP – type of therapy to support breathing via a mask or prongs in the nose.

Umbilical Venous Catheter (UVC) – small line in the umbilical vein (in the belly button) which is used in the first few days of life to give nutrition.

Umbilical Arterial Catheter (UAC) – small line in the umbilical artery (in the belly button) which is used to measure blood pressure in the first week of life.

Central Venous Line (CVL / Long Line) – small long line inserted into a larger vein which is used for long term nutrition or long term antibiotics.

Peripheral Venous Line (PVL) or cannula – small short line inserted into a vein to give medication.

Total Parenteral Nutrition (TPN) – intravenous fluid which provides full nutrition (fats, carbohydrates, protein and minerals) to maintain normal electrolytes to promote growth while grading onto feeds.

Retinopathy of Prematurity Screen (ROP) – babies born weighing less than 1501g or born before 31 weeks will have their eyes looked at by an ophthalmologist to monitor for this condition (we will give you an ROP leaflet before the first screen).

Jaundice – common problem in premature and newborn babies, which causes a yellow discolouration of the skin caused by excess bilirubin in the blood.

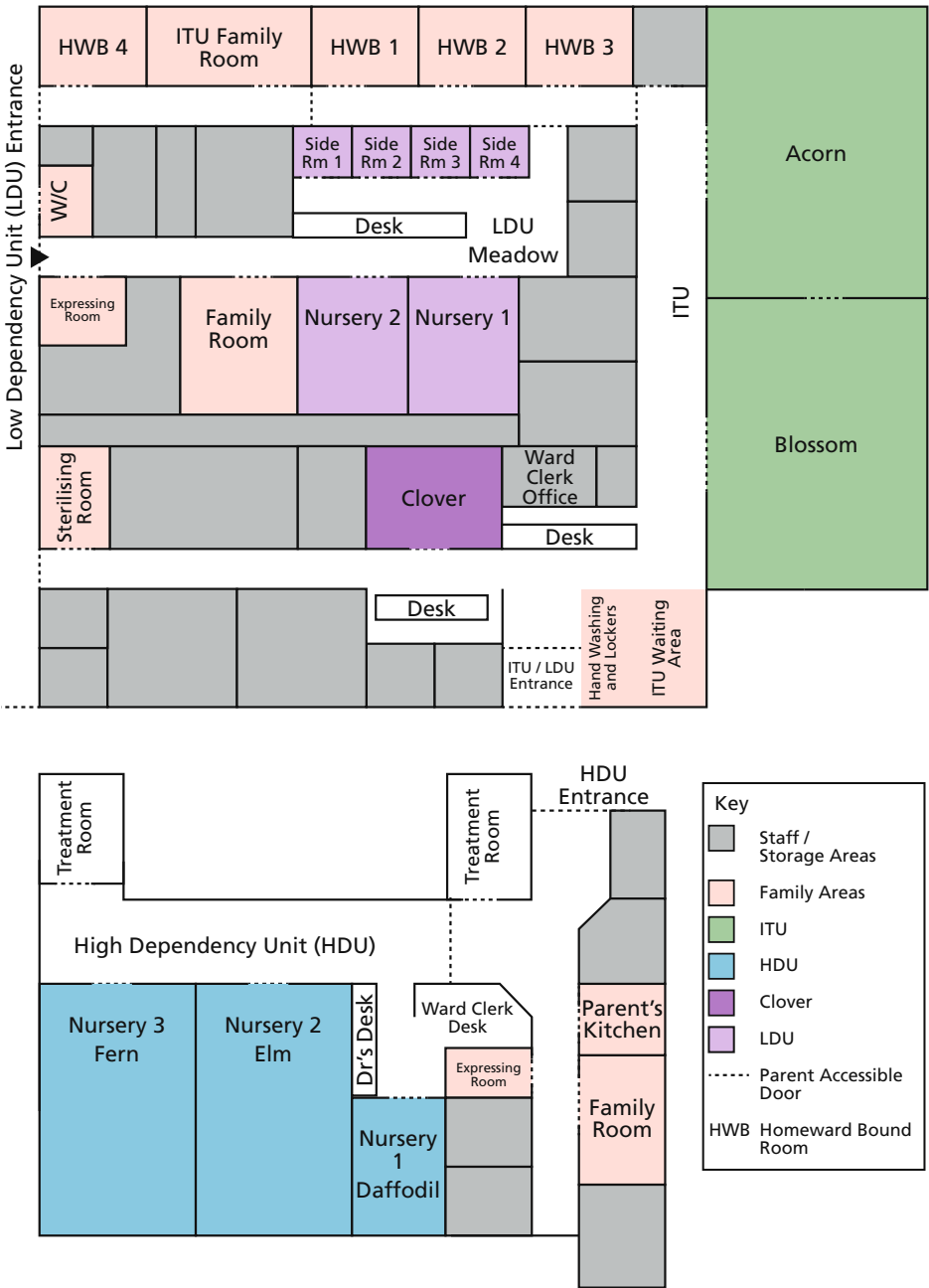
Serum Bilirubin Test (SBR) – test to collect a small sample of blood to test for levels of bilirubin.

Phototherapy – type of treatment for jaundice which involves a blue light to help the body break down the bilirubin in the blood. This is either provided overhead or on a special mat underneath the baby.

Blood Gas (Gas) – small blood sample to measure oxygen and carbon dioxide (as well as some salts and sugar) to help adjust ventilation settings or assess respiratory wellbeing.

Oxford Neonatal Unit map

(Not exact or to scale)



Oxford Neonatal 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



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



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

