

# Welcome to Oxford Newborn Care Unit

Information for parents and carers



Congratulations on the birth of your baby, and welcome to Oxford Newborn Care Unit.

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

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## About Oxford Newborn Care Unit

The Newborn Care 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 depending on the level of nursing 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. Oxford Newborn Care 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](http://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 do not wear uniforms.

### **Paediatrician in Training**

Paediatricians in Training 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 to work in conjunction with the medical team.

## **Other medical teams**

Other teams of consultants, for example surgeons, and junior staff will also visit the Newborn Care Unit to see specific patients. They do not wear uniforms.

## **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 with a specialist training qualification in neonates.

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.

### **Infant Feeding Team**

The Infant Feeding Team helps parents to feed their babies. They wear ID badges with special lanyards.

### **Nursing Assistant**

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

### **Discharge Co-ordinator**

The Discharge Co-ordinator is a senior nurse who supports complex discharge planning. They do not wear uniforms.

### **Outreach Team**

The Outreach Team mainly works in the community but also within the unit. They do not wear uniforms.

## **Other staff**

### **Researcher**

Researchers wear their own clothes or scrubs (see page 12).

### **Ward Clerk**

Ward Clerks wear white tunics / light green trim and black trousers.

### **Physiotherapist**

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

### **Occupational Therapist (OT)**

Occupational Therapists wear white polo shirts / dark green trim and green trousers.

## **Clinical Psychologist**

Clinical Psychologists do not wear uniforms.

## **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 16).

## **South Central Ambulance Service (SCAS)**

Ambulance staff wear green shirts and trousers.

**Individual members of staff are listed on the boards on the walls of the unit.**

## **Red aprons**

If you see a nurse wearing a **red apron**, please **do not disturb them. They are checking medication and must not be distracted.**



## Visiting your baby

Parents and siblings of babies on the unit are welcome at any time. 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.

Medical Ward Rounds start at 9.00am, 5.00pm and 9.00pm on HDU and ITU. We invite you to stay to share your observations and questions about your baby with the team. If you wish to stay with your baby during the rest of the Ward Round please bring in headphones and listen to music; this protects patient confidentiality for other families.

We have a room for parents where you can wait and make a drink if you wish (see page 14). Siblings are welcome but **must be supervised by you or your family in all areas of the Newborn Care 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.**

### **Visits from family and friends**

Visitors must be over the age of 16 and accompanied by the baby's parent / carer.

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 Newborn Care 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](http://www.traveline.info)

For details about travel to the John Radcliffe Hospital please see: [www.ouh.nhs.uk/hospitals/jr/find-us](http://www.ouh.nhs.uk/hospitals/jr/find-us) or the booklet '**John Radcliffe Hospital - information for patients**'.

## 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 different nurseries 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 then apply the hand gel provided by each sink and each bed space.

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 or another potentially serious infection, please call to let us know as soon as possible.

All parents must have a routine MRSA screen when their baby is admitted to the unit. Please see the MRSA leaflet in your welcome pack for more information.



## 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. 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 leaflet 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](http://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.

## 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.

## Accommodation for parents

We can provide accommodation for seven couples in two houses just outside the hospital grounds. 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 two parent rooms on HDU and LDU (please see map on page 19). ITU families are welcome to use both of these rooms. 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 and Level 3 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](http://www.ouh.nhs.uk/hospitals/jr)**

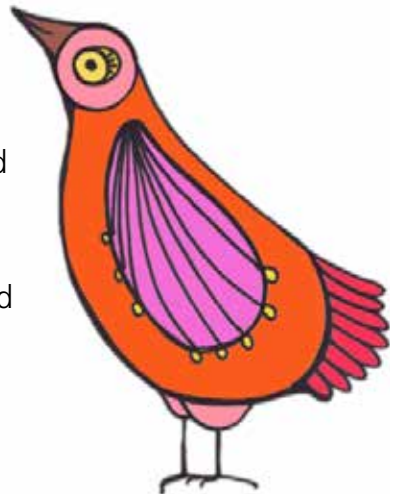
Central Headington is ten minutes' walk from the hospital and offers a full range of facilities including banks, supermarkets, shops, cafés and restaurants.



## 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

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

Tel: 01865 221 695

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

### **Baby Café Oxford**

John Radcliffe Hospital Women's Centre

Tel: 01865 221 880

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

### **TAMBA**

Advice on twins and multiple births

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

### **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)

### **TEDDY and ME - Early Baby**

Premature baby clothes

[www.earlybaby.co.uk](http://www.earlybaby.co.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



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. 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 can help with financial costs associated with travelling to the hospital, and fund accommodation so families can stay close to their baby.

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)

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

**Nasogastric 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 canula** – 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.

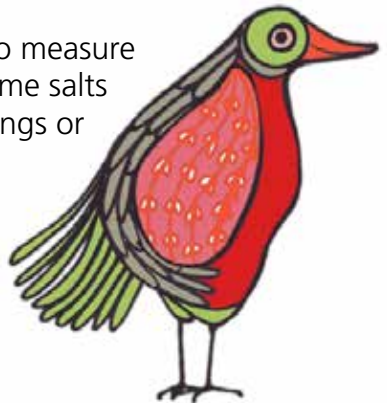
**Retinopathy of Prematurity Screen (ROP)** – babies born weighing less than 1500g or before 32 weeks will have their eyes looked at by an ophthalmologist to monitor for this condition (we will give you an ROP leaflet before the first screen).

**Jaundice** – common problem in premature and newborn babies, which causes a yellow discolouring 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.

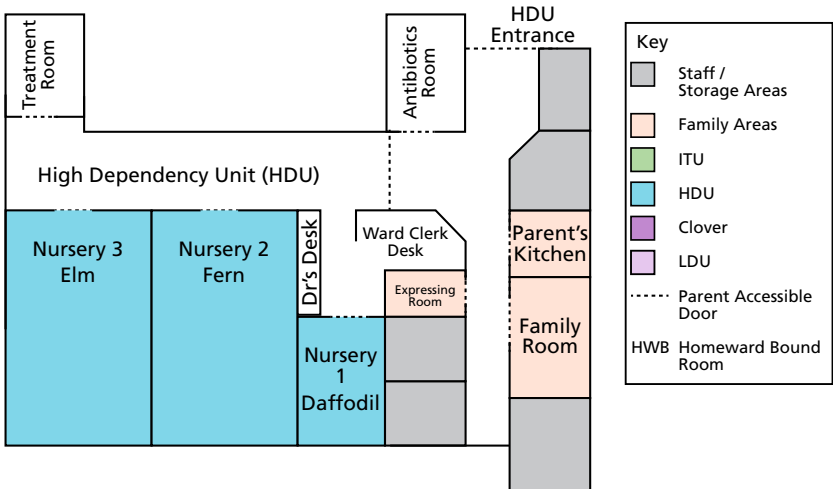
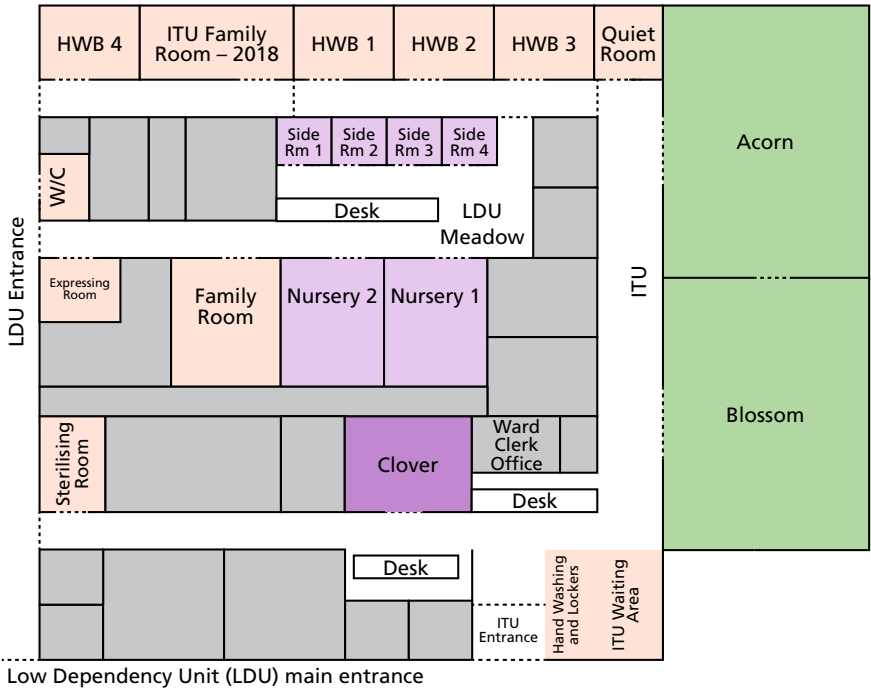
**Phototherapy** – type of treatment for jaundice which involves a blue light to help the body break down the bilirubin in the blood. This is either provided overhead or on a special mat underneath the baby.

**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 Newborn Care Unit map

(Not exact or to scale)



## **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)**



If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **[PALS@ouh.nhs.uk](mailto:PALS@ouh.nhs.uk)**

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