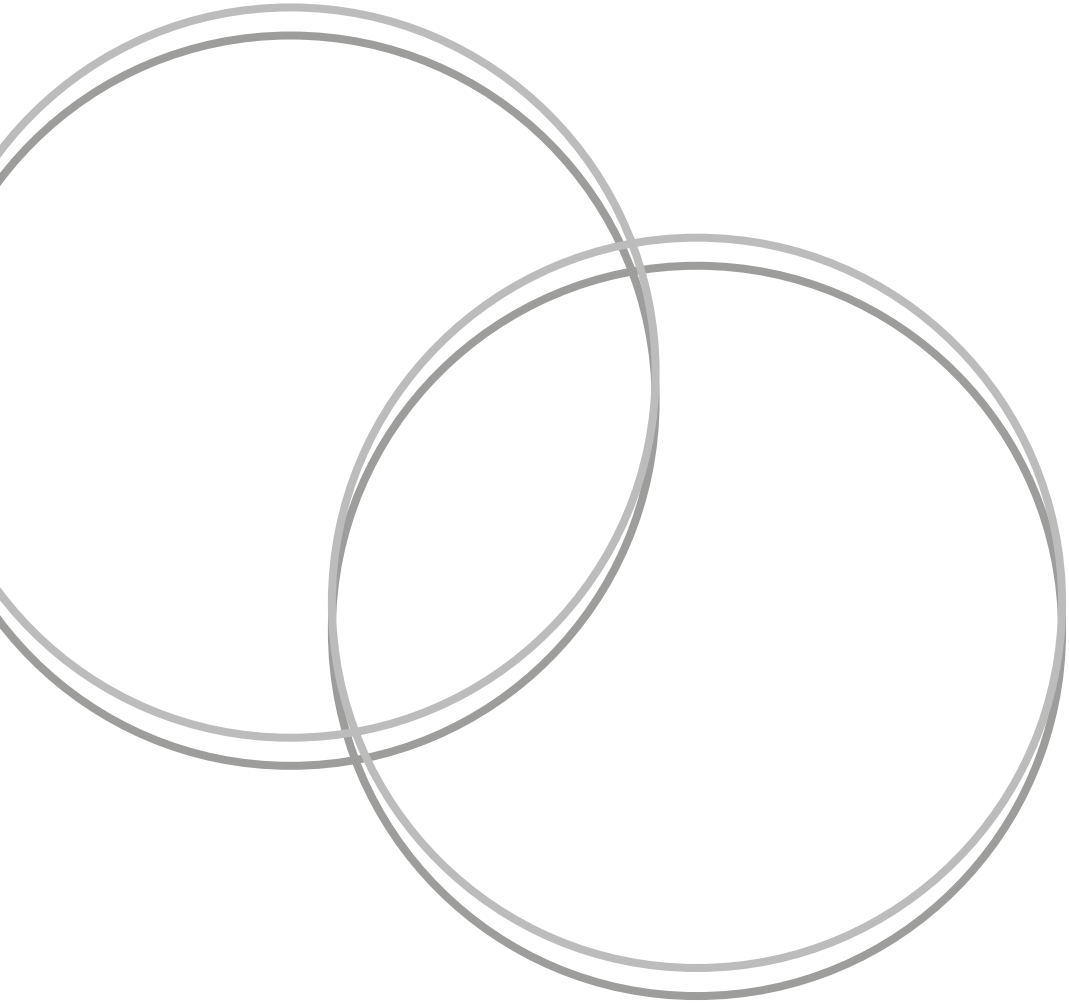
Oxford University Hospitals
NHS Foundation Trust

Welcome to the Transitional Care Unit

Information leaflet



Congratulations on the birth of your baby!

Gender inclusive language in OUH Maternity and Perinatal Services:

This leaflet uses the terms woman, women and mother throughout. These terms should be taken to include people who do not identify as women but who are pregnant. Similarly, where the term parent(s) is used, this should be taken to include anyone who has main responsibility for caring for a baby.

The term partner refers to the woman's chosen supporter. This could be the baby's father, the woman's partner, a family member or friend, or anyone who the woman feels supported by and wishes to involve in their care.

This leaflet provides information for parents who have a baby that needs additional medical support on our Transitional Care Unit (TCU). The TCU is on level 5 of the Women's Centre at the John Radcliffe Hospital. The aim of providing care for babies in the TCU is to keep parents and babies together on the Postnatal Ward, avoiding the need for babies to be admitted to the Neonatal Unit whenever possible.

How do we provide this care?

Care and support in the TCU is offered jointly by the midwives or staff nurses, maternity support workers, maternity assistant practitioners and the Neonatal Unit. The neonatal consultant (baby doctor) regularly attend the TCU to answer any questions you may have and to also make plans for the care of the baby in partnership with you. At the beginning of each day, the staff working in the TCU will also discuss the plan of care for you and your baby with you.

The most common reasons your baby may require additional support in the TCU:

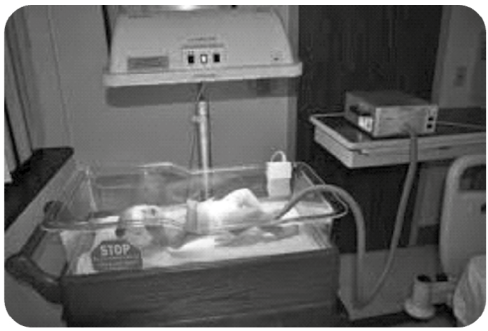
Prematurity – babies born early and babies born with a low birth weight (less than 2 kilograms)

Babies who are born at or before 37 weeks of pregnancy and those of a low birth weight (less than 2kg) are more likely to require additional feeding support. They may also be more lethargic (sleepy) as they will use their energy stores for other things such as keeping warm and maintaining their blood sugar levels. The feeding team on the TCU will offer help and support in developing an appropriate feeding plan with you. Sometimes supporting feeding with a nasogastric tube may be recommended.

A nasogastric tube is a thin, soft plastic tube that is inserted through the baby's nose, down the back of their throat and into their stomach (tummy). It is uncomfortable for the baby during insertion, but it is painless once the tube is in position. The feeds will then gradually be given to baby via the nasogastric tube by the midwives on TCU. This is to ensure a baby receives enough milk to ensure their wellbeing and to prevent unhealthy weight loss.

The midwives will also offer support to help you learn how to tube feed your baby. The amount of milk fed to a baby via the nasogastric tube will be reduced as they grow stronger and display more positive feeding cues, (for example independently rooting and showing signs that they are hungry/looking for food). Your baby will be reviewed every day by a doctor and the infant feeding team will spend time with you to support your feeding choice.

Jaundice



The picture above shows a baby receiving phototherapy

Jaundice is a common condition in newborn babies. It is caused by the accumulation of bilirubin. Bilirubin is a waste product from the breakdown of excess red blood cells after the birth of a baby. Most commonly, jaundice levels are highest on days 3 to 5 following birth. This is a natural process – many babies will have a tinge of yellow colour to their skin around day 3 to 5 with no cause for concern. However, in some babies, the level of bilirubin becomes too high and will require treatment. Raised jaundice levels will cause the baby's skin to look a pronounced yellow colour. Sometimes, the sclerae (whites of the eyes) will also look yellow and other symptoms include lethargy (sleepiness) and poor feeding.

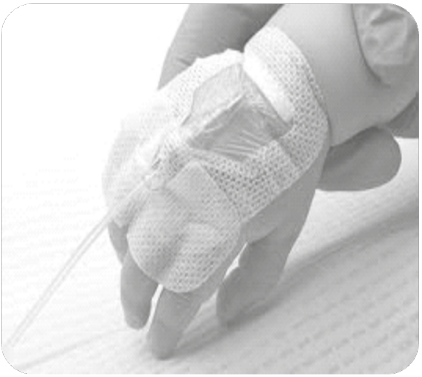
Babies who have a higher chance of developing raised jaundice levels include:

- Premature babies
- Low birth weight babies
- Babies born to mothers with a rhesus negative blood group who may have blood incompatibilities
- Babies with a poor feeding history

The treatment for jaundice will consist of using an overhead phototherapy lamp or a specialised bilirubin treatment blanket. The TCU midwives will discuss these treatment options with you. The baby will have minimally invasive blood tests to check the levels of bilirubin in their blood regularly throughout treatment to safely monitor that the bilirubin level is reducing.

During phototherapy treatment, your baby may be sleepier than usual. The feeding team are in place to offer you additional help with feeding if needed.

Infection



The picture above shows a cannula placed in a baby's hand

If your baby is being treated for a suspected infection, they will be given antibiotics twice a day. A small, fine plastic cannula will be inserted into their hand or foot and blood tests will be taken to look for what is causing the infection. A cannula will be inserted to give intravenous antibiotics for the first 24 hours. A second blood sample will be taken between 18 and 24 hours after this, and a decision will be made at 36 hours as to whether antibiotics should continue. Treatment can last from 2 to 14 days, depending on the severity of the infection. Your baby will be reviewed every day by the medical team during this time. The decision to change to oral antibiotics (given by mouth) or the decision to discharge the baby home will depend on the baby's progress and wellbeing. This will be fully discussed with you at the time.

Preparing for discharge home

Before going home, your baby will need to be:

- Feeding well
- Gaining weight: the weight loss should be no more than 8% of the baby's birth weight. Your baby will be weighed on day 3 following birth and every 2 days afterwards, until they are back to birthweight
- Maintaining their body temperature without support

In addition, your baby should:

- Have no infection concerns
- Have jaundice levels over 50 below the treatment line or on a downward trend

Checks to be completed prior to discharge:

- Hearing test
- Newborn examination (within 72 hours of baby being born)

The TCU team will advise, support and discuss the following topics:

- Breastfeeding
- Bottle feeding (making feeds and sterilisation)
- Safety at home
- Signs of sickness or ill health
- Giving any necessary medication
- Safe sleeping

Community Care

Your baby may be followed up at home either by our neonatal community team and/or the community midwife, and health visitor. They will monitor your baby's weight, feeding and development.

If your baby is going home and was born at less than 36 weeks of pregnancy or if they weigh less than 2kg at discharge, you will be seen by the neonatal outreach team. They will visit you at home and assist with feeding support and weighing the baby.

If your baby requires nasogastric tube feeding for longer, they will be discharged from hospital with the home tube feeding programme in place. We will provide community support for babies discharged home in this situation.

Please remember our team are here to support you and your baby as best we can, so please let us know if there is anything we can do to help you.

The Oxford University Hospital's Transitional Care Unit and Wellbeing Room has been kindly supported by:

References

British Association of Perinatal Medicine (BAPM) framework for practice (2017) Neonatal Transitional care [online] available at: www.bapm.org/resources/framework-neonatal-transitional-care (Accessed 2nd Feb 2023).

Moore ER, Anderson GC, Bergman N, Dowswell T (2012) Early skin-to-skin contact for mother and their healthy newborn infants (Review) The Cochrane Library, Issue 5.

National Institute for Health and Care Excellence. (2016). Jaundice in newborn babies under 28 days. NICE Quality Standard. [online] Available at: Context | Jaundice in newborn babies under 28 days | Guidance | NICE (Accessed 1st Feb 2023).

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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