# PARENTS' GUIDE TO THE NEONATAL UNIT AT THE SHROPSHIRE WOMEN AND CHILDREN'S CENTRE



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## Welcome to the <u>Neonatal Unit</u> at the Shropshire Women and Children's Centre,

### The Princess Royal Hospital, Grainger Drive, Apley Castle, Telford, Shropshire TF1 6TF. Web Site: www.sath.nhs.uk



### Our Telephone Number 24 hour communication for parents of babies on the Neonatal Unit: 01952 565923

Or phone bay where your baby is being cared for. Phone 01952 641222 and key in the extension number: 5445 Intensive care

5447 Bay A 5448 Bay B 5449 Bay C

Please avoid phoning between 7.30 and 8 am and 7.30 and 8 pm when we hand over care to the next shift.

Except in exceptional circumstances we are not permitted to give information to anyone other than the babies' parents over the telephone. Please ensure **we** have a contact number for **you** and inform us of any change of address.

We have designed this booklet to help make your time with us as stress-free as possible. We realise that this is likely to be an anxious time for you and if there is anything you are worried about or unsure of, please feel free to ask your nurse. We would be very pleased to hear your views, whether good or bad. It is our aim to continually improve the quality of the services that we provide for our babies and their families.

### **Our Philosophy of Care**

Neonatal Care is a profession based on a caring relationship. It is both an art and a science based on knowledge, skills and attitudes.

Inherent in neonatal care is sensitivity, empathy and respect for individual wishes, cultures and customs of people in order to provide holistic family-centred care in a secure and welcoming environment.

It is a dynamic process, which is responsive to the changing needs of society and evolves through the application of study and research in neonatal care.

### THE NEONATAL UNIT AS PART OF A NETWORK OF CARE

The Neonatal Unit in the Shropshire Women and Children's Centre is part of a larger network of hospitals. This includes the Staffordshire, Shropshire and Black Country Newborn Network (SSBCNN) in addition to two Children's Hospitals - Birmingham Children's Hospital and Alder Hey Hospital in Liverpool.

### Levels of Care on a Neonatal Unit

Approximately 1 in 10 babies born will need to be admitted to a Neonatal Unit after they are born. Of these babies, 1 in 10 will need full life support, also known as Intensive Care. Extremely prematurely born babies are much more likely to need Intensive Care. Many other babies require close monitoring and support including help with breathing - this is called High Dependency Care. Most prematurely born babies need this High Dependency Care. Other babies need less support and observation but more than can be provided on the Postnatal Ward - this is called Special Care.

### What is a Network of Hospitals?

It is not possible to provide all levels of care at all times in all hospitals, so the NHS has designed Networks. This is where a group of hospitals work together to make sure that all babies are provided with the correct level of care as close to home as possible. The majority of intensive care cots that take babies have been placed in areas where most babies live. The Shropshire Neonatal Unit at the Princess Royal Hospital has been allocated a number of intensive care cots to use for babies who need intensive care for a short time. Such units are called Local Neonatal Units. The units with more intensive care cots are called Neonatal Intensive Care Units and are sited at New Cross Hospital in

Wolverhampton and the University Hospital of North Staffordshire in Newcastle-Under-Lyme near Stoke-on-Trent. As a result a few babies, particularly those born extremely prematurely or needing longer term intensive care, are usually cared for in the Neonatal Intensive Care Units initially. They are transferred to us when appropriate, so that they are as close to home as possible, and are receiving the right care in the right place.

If your baby does require transfer from our unit to another neonatal unit, all effort will be made to transfer you and baby before you give birth. Sometimes this is not possible and baby then requires transferring after birth.

#### **Children's Hospitals**

Babies sometimes need to be transferred to a Children's Hospital, usually for a surgical operation that is known about during the pregnancy. In these situations you will have met one of the Neonatal Team and most likely have been in contact with staff at the Children's Hospital before your baby is born.

At times the need for an operation can only be seen after a baby is born, and then an unexpected transfer is required. We try to transfer your baby for any surgery to whichever Children's Hospital is closest to your home, but if this is not possible the baby will be transferred to the nearest available surgical centre.

### Transferring Baby to and from our Neonatal Unit

Babies are transferred by a specialist team called the West Midlands Newborn Transport Service. It is not usually possible for you to accompany your baby in the ambulance. The transfer team will introduce themselves to you and will explain how your baby will be transferred. They will inform you once your baby has arrived at the new unit or surgical centre. You will be reunited with your baby as soon as possible.

#### **Useful links:**

https://www.networks.nhs.uk/nhs-networks/staffordshireshropshire-and-black-country-newborn

www.bch.nhs.uk

www.alderhey.nhs.uk

### FIRST IMPRESSIONS



The Neonatal Unit is a very different environment from any other you may have experienced. Your nurse will explain all the equipment being used for your baby including the **monitors** (they look like television screens) which show your baby's heart rate, breathing rate and how much oxygen is travelling around your baby's body.

Do not be frightened by the alarms. They are there to ensure your baby gets the best possible care. Remember a monitor will alarm on a well baby if the baby pulls off the probes that link him or her to the monitor!

The most common equipment you may come across includes:

**Resuscitaires** - these are large, flat admission cots with overhead heaters. Your baby might be nursed on one of these until stable enough to transfer to an incubator.

**Incubators** are used to keep tiny or sick babies warm. If your baby is very premature, you might see condensation on the incubator walls. This is to replace the warm, moist environment of the uterus which baby will be used to. You can still touch your baby but we try not to open the incubator doors too often as the warmth and moisture will escape. Your baby will be in an incubator until well and big enough to maintain his/her own temperature in a cot.

**Drip Stands and intravenous infusion pumps** which hold any fluids your baby might need, especially if he or she is unable to have milk.

**Ventilators, CPAP** and **High Flow** machines are used to help some babies with their breathing. This will be explained in more detail by your nurse if your baby needs this support.



### **STAFF ON THE WARD**

**Nurses and Midwives** - At the beginning of each shift, your baby will be allocated a nurse to look after him/her. The nurses and midwives are known by their first names and will keep you fully updated regarding your baby's care. The uniform is either pale or navy blue. Our **Nursery Nurses** wear greenish-blue tunics. **Health Care Assistants** wear pale green tunics. Each shift has a Sister in Charge. The **Ward Manager** is responsible for the Neonatal Unit.

**Advanced Neonatal Nurse Practitioners ("ANNPs")** work closely with the nurses/midwives and doctors. They wear their own clothes but always have an ID badge.

**Ward Clerks** (blue and white blouses), **Housekeepers** (pink tunics), **Domestics** (lilac tunics) and **Porters** (pale blue shirts) will also be seen on the ward.

Our **Pharmacist** and **Health Visitor** sometimes wear a black uniform but will always have an identification badge. You might meet our Pharmacist at the cot-side, checking the medications chart.

You might also meet our equipment experts - "**EBME**" - who keep our equipment in good working order.

**Student Nurses and Student Midwives** wear white tunics and are always supervised by a qualified member of staff.

#### **Doctors**

The Consultant is the most senior doctor, and then there are Registrars (Middle grade doctors) and Senior House Officers or "FY2's".

We have permanent Consultants who are "in charge" for a week at a time. Your baby will be under the care of the Consultant who was on duty when the baby was admitted to the Neonatal Unit.

The babies are seen every day by the doctors and nurse practitioners. Their care is discussed on the **Ward Round** which normally commences at 10 am in the Intensive Care Room (times vary at weekends/bank holidays). Depending on the number of babies on the unit, the round can take from 1 to 2 hours.

You are welcome to be present at the ward round when your baby is being discussed, but you might be asked to leave the room when other babies are under discussion. The doctors will talk to each other at the cot-side about your baby's care, and then talk to you, giving you plenty of time to ask questions. If you are not present at the ward round, the nursing staff will bring you up to date with your baby's progress and care plan when you phone or visit.

### **THE WARD AREAS**

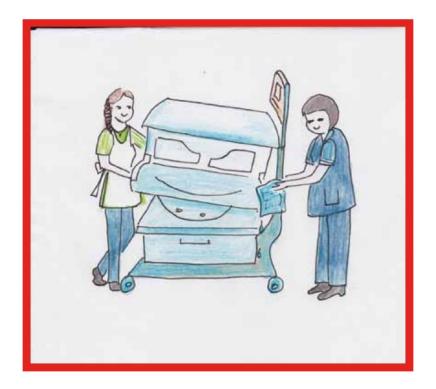
The **Intensive Care Room** is usually the room that your baby is admitted into. This room is usually kept at 25°C, but can sometimes be hotter if there is a lot of equipment in the room. Babies in this room tend to need intensive care, and when this is no longer required they are moved into one of the other ward rooms. If your baby has been transferred in from another hospital or the community, the **isolation cubicle** might be used.

The ward is designed with families in mind. There is **a play area** in the waiting room (children should not be left unattended), **a lounge/kitchen** for your use and **breastfeeding rooms** where you can express breast milk in comfort.

Toilets are situated in the lobby and off the waiting room.

When baby is ready to be discharged home we encourage parents to stay in one of our **en-suite bedrooms** so that they can get used to sleeping in the same room as baby.

Other facilities include **counselling rooms** for those times when privacy, confidentiality and a peaceful environment are required.



Please note: Mothers of babies on the Neonatal Unit should look after their own health too by making sure they see their Midwives for postnatal checks. Contact your local Midwife Led Unit if you have not already arranged this.

### **Parents and Visitors Policy**



This policy has been developed and agreed by all the neonatal units within the Staffordshire, Shropshire & Black Country Newborn and Maternity Network to provide consistency for families whose baby may be cared for in more than one neonatal unit within the network.

The policy has been developed to reflect the UNICEF UK Baby Friendly Initiative Standard 1: Support parents to have a close and loving relationship with their baby. The policy also reflects the infection prevention measures necessary for these vulnerable patients.

- Parents and the baby's siblings are welcome 24 hours a day. Pushchairs are allowed.
- Only parents should handle, touch and cuddle babies receiving intensive care. Grandparents and other visitors are only allowed to touch stable babies receiving high dependency or special care with the permission of the parents and at the discretion of the nurse looking after the baby.
- Parents can nominate a named significant other to visit either with 1 parent or in place of both parents; this will be recorded in the parent passport and signed by parents at an appropriate time after admission. Medical information about the baby will only be given to parents.
- Six named visitors chosen by the parents, recorded in the baby's parent passport are welcome at any time on the neonatal unit when accompanied by a parent. A maximum of 3 visitors are permitted at the baby's cot side at a time, including at least 1 parent.
- Occasionally neonatal unit staff may need to ask family and visitors to leave the clinical area briefly to allow some patient care or procedures to take place.
- To keep the neonatal unit comfortable for all we ask parents to be considerate of all the patients and staff in the neonatal unit and to assist us with the control of noise and the number of visitors.

- Hand washing is the single most important factor in preventing infection. Parents and their visitors will be educated on effective hand washing when entering and leaving the clinical areas and adherence of infection control in accordance with unit policy. When completed this will be recorded in the parent passport.
- The following restrictions are in place in the neonatal unit due to infection prevention measures and potential allergic reactions:
  - No-one who has a cold, cough, vomiting, diarrhoea, fever or other infection is allowed to visit the neonatal unit.
  - The following are **not allowed** in the clinical areas where babies are cared for:
    - Outside coats and hats.
    - Food or hot drinks, (no cold drinks in accordance to local unit policy)
    - Balloons, cuddly toys and flowers.

This policy is designed with your baby's safety and comfort in mind. If you have any questions or concerns about this policy, please speak with any member of staff involved in your baby's care or the neonatal unit manager.

We would be very grateful if you could avoid entering and leaving the ward during shift handover times: 7.30 -8.00 am and 7.30-8.00 pm.

### REFRESHMENTS

There are three cafes which serve a variety of hot and cold meals/snacks:

#### Apley Restaurant (first floor main hospital) League of Friends (main entrance) Café Bistro (atrium of W&C Centre)

They are normally open every day, but opening hours are subject to change, so please check with staff if your baby is on the Unit. There are also **Vending Machines** at various points along the main hospital corridor.

The ward can be a hot environment. Please help yourselves to **water** from the dispenser. There are kitchen facilities available for parents. (We ask that you do not bring drinks or food into the clinical areas.) We are not in a position to offer free meals to neonatal unit families at the moment.

The nearest **Supermarket** is **Morrisons** (post code TF1 1RP) in Wellington. Wellington and Telford have a variety of cafes and restaurants.

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### **CAR PARKING**

### Please refer to the pay machines and signage

The hospital car parks are managed by a private company, CP Plus. Please bring change if paying by cash and talk to the CP Plus car parking attendants if you are having difficulty finding a space, using the machines, or if your car has broken down on site. The car parks are regularly patrolled by attendants.

### Do not park in the staff car parks - you may get fined..

Tariffs vary depending on the length of your stay. Please see pay machines for up to date charges. There is no charge for anyone spending half an hour or less on site.

#### **Discount tickets:**

A 10-visit ticket is available from the parking booth for visitors of long-term patients (with assistance from the Attendant). Forms are available on-line, from the Ward and the parking booth. These tickets are valid for a maximum period of 12 weeks. We cannot offer free parking for neonatal unit families at the moment. People visiting the hospital for issues connected with bereavement (e.g. collection of certificates) qualify for free parking. The Patient Advice Liaison Service team will guide you through the process (contact details on page 13).

### **PUBLIC TRANSPORT**

### BUS

There are Bus Stations situated in the centre of both Telford and Wellington. Arriva Bus No 44 provides a frequent service to the Princess Royal Hospital and calls at Wellington Bus Station and Telford Bus and Train Stations. Other services (although less frequent) are provided by numbers 25, 55 and 822.

Buses from Shrewsbury Bus Station to Telford Town Centre Bus Station can take approximately 50 minutes.

### TRAIN

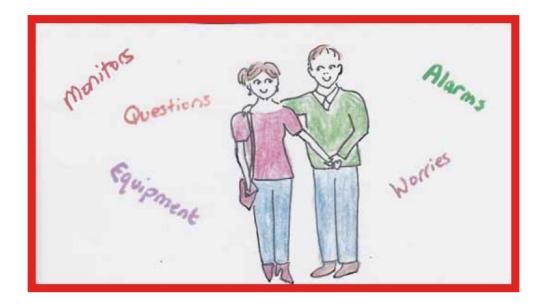
Wellington station is the closest station to the hospital. Trains run regularly between Wellington and Telford Central. The hospital is approximately 10-15 minutes drive from Wellington Station. Taxis are available from outside the station and the Bus Station is in walking distance.

Alternatively, you can get a bus from Telford Central to the hospital.

Trains from Shrewsbury Train Station can take approximately 20-25 minutes; trains from Caersws Train Station can take approximately 1 hour and 30 minutes; trains from Newtown Train Station can take approximately 1 hour and 20 minutes; trains from Welshpool Train Station can take approximately 1 hour.

For information on trains and timetables please visit the following websites: <u>Arriva Trains Wales</u> and <u>www.nationalrail.co.uk</u>. For further useful travel websites please visit the hospital website <u>(www.sath.nhs.uk)</u>

### **NEED TO TALK?**



We realise how important it is to keep you informed and explain what is happening. Please do not hesitate to ask if you are unsure about anything. Your nurse will be able to answer most questions regarding your baby's care, and will ask a doctor or the ward manager to speak to you if necessary. You can also speak to the doctors on the ward round which usually starts at 10 am Monday to Friday (sometimes later at weekends).

If you do have any concerns, suggestions or queries, please tell your nurse or the nurse in charge at the time.

Your midwife on the postnatal ward can arrange for you to talk to someone about your experience of midwifery/obstetric care if you have any questions.

PALS - the Patient Advice and Liaison Service, is available to advise and support patients, their families and carers. You are welcome to call into the PALS office which is situated in the Main Reception area. It is open Monday to Friday (except bank holidays). An answer phone will take out-of-hours messages.

Telephone: 01952 282888 01952 641222 ext. 4382

Email: <u>pals@sath.nhs.uk</u>

### WHAT CAN <u>I</u> DO FOR MY BABY?

We understand that this can be a difficult, stressful time for parents and families of babies on the Neonatal Unit. You may feel that all control and decisions have been taken from you, but there is actually a lot you can do to keep your baby safe, healthy and comfortable.

Reduce the chance of baby getting an infection - use the hand gel dispensers located at the ward entrance. **Take off your coats and hang them on the hooks provided** - remember to remove all valuables from your pockets. **Wash your hands** with soap and water on entering the room, dry them and then use the alcohol hand rub on both sides of your hands. Please ask all other visitors to do the same. Even if your hands look clean, invisible germs are always present and can be passed from one person to another by physical contact.

Babies that are premature or unwell prefer quiet, dark environments. Ask your visitors to **talk quietly** and keep the incubator covers closed as much as possible. The Neonatal Unit can be a very busy environment. Help to make "**Quiet Time**" possible. This is one hour a day, usually between 1 and 2pm, when the lights are dimmed, the environment is kept very quiet (no talking or moving of furniture) and the babies are not touched. The more quiet time the baby has, the more he/she can rest and grow. Remember, some of these babies should still be inside mum! Premature and sick babies do not like being handled too much - talk to your nurse about being involved in "**care time**" and **developmental care**.

You can **express your breast milk** - the nurses and midwives will advise you how to do this by either hand or pump - even the smallest drop can be enough for one whole feed if your baby is tiny. Breast milk is the best medicine for your baby at this time. It provides antibodies for your baby and is easy to digest. It can also reduce the likelihood of abdominal problems in preterm babies. At care times, place a drop of your milk on a cotton wool bud and put this just inside baby's mouth - you might be surprised at the result!

You can **bring in nappies and cotton wool** for baby's nappy changes ("cares"). If your baby is very small (2 to 5 pounds) "micro nappies" might be appropriate. These can be purchased from pharmacies and supermarkets. We have a selection of clothes and bedding on the unit for the babies. You can **bring in baby's own clothes** (clearly labelled) and blanket for cuddle time. A pillow might be useful to put on your knee at cuddle time. Again, this should be labelled. You are welcome to place one or two clean, preferably washable, **teddies/toys** in the incubator/cot.

If baby is well enough, you will be able to cuddle him or her. Your nurse will help you do **skin to skin cuddles** ("kangaroo care"). Not only is this enjoyable for baby and parents, but it also has beneficial effects on the baby, including regulating temperature, heart rate, breathing and can enhance breast milk production in mums! Place **a muslin square** next to your skin and then leave it under baby's head so that he/she can smell you. The muslin will then later smell of baby and this will help if you are expressing breast milk.

You can **talk to your baby**, or read a book out loud. Your baby will recognise voices from when he/she was inside you. You can **keep a diary** of baby's progress. Check with your nurse that it is okay to take photos (flash photography can sometimes upset babies). Ask to see your **Parent Passport** and fill in any information you are happy to share with us. This document is at the cot side and is for you to keep when you go home. Information such as your visiting times and parental learning details are useful for us to provide continuity of care and is particularly helpful if your baby is transferred to another hospital. Read all the available **booklets** on breastfeeding and parentcraft, taking your baby home, safety etc.

#### Most important of all, you can look after yourself

There is information on the "Useful Telephone Numbers" page for parents who would like help and support to stop smoking. Not only is smoking harmful to your health, it increases the incidence of Sudden Infant Death Syndrome (cot death).

Make sure you have regular meals and drink plenty of water. Talk to us about any concerns you have. Allocate yourself plenty of rest time so that when your baby is ready for home, you are ready for baby!



### **GOING HOME**

Sometimes it is necessary for you to go home before your baby is able to go with you. We understand this can be a difficult time and will try to make it as stress-free as possible. If your baby is premature, you could be visiting the hospital for weeks or even months. We understand that this can be very tiring and disruptive to everyday life, but we do not have the accommodation available in the hospital for parents to stay for a long time. It can also be difficult when you have other young children at home. If there are days when you are unable to visit, just telephone us and let us know.

**Nappy changing and breast or bottle feeds** can be timed to coincide with your visits. To help us arrange this (a) advise your nurse of the day and time of your next visit, and (b) please keep in touch by telephone. As parents, you are welcome to telephone us any time of day or night for an update on your baby's condition. Our phone number is at the front of this booklet. We can lend you a **breast pump** free of charge until your baby is ready to join you at home.

Before your baby is discharged from the Unit, we will go through **parent craft** with you (bathing, making up feeds, etc.). Please help yourselves to leaflets provided on the ward. We also offer to teach all parents **baby resuscitation**. You will be given a resuscitation DVD to watch and then your nurse will go over the process with you. You will also be given the opportunity to practise on our very attractive dolls! If your baby is on **medications**, your nurse will explain each medicine and when you should give it. When baby is home, remember to contact your surgery in good time for a repeat prescription so that you do not run out of the medication.

You will be given information regarding **hearing screening**. This is a routine test carried out by the neonatal unit when the babies are asleep, and the test results are available straight away. However, if your baby fails the test, this does not always mean there is a problem. You will receive an appointment to attend the Audiology Department for a more precise test to be performed.

Ask all the questions you need to, and make sure you know who to contact if you need medical advice, e.g. your GP or the Children's Ward. Certain babies are followed up by our **Community Neonatal Nurses (Outreach Team)**, who will come and visit you at home. You may also be given appointments for follow-up clinics or other checks. If you are unable to keep an appointment, please let us know.

On baby's discharge, you will be given a **Personal Child Health Record** ("red book"). This book is designed to be completed by you and the health professionals involved in your baby's care. You will also be given a copy of the **Parent Passport** and the letter to your GP containing all the information about your baby's birth and time with us on the Neonatal Unit. Your nurse will explain these documents to you and make sure you are happy with the information in them before you go home.

### RECORDING INFORMATION ABOUT YOUR BABY'S CARE IN THE NEONATAL UNIT AND TRANSITIONAL CARE

To help deliver the best care possible we collect information about all the babies we look after. The Clevermed/Badgernet Neonatal Database system is being implemented within all the neonatal units across the West Midlands. It is a web based system which collects clinical information regarding your baby.

#### We record:

The NHS number for you and your baby Your postcode Your baby's ethnic origin, date of birth, birthweight and sex How many weeks pregnant you were when your baby was born Your baby's condition and treatment How many babies you had Where your baby was born The hospitals where your baby was cared for Follow-up information at two years for very premature or very low birthweight babies.

We use the information we collect to help us:

Collect accurate details about the care of sick or premature babies in the Neonatal Unit

Monitor neonatal care and make sure it is always up to date

Plan and develop services for you and your baby within your area Produce reports that highlight areas of good practice that we can share across the region.

Clinical information necessary to those staff directly involved in your baby's day to day care will be identifiable data. Clinical data required for all other purposes will be anonymised.

#### Who collects the information and when and how is it collected?

The staff on the Neonatal Unit - usually this is a neonatal nurse, midwife, doctor or ward clerk. All information will be stored on a secure system and password protected. Information is updated regularly throughout your baby's stay in the Neonatal Unit.

We collect the information from the medical notes and nursing records. We enter it directly into the Clevermed/Badgernet system.

#### Who will see the information?

Only the people who care for your baby see all the details. There are very strict regulations controlling access to personal information like your baby's NHS number and date of birth. By law, everyone who works for the NHS must keep all information confidential.

The Trust has strict confidentiality and security procedures in line with the Data Protection Act (1998). It will make sure that information about your baby isn't given to unauthorised people.

### What is the consent procedure?

If you are happy for your baby's details to be used for clinical care purposes, audits and for clinical information to be transferred between units should the need arise then you do not need to do anything. If, however, you do not want your baby's clinical information to be available for such purposes please ask a member of staff.

### Can I see the records on the database?

Yes, you can see a copy of the information we have about you and your baby. To do this please talk to the nurse in charge.

### How can I find out more?

Please talk to a member of staff if you need more information, have any questions or concerns or want us to remove any information from the database. PALS (Patient Advice and Liaison Service) will act on your behalf when handling patient and family concerns (see page 13).



### TAKING PHOTOGRAPHS AND VIDEOS IN HOSPITAL

The Trust recognises that, on special occasions, patients and their families may wish to take photographs or videos while in hospital.

As far as possible we would like to accommodate those wishes, but in doing so we must take into consideration the needs and feelings of other patients and staff in that clinical area or ward.

Please adhere to the following advice:-

- 1. It is important that the Senior Nurse or Midwife on duty gives permission for the images to be taken.
- 2. Take images only of your relative. Be aware of other patients/visitors/staff who may appear in the background. They need to agree to their photograph being taken.
- 3. If permission has been given for a video with sounds to be made, it will record all the sounds in that area and we advise that, where possible, this should be undertaken in an area away from other families. Speak to nursing staff about this.
- 4. Staff must be asked for their permission to be recorded and their wishes must be adhered to.
- 5. To ensure that we keep within the law, members of the public recording images or sounds against the Trust's advice or without the appropriate consent may be liable to prosecution.

*The above advice applies to all image capture devices including mobile phones.* 

### **ADDITIONAL INFORMATION**

### When are weigh days?

Routinely, babies are weighed on a Monday and Thursday morning. Each baby has a weight chart (pink or blue) attached to the small clip board hanging on the cot/incubator. The weight is in kilograms. You will find weight conversion charts around the ward.

#### Is there a hospital chaplain?

The chaplains are available 24 hours a day, 7 days a week. They represent different denominations. If your baby is very premature or very ill you might want to arrange a blessing/christening on the Neonatal Unit. This can be undertaken by one of our chaplains or a vicar/priest of your choice. Please inform the sister in charge if you plan to do this.

#### Are there interpreting services?

The hospital will provide interpreting services for foreign languages and signing for the deaf. Please ask the nursing staff if you require this service, and they will make arrangements for it to be provided.

#### Is it okay to give gifts and gratuities?

You may wish to give a gift to the Neonatal Unit Staff. Staff are not allowed to accept money as personal gifts. Should you wish to make a donation, please hand it to the Sister in Charge. Cheques should be made payable to the Neonatal Unit Trust Fund.

#### What are the fire precautions?

The fire alarms are tested every week. If there is an alarm raised on the ward, the Staff will follow the set procedures for the hospital and you will be instructed what to do.

Please inform staff straight away if you identify a fire hazard. Smoke only in the authorised smoking areas outside the main hospital building and do not bring lighter fuels onto the Unit. Naked flames (such as candles) are not permitted.

#### What are generator runs?

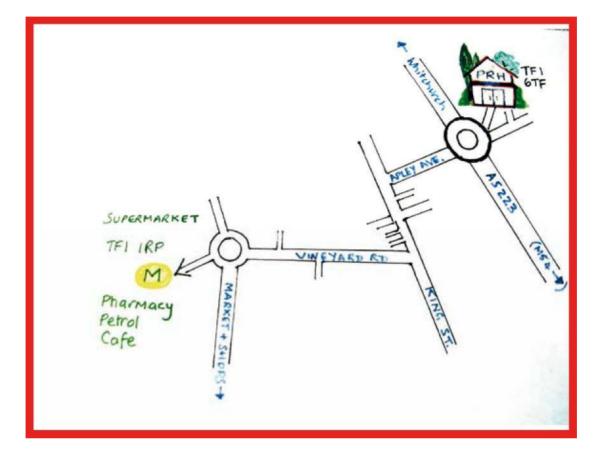
Usually at weekends, this is when the main power is switched over to the generator to check that all is in order, in case the generator is needed in an emergency. This may cause some alarms to go off on the monitors, incubators and other equipment, and the lights might briefly flicker or switch off for a few seconds. Please do not worry. The nurses are pre-warned of a generator run and the babies will be safely looked after.

## What are the arrangements regarding cleaning of the unit?

The Unit is cleaned daily by the Domestic staff. They start at o700 hours and so are often finished prior to parents visiting. We pride ourselves on our level of cleanliness, but if you have any concerns regarding this please speak to your nurse.

### Where is the nearest supermarket?

Morrisons in Wellington: TFi iRP. Here you will also find **petrol**, a **pharmacy** and **café**. There is also a **cash point machine** here. Take the <sup>3rd</sup> exit off the roundabout when leaving the hospital (Apley Avenue). Turn left at the T junction. Turn right into Vineyard Road. Morrisons is the second exit off the roundabout at the end of Vineyard Road.



### How do we get to Telford town centre?

The postcode for the Town Centre is TF3 4BX. Out of the hospital main entrance, take the <sup>2nd</sup> exit off the roundabout (Whitchurch Drive A5223). Follow to the M54. Take the first exit at the roundabout onto the M54 slip road. Follow signs to Telford Town Centre.

#### Where can we park in telford?

Telford town centre has parking for 4000 cars. The shopping centre is open 7 days a week.

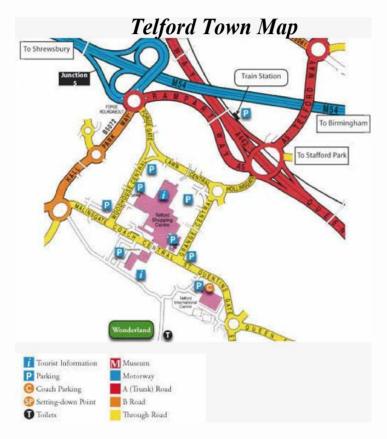
#### Main Car Parks:

#### Short Stay (3 hours or less)

Yellow Beech - By House of Frazer, Zara and New Row. Red Oak - By Debenhams and Boots Ash Grey - By BHS and Marks and Spencer

Long Stay (a hours+) Cherry Pink - By Next, New Look and H&M Brown Elm - By the library and Town Park Blue Willow - by Marks and Spencer and the Civic Offices Lime Green - by Odeon Cinema Southwater - by ASDA/ Coach Central

**Telford Town Park** is a 450 acre parkland containing **Wonderland** (admission charge - more suitable for younger children) and numerous play areas, aerial walkways, rope ladders and picnic areas.



Telford Tourist Information Centre, The Telford Shopping Centre, Telford TF3 4BX

Tel: 01952 230032 Fax: 01952 291723

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### USEFUL TELEPHONE NUMBERS AND WEBSITES

### Lots of written information and websites are available, so please ask for advice if you need more information.

PRINCESS ROYAL HOSPITAL 01952 641222 Apley Castle, Telford TF1 6TF

#### **NEONATAL UNIT**

#### 01952 565923

PALS 01952 282888 (Telford) Patient Advice and Liaison Service

INFORMATION IN ENGLISH AND OTHER LANGUAGES NHS Choices Website: www.nhs.uk

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ALDER HEY CHILDREN'S NHS FOUNDATION TRUST Eaton Road, West Derby, Liverpool L12 2AP 0151 2284811 Website: <u>www.alderhey.nhs.uk</u>

BIRMINGHAM CHILDREN'S HOSPITAL 0121 333 9999 Steelhouse Lane, Birmingham B4 6NH Website: www.bch.nhs.uk

BLISS Family Support Helpline0500618140 Website: <a href="http://www.bliss.org.uk">www.bliss.org.uk</a>

HOME-START 0116 258 7900 Support for families with young Children Website: <u>www.home-start.org.uk</u>

LULLABY TRUSTFormerly Foundation for Study of Infant DeathsBereavement support0808 8026868Information and advice0808 8026869Website: www.lullabytrust.org.uk0808 8026869

SANDS (Stillbirth and Neonatal020 7436 5881Death Society) - telephone supportand groups for bereaved familiesWebsite: www.uk-sands.orgwww.uk-sands.org

TWINS AND MULTIPLE BIRTHS 01252 332344 ASSOCIATION (TAMBA) Website: www.tamba.org.uk

<b>BREASTFEEDING - Local support available is listed at the back</b>
of your Pregnancy Health Record

ASSOCIATION OF BREASTFEEDING MOTHERS Website: <u>www.abm.me.uk</u>	03003305453
LA LECHE LEAGUE Website: <u>www.laleche.org.uk</u>	0845 120 2918 2p/min
NATIONAL BREASTFEEDING HELPLINE Website:www.nationalbreastfeedinghelpline.org.uk	0300100 0212
UNICEF UK BABY FRIENDLY INITIATIVE Leaflets, information and research about breastfeeding Website: <u>unicef.org.uk/BabyFriendly</u>	020 7375 6052 or 020 7375 6144
NATIONAL CHILDBIRTH TRUST Antenatal support and breastfeeding advice Website: <u>www.nct.org.uk</u>	0300330 0700
<b>SMOKING</b> Contact 'Healthy Shropshire' Website <u>www.healthyshropshire.co.uk</u>	0345 6789025
SmokeFree Website: <u>www.nhs.uk/smokefree</u>	03001231044

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0800 622 6968 (Telford & Wrekin)

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