

Information for Patients

The Neonatal Unit Guidebook for parents



Partnering Ambitious Caring Trusted

Our Vision: To provide excellent
care for the communities we serve

Welcome to your neonatal unit here in Telford!

Congratulations on the birth of your child and welcome to the neonatal unit at Princess Royal Hospital Telford.

We hope you find this information useful. Please speak to a member of staff if you need any further information.

Philosophy of care

Working in partnership, we will support and encourage parents and families to participate in all aspects of their baby's care. We aim to provide an environment that is safe and nurturing for babies and their families. It is our belief that every baby should be treated with respect, privacy and dignity.

Breast milk

We actively promote feeding with breast milk. We consider it like 'medicine' for preterm or ill babies. We know that every drop of breast-milk you can give your baby is extremely valuable. Most importantly, we support all mothers, however they choose to feed their babies. We want you and your baby to enjoy a positive and rewarding feeding experience.

We are extremely proud to be working towards the Bliss Baby Charter Award and UNICEF's Baby Friendly Initiative accreditation as part of our on-going commitment to family-integrated care.

Contacting the unit

Main Hospital
01952 641 222

Neonatal Reception
01952 565 923

Extensions (dial main hospital number first)	
Intensive Care	5445
Bay A	5447
Bay B	5448
Bay C	5449

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Infection Prevention: ways to reduce risk

Premature and unwell babies are at high risk of infections, so please:

- Remove outdoor coats and jackets (there are hooks in reception)
- Wash hands with soap and water on entry then use hand gel
- If you feel unwell, call the unit before attending in person

Access and Safety

We want to support a close and loving relationship between you and your baby. To achieve this parents are welcome in the unit at all times.

There are security doors on the entrances to the unit. Staff will answer the doorbell as soon as possible, but if they are in the middle of something, there may be a short delay in letting you in. Everybody needs to make sure the door is closed after use, and that nobody follows us into the unit.

In the event of an emergency, neonatal staff will inform you of what to do. Your baby's safety is very important. Please note that the fire alarms are tested every Thursday morning.

Since the COVID pandemic we are mindful of the level of risk and ask that care is taken to reduce chances of infection. Please speak to the nurse in charge for the most up-to-date information.

Parking

Parking your car is free of charge. Please give your car registration details to your nurse or ward clerk who will take care of this for you.

What you can bring in for your baby

We do ask that you supply nappies and cotton wool. We discourage the use of wipes on the skin of premature babies. You can bring in:

- Vests
- Muslins
- Baby Grows
- Bottles from home if you plan to mix/bottle feed

What to expect on a neonatal unit

What do we do?

We work closely with parents to provide care and treatment to their newborn babies who may, for a variety of reasons, require a period of time on our unit.

How our unit works

We provide areas for three levels of care where your baby can receive treatment and support:

- **Intensive Care Room:** Babies who are very premature, or who require our highest level of support
- **Bay A:** Classed as a High Dependency bay (HDU), this is for babies who need help with breathing (via CPAP or Hi-Flow Oxygen), fluids through a cannula (tube), and continuous monitoring
- **Bays B & C:** Babies not requiring intensive or high dependency care. May include equipment for monitoring baby's condition, for giving oxygen, or for help with feeding (e.g. nasogastric tube).

Our unit is classed as **Level 2** (see box below). While we have fully equipped intensive care facilities, some of our babies may need more intensive treatment or surgery in a Level 3 unit. This could be the Royal Stoke Hospital, New Cross Hospital (Wolverhampton), or Birmingham Children's Hospital. Transfers are arranged and handled by specialist teams.

Neonatal Unit Classifications

Level 1: Babies needing special care, but low risk. Usually over 32 weeks old. Provides tube feeding, oxygen, treatment for jaundice or infection.

Level 2: Equipped for medium-risk care, with high dependency and short-term intensive care facilities. Can provide breathing support and other specialised treatments.

Level 3: Equipped for the smallest babies (less than 27 weeks), and babies needing critical after-surgery care.

Please speak to your baby's named nurse or consultant if you have any questions about your baby's treatment.

Café/restaurant, cash machine, toilets

There is a café in the foyer which serves cakes and sandwiches (not 24 hours). Apley Restaurant, which serves hot food, is on the first floor in the main building. A cash machine is located by the main hospital entrance. Toilets can be found in the Women and Children's reception area, as well as just outside the unit in the corridor.

Parents' kitchen

We welcome you to come and make hot drinks, toast, store your food in the fridge or microwave a meal. There is also free food available in the cupboards donated from our local food bank—please help yourself. We do ask that hot food is only eaten in this room.



En-suite bedrooms

There are three bedrooms available for you to be closer to your baby and we hope you can spend as much time as possible with them. Please ask your nurse for more information. Rooms are allocated on a daily basis depending on need.



Camp beds

Camp beds next to the cot side in Bay C are available so one parent can be with their baby for as much time as possible.

Shower room

For parents staying on a camp bed, we have separate shower facilities. Please speak to a member of staff who will supply towels and hygiene products.



Quiet Room

A room to hold a private talk with family or staff.

Expressing Room

An expressing room is available in the unit. Breast pumps can be used there or taken to your baby's cot space. It is advised to express next to your baby to increase your milk supply.

Breast pumps

We highly encourage expressing. Breast pumps are available on the unit and for you borrow, so you can express at home and bring the milk to your baby.

Milk safe-boxes

Every baby is provided with a secure box to store expressed milk in the fridge. This means you can work with your nurse to organise your baby's feeding plan. See page 29 for usage instructions or speak to your nurse who can assist you with setting it up and provide any guidance you may need.



Spending time with your baby

We want you to have every possible opportunity to spend as much time as you can with your baby. The bond you nurture at this time can benefit you and your baby for life.

Staff members you may see and meet

What our uniform colours mean



Burgundy

Consultants, registrars, junior doctors & Advanced Neonatal Nurse Practitioners (ANNPs).

You may also see doctors in their own clothes.



Dark blue

Senior neonatal nurses (sisters). The ward manager has a red trim.

Specialist nurses have a yellow trim.



Light blue

Neonatal staff nurses.



Light green

Neonatal health care assistants.



Light pink

Housekeepers.



Black

Pharmacists.



Dark blue/black with patterned dots

Ward clerks.

Our daily routine

We have daily routines on the unit, some of which are flexible and may not happen at the listed times – the following is a guide of what to expect on a typical day.

07:30 Nursing Handover

The night nursing team hand over to the day nursing team.

09:30 to 10:30 Daily Review

Each baby is reviewed and assessed by the medical team. Priority is given according to urgency of treatment. Timing may vary depending on how busy the unit is.

08:30 Medical Handover

The night doctors and ANNPs hand over to the day team.

10:30 to 12:00 Ward Round

Each baby is then reviewed by a consultant and the team as a whole. A treatment plan is made for the day. Parents are seen as the most important members of the care team and are encouraged to be present and take part.

16:00 to 18:00 Quiet Time

A secured time for babies to rest, with no treatments, procedures or handling by staff. Ideal time for skin to skin. If possible, lights may be dimmed and noise kept to a minimum.

19:30 Nursing Handover

The day nursing team hand over to the night nursing team.

20:30 Medical Handover

The day doctors and ANNPs hand over to the night team.

Babies are usually weighed on Wednesdays and Sundays, however some babies may be weighed daily.

If you would like to be involved in weighing your baby, please ask the nursing staff.

Machines and equipment you may see

Seeing your baby connected to machines and monitors can be alarming, but is a normal part of the care and monitoring process on the unit. It sometimes helps if a member of staff talks you through what each machine does. Below is a selection of common equipment we use.

Please note that the noises you may hear from each machine does not necessarily mean something is wrong. All neonatal nurses are trained to respond to each noise or alarm accordingly.



Incubator

This is a clear rigid bed for your baby, which helps keep their temperature steady by keeping heat and humidity in. There are side openings for you to touch your baby.



Observation Monitor

Continuous display of heart rate, oxygen level ('sats'), blood pressure and breathing rate. These monitors pick up signals through small sticky pads on your baby's chest. A sound alerts staff if the readings are higher or lower than the target range set. They may also sound as baby moves; this is quite normal.



Ventilator

Used when babies may have difficulty breathing by themselves. The machine controls air going in and out of their lungs via a tube insert-ed into the windpipe (trachea).



High Flow (or “Hi-Flow”) and CPAP (Continuous Positive Airway Pressure)

These machines support your baby’s own breathing. CPAP uses air, sometimes with added oxygen, which goes into your baby’s lungs through a mask or nasal prong in their nose. This creates pressure, inflating their lungs while still allowing them to control when they breathe. Similarly, Hi-Flow uses warmed, moistened air, which flows in to your baby’s lungs through small tubes in their nose.



IV Pumps

Control rates of fluid and medicine. They are connected to a cannula (tiny plastic tube), inserted into either a vein or artery. This allows medicine or fluids to be given into the bloodstream. The machine may beep to signal when a dosage has been completed.

Feeding your baby

Getting the correct nutrition is a huge part of improving your baby’s health and growth, and an important bonding process. Depending on your baby’s condition this can be achieved by various methods. Each method is best when provided or assisted by their parent. Remember, we are here to support you in caring for your baby.

Breast milk

Research has overwhelmingly shown the benefits of breast milk, especially for preterm and unwell babies. It’s kinder on the gut, easier to digest, and boosts your baby’s immune system. This is why we strongly advise mothers to express breast milk and/or breastfeed. All of our nurses are trained to support you, and we have members

of staff who are specialists in breast milk and breastfeeding. We are available to offer support and advice for both you and your baby. There is also information including videos on the parent STORK app. The receptionist will print labels on request for labelling bottles of expressed milk. We have access to donor human milk when required.

Tube feeding

For many reasons babies may not be able to take milk in by themselves, and are given milk and/or medicine by a tube which is passed down their nose or mouth, into to their stomach.

Bottle feeding

When your baby is ready we can support you with bottle feeding. Bottle fed babies can either have expressed breast milk or formula. We fully respect and support your choice. Please speak to the team about what formula is available.

There are still ways to interact with your baby when tube or bottle feeding. Such action can help develop and strengthen the bond with your baby through touches, smells, sights and sounds, and in the process improve their health outcomes and recovery speed. Please speak to your nurse for more information.

Breast feeding

At first your baby may be fed by tube if they are not old enough or well enough to breast feed. Over time, they are likely to develop feeding cues such as opening and closing their mouths sucking fingers, or sticking out their tongue (see p14).

There are small actions which can help your baby to begin to breast feed, such as giving them opportunities to be close to the breast. We will work alongside you to provide advice on positioning and attachment.

Once successful, you can assess whether you baby is receiving enough milk from their wet and dirty nappies, as well as weight increases.

Family Integrated Care

The Telford neonatal unit is a strong believer in the benefits of a process called **Family Integrated Care (or FiCare)**.

Parents are the most important force in their baby's ongoing health, and should be helped by medical staff to be involved in all areas of their care.

This can include feeding, bathing, providing medicine, decision-making and taking part in medical rounds. It is something which is central to UNICEF's Baby Friendly Initiative and has demonstrated improvements in the health outcomes of both parents and babies.

We recognise that you, the parent, are partners in care with us, the healthcare professionals. We are here to work together as equals in planning and delivering the best level of care for your baby.

We aim to guide and advise you, while encouraging you to take as active a role as possible in your baby's care. In this way we hope to build your confidence, and improve your baby's and your own physical and emotional wellbeing.

Caring for your baby on the neonatal unit

We understand that at first the neonatal unit is a very daunting place to be, but taking an active role and as we guide you through some common practices will help it feel more welcoming. Together, we can help you perform some simple but important care practices, including:

- Providing mouth and eye care for your baby
- Changing your baby's nappy
- Checking your baby's temperature
- Changing your baby's bedding
- Changing probes and wires
- Tube feeding your baby
- Bathing your baby
- Weighing your baby



Kangaroo Care / skin-to-skin

When a baby is placed against the parent's chest, the feel and smell activates hormonal reactions in the body which have proven health benefits. As well as strengthening bonding, higher success rates of breastfeeding and better weight gain for the baby.

In the longer term, it helps parents to feel closer to their babies and improves confidence in caring for them. We encourage skin-to-skin for as long as parents wish, and will do our best to help when needed.

Talk to staff, plan a suitable time, a comfortable place, enjoy Kangaroo Care!

How to do it

Hold your baby chest to chest tucked inside your clothes, this helps to keep their temperature stable. Check that the head is well supported. Together, we can help you do this when on the unit.



Comfort/containment holding

If your baby is unable to leave the incubator, you can gain similar benefits from being close-to and touching them while they remain in the incubator. Gently cupping head and bottom to hold without moving can soothe your baby as they feel your touch, knowing you are there and becoming familiar with your smell and voice.



Softly speak to your baby as you place a firm touch around their bottom, head or back. Try not to stroke or tickle your baby as this may be uncomfortable for them.

What to expect as your baby grows...

...a guide to support each stage of development

The following pages give you an idea of what to expect from your baby at their specific gestational age, and help you with how to best look after their needs. However, please remember that babies of the same gestational age develop at different rates.

Our staff will be on hand to guide you individually, enabling you to make the best decisions for the care of your baby at whatever age they are.

Getting to know your baby...

Your baby's brain is growing at a very quick pace. They will quickly adapt to new surroundings and interactions. It is important to recognise how your baby reacts by looking for and understanding any cues they give.

For example, they may be:

- Alert, looking around
- Relaxed tone/posture
- Sucking fingers
- Rooting (when touched on the face, instinctively turning towards the touch to seek a nipple)

Some stress cues your baby may show are:

- Arching
- Finger splaying
- Crying
- Hiccupping or sneezing
- Colour change
- Drop in Oxygen levels (sats), increase in heart rate

If you see these signs, stop what you are doing, cover your baby, try swaddling or side lying, hold your baby's hand or give them a Non Nutritive Sucking Device (dummy). Please see 'Feeding Journey Leaflet' for more information on your baby's cues.

Setting up the environment

Your baby's senses are still immature. As your baby is so small, care will be specialised. Dim lighting and as little noise as possible are best. Bright lights and noises may startle your baby. Warmth and moisture are provided by the incubator.

Observing, holding and touching

Your baby's movements can be very jerky. The more you watch your baby, the better you will understand their cues. Your baby's skin is fragile. You may see blood vessels through the skin. You may not be able to hold your baby outside the incubator, please speak to a nurse for further advice. Touching your baby is encouraged when they are awake and engaging. A firm touch is better than a light touch. Make sure your hands are clean and warm. Try not to stroke as small babies find this disturbing. You can hold your baby's hand, let your baby hold your finger, or place your hands around your baby's head, bottom and/or feet and keep them still.

Feeding

Your baby can smell and taste but is not ready to feed from the breast or bottle. You will see tubes going into your baby's umbilical cord. These feed a mix of vitamins, minerals, carbohydrates, proteins and fats – the mix is referred to as Parenteral Nutrition (PN or TPN).

As your baby grows, we will begin feeding milk while reducing the amount of PN. Giving breast milk is one of the best things you can do for your baby if you can. Please express and collect your milk as soon as possible.

Sleeping

At this stage, peace and long periods of sleep are important since your baby will not have a lot of energy. It may be difficult to tell if your baby is awake or asleep. They will sometimes move but will mostly be quiet and still.

It is good to let your baby have periods of undisturbed sleep. Try not to wake them if they are still. Your baby will like to hear your voice if you speak softly, but protect their eyes from light and avoid loud noise.

Positioning

Because your baby is so small they will have difficulty controlling movements. Therefore movement is tiring and uses up energy. Your baby should have a strong, deep boundary (a supportive barrier around your baby). You can help position and settle your baby with the nurse, placing your baby's hands close to their face and legs curled up – as they would be in the womb.

Nappy changing

Being handled can be unsettling for a baby at this stage. Changing nappies is important, but be prepared to stop if your baby looks stressed. Your nurse will help you recognise the cues and guide you through the process.

There are different ways of changing the nappy – your nurse may show you to roll your baby, slide the old nappy out, clean and slide a new nappy in. This method can be less disturbing than lifting the legs.

Setting up the environment

Your baby's senses are still immature but beginning to develop. As your baby is so small, care will be specialised. Dim lights and low levels of noise are best. Warmth and moisture are provided by the incubator.

Observing, holding and touching

You may see your baby begin to move more often as their awareness increases—there will be jerky movements, but some smooth movements may also be seen. You may notice your baby sucking their fingers.

Skin-to-skin holding is important and recommended. However, care must be taken at this age because your baby's skin is delicate, and their condition may limit what is possible. Please speak to a nurse for guidance.

Touching your baby is encouraged when they are awake and engaging. A firm touch is better than a light touch. Make sure your hands are clean and warm. Try not to stroke as small babies find this disturbing. You can hold your baby's hand, let your baby hold your finger, or place your hands around your baby's head, bottom and/or feet and keep them still.

Feeding

Your baby can smell and taste but is not ready to feed from the breast or bottle. You will see tubes going into your baby's umbilical cord. These feed a mix of vitamins, minerals, carbohydrates, proteins and fats—the mix is referred to as Parenteral Nutrition (PN or TPN). As your baby grows, we will begin feeding milk while reducing the amount of PN.

Feeding (cont'd)

Giving breast milk is one of the best things you can do for your baby if you can. Please express and collect your milk as soon as possible. Skin-to-skin can help increase your milk supply.

Sleeping

At this stage, peace and long periods of sleep are important since your baby will not have a lot of energy. It may be difficult to tell if your baby is awake or asleep. They will sometimes move but will mostly be quiet and still.

It is good to let your baby have periods of undisturbed sleep. Try not to wake them if they are still. Your baby will like to hear your voice if you speak softly, but protect their eyes from light and avoid loud noise.

Positioning

Because your baby is so small they will have difficulty controlling movements. Therefore movement is tiring and uses up energy. Your baby should have a strong, deep boundary (a supportive barrier surrounding your baby).

You can help position and settle your baby with the nurse, placing your baby's hands close to their face and legs curled up – as they would be in the womb.

Nappy changing

Being handled can be unsettling for a baby at this stage. Changing nappies is important, but be prepared to stop if your baby looks stressed. Your nurse will help you recognise the cues and guide you through the process.

There are different ways of changing the nappy – your nurse may show you to roll your baby, slide the old nappy out, clean and slide a new nappy in. This method can be less disturbing than lifting the legs.

Setting up the environment

Your baby's senses are still immature but beginning to develop. As your baby is so small, care will be specialised. Dim lights and low levels of noise are best. Warmth and moisture are provided by the incubator.

Observing, holding and touching

You may see your baby make jerky movements, but they will become increasingly smooth as time goes on. Their legs will generally be flexed (bent). You may notice your baby sucking their fingers.

Skin-to-skin holding is important and recommended. Speak softly to your baby before you touch them. Keep your baby wrapped and close to your body as you move them in or out of the incubator. Hold your baby still rather than rocking. Please speak to a nurse for guidance.

Touching your baby is encouraged when they are awake and engaging. A firm touch is better than a light touch. Make sure your hands are clean and warm. Try not to stroke as small babies find this disturbing. You can hold your baby's hand, let your baby hold your finger, or place your hands around your baby's head, bottom and/or feet and keep them still.

Feeding

Sucking and swallowing are increasingly coordinated. Your baby may start to wake before a feed is due and begin 'rooting' - moving their face to find the nipple. Holding your baby during tube feeding and letting them practice feeding from the breast will encourage milk production. A non-nutritive sucking device (dummy) can also be used during tube feeds. Giving breast milk is one of the best things you can do for your baby if you can. Please express and collect your milk as soon as possible. Skin-to-skin can help increase your milk supply.

Sleeping

At this stage, peace and long periods of sleep are important since your baby will not have a lot of energy. It may be difficult to tell if your baby is awake or asleep. They will sometimes move but will mostly be quiet and still.

It is good to let your baby have periods of undisturbed sleep. Try not to wake them if they are still. Your baby will like to hear your voice if you speak softly, but protect their eyes from light and avoid loud noise.

Positioning

Your baby's movements may still be jerky, especially when they are moved quickly. This movement is tiring and uses up energy. Your baby should have a strong, deep boundary (a supportive barrier surrounding your baby). Leave a gap in the boundary near to their face so they can look out.

You can help position and settle your baby with the nurse, placing your baby's hands close to their face and legs curled up – as they would be in the womb.

Nappy changing

Changing nappies can be unsettling for a baby at this stage. Provide a boundary and move your baby gently and slowly. Your nurse will help you recognise the cues and guide you through the process.

There are different ways of changing the nappy – your nurse may show you to roll your baby, slide the old nappy out, clean and slide a new nappy in. This method can be less disturbing than lifting the legs.

Setting up the environment

Your baby's senses are still immature but beginning to develop. As your baby is small, care will be specialised. Dim lights and low levels of noise are best. Your baby may or may not be in an incubator to control warmth and moisture, depending on their condition.

Observing, holding and touching

Your baby will generally move smoothly with some jerky movements, especially when they are disturbed. They will be able to tuck in their arms and legs, and will become more comfortable with being touched.

Skin-to-skin holding is important and recommended. Speak softly to your baby before you touch them. Keep their arms and legs tucked as you move them, or keep them wrapped and close to your body if you are lifting them to/from an incubator. Please speak to a nurse for guidance.

Touching your baby is encouraged when they are awake and engaging. A firm touch is better than a light touch. Make sure your hands are clean and warm. Try not to stroke as small babies find this disturbing. You can hold your baby's hand, let your baby hold your finger, or place your hands around your baby's head, bottom and/or feet and keep them still.

Feeding

Your baby will often wake before a feed is due and begin 'rooting' - moving their face to find the nipple. Your baby will probably be feeding from your breast or a bottle but may still need some tube feeds. Holding your baby during tube feeding and letting them practice feeding from the breast will encourage milk production. A Non-nutritive sucking device (dummy) can also be used during tube feeds.

Feeding (cont'd)

Giving breast milk is one of the best things you can do for your baby if you can. Please express and collect your milk as soon as possible. Skin-to-skin can help increase your milk supply.

Sleeping

Your baby will be awake and alert a lot more, but undisturbed sleep is still important. It is good to talk to and touch them as much as possible when they are awake.

Your baby will like to hear your voice if you speak softly, but protect their eyes from light and avoid loud noise.

Positioning

Your baby's movements are generally smooth. They can stretch their arms and legs. They may still need a supportive barrier (boundary) to keep arms and legs close to the body. You can help position and settle your baby by placing their hands close to their face, and legs curled up – as they would be in the womb. Leave a gap in the boundary near to their face so they can look out.

Nappy changing

Changing nappies can be unsettling for a baby at this stage. Provide a boundary and move your baby gently and slowly. There are different ways of changing the nappy – your nurse may show you to roll your baby, slide the old nappy out, clean and slide a new nappy in. This method can be less disturbing than lifting the legs.

Your baby may be ready for their first bath. This is a special occasion and we like parents to take charge of placing their baby gently into warm water.

Setting up the environment

Your baby's senses are still developing. Dim lights and low levels of noise are best. Try to avoid disturbing sleep cycles for nappy changing or bathing. Talk to them when they are awake. You may like to read a book or sing to them.

Observing, holding and touching

Your baby will generally move smoothly but may occasionally have jerky movements, especially when they are disturbed. Skin-to-skin holding is important and recommended. Speak softly to your baby before you touch them. Keep their arms and legs tucked as you move them. They may enjoy some gentle rocking, but it is important to observe their cues. Please speak to a nurse for guidance. Touching your baby is encouraged when they are awake and engaging. A firm touch is better than a light touch. Make sure your hands are clean and warm. Hold your baby's hand. Let your baby hold your finger. You can hold your baby's hand, let your baby hold your finger, or place your hands around your baby's head, bottom and/or feet and keep them still. Some babies at this age may enjoy gentle stroking, but watch for their cues for what they like and dislike.

Feeding

Your baby will often wake before a feed is due and begin 'rooting' - moving their face to find the nipple. Your baby will probably be feeding from your breast or a bottle but may still need some tube feeds. Holding your baby during tube feeding and letting them practice feeding from the breast will encourage milk production. A Non-nutritive sucking device (dummy) can also be used during tube feeds.

Feeding (cont'd)

Giving breast milk is one of the best things you can do for your baby if you can. Please express and collect your milk as soon as possible. Skin-to-skin can help increase your milk supply.

Sleeping

You will observe periods of deep sleep, light sleep and wakeful alertness. Undisturbed sleep is still important. Your baby may begin to sleep for longer periods at night. They may cry when awake and will generally be placed to sleep on their back.

Positioning

Your baby's movements are generally smooth. They can stretch their arms and legs. They may still need a supportive barrier (boundary) to keep limbs close to the body.

You can help position and settle your baby by placing their hands close to their face, and legs curled up – as they would be in the womb. Leave a gap in the boundary near to their face so they can look out.

Nappy changing

Changing nappies is important for bonding as well as hygiene. There are different ways of changing the nappy – your nurse may show you to roll your baby, slide the old nappy out, clean and slide a new nappy in. This method can be less disturbing than lifting the legs.

Your baby may be ready for their first bath, or may have been bathed regularly. This is a special time for bonding and we like parents to take charge of placing their baby gently into warm water.

Going Home

Before you go home, your baby will need to be strong and independent enough to live safely away from the neonatal unit. We will help you through this, and provide information to prepare you for going home. Together, we will work towards the following:

- Baby can maintain their own temperature in a cot
- Baby is mostly fed by breast or bottle
- Baby is maintaining or gaining weight
- Parents can provide complete care
- The home is safe and ready for baby's arrival

Going Home

Things we will help you with before your baby goes home

Our discharge team will help you prepare to take your baby home. Some babies will continue to receive care in the community from our specialist neonatal outreach team. If this is the case, you will meet the team before you go home. You will also need to:

- Register your baby's birth
- Register your baby with a GP
- Find a car seat or pushchair that you know how to operate

An App to help you

In preparation for going home, we use a programme called "Stork". Within the programme we teach you about basic life support, safe sleeping, recognising illness, breast-feeding, and healthy lifestyle choices. You can download the app from the following website, or find it within the Google Play store or Apple App store.



storkforparents.goodbarber.app

Going Home Tube Feeding

Your baby can still go home with you while tube feeding. For this to happen your baby must have at least 50% breast or bottle feeds. Going home as soon as it is safe and establishing feeding in the comfort of your home can be beneficial to your baby and you. It is worth learning how to tube feed early in your baby's journey so going home can be less stressful.

Ongoing treatment for Jaundice

Your baby may go home with you while on phototherapy. The outreach team will provide ongoing care at home.

Going Home on Nasal Prong Oxygen

Very premature babies may need oxygen even after they go home. Staff will guide you through the Oxygen teaching pack and make sure you are confident with its use. It may be helpful for you to stay in the parent bedroom with your baby and provide all your baby's care prior to going home.

Car Seat Challenge

If your baby is on nasal prong oxygen, they will need to undertake the car seat challenge before going home. This involves being monitored in their car seat for 30 minutes to make sure they can maintain their oxygen levels.

Resuscitation training

We would like you to feel prepared and confident enough to deal with all situations, even unlikely emergencies. We encourage parents to take part in resuscitation training which can help reassure and reduce anxieties about leaving hospital.

General Help and support

We want you to have as much help as you need during this time. Shrewsbury and Telford NHS Trust have a number of initiatives and services which we hope will support and assist in your journey, and can help you feel close to your baby.

Infant feeding support

We take breastmilk support very seriously on the neonatal unit, since it has proven benefits for preterm and unwell babies. It can reduce the chances of complications and help your baby grow healthily. We provide an expressing log book for you to record your experiences, which also gives tips and guidance for increasing milk supply. All nurses on the unit are trained to assist with expressing milk and breastfeeding. We will match our care to the unique needs of each mother, and work together to support you. We can also refer you to our specialist infant feeding midwife, who has great experience and training.

Badger Notes (BadgerNet)

Badger Notes allows parents and family secure, real time access to an online diary updated by our nursing team, using messages and photos of your baby to let you know what has been happening throughout the day.

The Outreach team

Our community outreach team will assess your needs on the unit, and when needed can continue to make regular visits to your home.

Health Visitors

Every baby on the unit is assigned a Health Visitor. They will be informed of the details of your birth and are able to make home visits to ensure you have continued support once your baby leaves the neonatal unit.

Patient Advice and Liaison Service (PALS)

If you have any concerns or requests which you would rather raise with somebody not directly connected to the neonatal unit, PALS is a confidential service that will listen, advise and act on your behalf

to provide immediate or prompt solutions. They can be contacted on **01952 282888**.

Bliss

Charitable organisation existing to support babies born prematurely or unwell. We have a designated Bliss volunteer who attends the unit on a weekly basis, and is available to offer advice, support, or just to chat. Bliss teams are also available online via video call or email:

www.bliss.org.uk

Hope House

Charitable organisation supporting families whose baby has been diagnosed with a complex or life-threatening condition during pregnancy, born with a life-threatening condition or who has sadly died. Their neonatal link nurse attends the unit on a weekly basis and is available by telephone daily. Counselling, bereavement support and ongoing contact after going home from hospital is available too.

www.hopehouse.org.uk

Spiritual guidance

The Chaplains work on-site between 8am to 4pm with an on-call Chaplain available outside these times. The Chapel at Princess Royal, Telford, is located on the first floor of the main hospital building, and is open all day, every day, for patients, visitors, volunteers and staff, providing a place to be peaceful and reflect. The Chaplaincy Team provides care to all people accessing services in the hospital and is made up of Chaplains and volunteers from a range of faiths and beliefs. The Chaplaincy Team can arrange visits from your own faith leader or community at your request.

Facebook groups

Neonatal Princess Royal Telford Family Support

A volunteer-run support group for families who have or have had babies in the Neonatal Unit at Princess Royal Telford.

PRH Neonatal Home Oxygen Family Support

Support for those families who have babies on Oxygen from PRH neonatal Group supported by Bliss.

Mental Health support

Staff on the unit are always happy to listen. We have a number of staff who are trained in Mental Health First Aid, who can talk with you whenever requested. If you or your family need support from mental health experts, there are a number of options for which we can help with referrals:



Lighthouse

The Lighthouse Service supports women, birthing persons and support partners in Shropshire, Telford and Wrekin, where a maternity related experience has had a moderate to severe impact on their mental health. This includes experiences of birth trauma, perinatal loss, or extreme fear of pregnancy/childbirth.

www.mpft.nhs.uk/services/maternal-mental-health-service-shropshire-telford-wrekin



Perinatal Mental Health Services

An NHS service for women, whose goals are to help you stay healthy, recognise if you are unwell, help and support you and ensure you have accurate advice about mental health problems and treatments.

www.mpft.nhs.uk/services/mental-health-perinatal-community-shropshire



Sea Change psychotherapy service

An independent charity based in Shrewsbury with experience of working with parents who have been on the neonatal unit.

Call **01743 248886**. www.theseachangetrust.co.uk



TalkAbout

If you would like to discuss your birthing experience and explore or understand anything which may have happened, TalkAbout is a service run by midwives who can address your concerns and questions.

www.sath.nhs.uk/wp-content/uploads/2016/09/TalkAbout-9.6.16.pdf



What is the NNAP?

A national system for comparing the level of care between neonatal units across England, Scotland and Wales. It uses information about your baby's journey to help neonatal units improve the care and outcomes for other babies.

How it works

All neonatal units provide statistics and clinical information to the Royal College of Paediatrics and Child Health (RCPCH). It is made freely available in an annual report, so families can compare their neonatal unit with national records.

Clinical data is entered by us into the BadgerNet record system and sent to the RCPCH where it is used by the NNAP team. All information is stored securely and used in accordance with UK Data Protection legislation. All information which may identify individuals is removed.

If you would rather not be part of the programme, you have every right to opt out. Please speak to your nurse and we will ensure you and your baby's information is not passed on to BadgerNet or NNAP.

To find out more about the NNAP and your rights, you can read the NNAP privacy notice at rcpch.ac.uk/your-babys-information

What does it measure?

Audit records include temperature, whether Retinopathy of Prematurity (ROP) is screened on time, mother's milk at discharge rates, levels of specific treatments, and some key care-related performance data.

How to use it

Current and past annual reports can be accessed from the NNAP section of the RCPCH website at: rcpch.ac.uk/nnap

The interactive reporting tool can be used to compare audit results since 2014, and may be accessed from: nnap.rcpch.ac.uk



Blood-Gas

Taken from a blood test performed on the unit, this gives the team instant results for your baby's current blood values.

Blood Spot / Neonatal Screening Test (NST)

As part of national guidelines, all babies have one spot of blood taken on admission, followed by four spots of blood taken on day 5. This checks for a range of conditions, which are rare but can be serious if not found early. Babies born less than 32 weeks will need another when they are 28 days old. All babies born in the UK are routinely screened.

Blood transfusion

Extra blood may be given to sick or premature babies for a variety of reasons, and is common in neonatal care. If your baby needs a blood transfusion, our team will explain to you why it is needed and how it can be given to your baby.

Long Lines / Central Lines

A very thin tube (cannula) passed into your baby's larger veins. Long lines can be used for giving nutrition such fluids or medicines.

Cranial ultrasound scan

A baby's brain is fragile, especially for those born very small and/or premature. For some babies, regular head scans are needed. The scanning machine is similar to the ones used at antenatal appointments during pregnancy. A small 'scanning probe' with some jelly will be placed on your baby's head to look at the brain for any evidence of bleeding. This does not involve any radiation and is very safe. It is usually done by your baby's cot.

Heel Prick

A small needle is used to prick the heel of your baby's foot for taking blood samples. This is for a range of tests including blood sugar and oxygen levels. All babies will have a heel prick test at some point during their stay, and some babies will need to have several each day.



Cannula

A small plastic tube which is put through a tiny needle into your baby's vein (usually in the hand or the foot). It is used to give medicines and fluids into the blood stream.

Jaundice and phototherapy

Newborn babies have a high level of red blood cells, which produces a by-product called bilirubin. The liver breaks this down so it can be passed out with your baby's pee/poo. In some babies, the bilirubin builds up in the body causing a yellowing of the skin called jaundice. A small amount of jaundice is common and does not require treatment. Higher levels of jaundice may need treatment to prevent

babies becoming unwell. If your baby does need treatment, a form of a light therapy called phototherapy may be used. When your baby's skin is exposed to a specific wavelength of blue light, it helps break down the bilirubin. The machine looks similar to a sun bed but has no harmful effects. Your baby's eyes will be protected and they will have their bilirubin level checked regularly. Your baby may need to stay under this light for a few days, and they may need it more than once in the first few weeks.

Nasal prong oxygen

Used to introduce oxygen into your baby's nose from an oxygen cylinder or concentrator. Two fine hollow tubes (about 1 cm long) are put in the nose and secured on the cheeks with sticky dressings.

Parenteral Nutrition (PN) administration

If your baby's stomach isn't yet ready for any kind of milk, they may be given nutrition directly into their bloodstream through a vein. The nutritional mix is called PN, or where it is the only source of nutrition, TPN (Total Parenteral Nutrition). It is a special liquid with the right balance of nutrients (sugars, proteins, fats, vitamins, minerals) to help the growth of babies who aren't able to have milk yet. This is likely to be the case for babies born very early. It may be given through a vein in their umbilical cord, or through long line into an arm or leg.

Retinopathy of Prematurity screening (ROP eye exam)

If your baby weighs under 1500g or are born before 31 weeks, they are at risk of having problems with their eyes. These babies will have regular eye tests by an Ophthalmologist (eye doctor) until the doctor is happy there are no problems. We are happy to arrange a conversation if you want to speak with the eye doctor; please ask your baby's nurse to arrange this.

Umbilical catheter

Long, soft tubes put into blood vessels through the belly button. Mostly used in first few days after birth, there are two types—one goes to an artery, used to measure blood pressure and take blood samples; the other goes to a vein and gives your baby nutrition (PN) and medicine.

Using your recording device

We respect the right for families to take photographs and videos of their time within the unit, whether to celebrate, create memories or to document this huge occasion. We must, however, also take into consideration the needs and feelings of other families and staff, some of whom may be going through a difficult time. We ask you to be respectful of the privacy of anybody who may appear in the background of your photos/videos by making sure they are not captured by your device, or by seeking their permission beforehand. We thank you for your understanding.

Confidentiality

The Trust is aware of the importance of keeping any information held about you or your baby secure. We have strict confidentiality and security procedures in line with the Data Protection Act.

Records kept by us

Clinical information used for the care and recovery of babies on the unit is stored securely, kept accurate and up-to-date, and shared only between relevant healthcare professionals. Data which includes names (or other identifiable data) are only used by staff directly involved in your baby's care.

The neonatal unit may collect and share specific clinical data for the following purposes:

- Audits and clinical reviews used to develop and improve services **(NO PERSONAL INFORMATION)**
- Sending your baby's details to a different unit should the need for hospital transfer arise **(PERSONAL INFORMATION)**
- Providing key statistics to BadgerNET – an NHS approved organisation for neonatal health records **(NO PERSONAL INFORMATION)**

You can request a copy of the information we have about you and your baby by talking with the nurse in charge, or request the removal of any such records from audits, clinical reviews or BadgerNET.

Using the Milk Safe boxes

We want you to be able to securely store and access your expressed milk any time you need. For that purpose we have provided a fridge for each bay, stocked with lock-boxes that can be set up with an access code. Please speak to your nurse the first time you use it, and we will talk you through how to set the code and use the box.

For reference, it may be operated as follows:

To set the code:

- Turn the knob to the open position;
- Enter any 4-digit code, remember the code
- Turn the knob to close position
- Clear the 4 -digit code so it is locked

To open the box:

- Enter the 4-digit code
- Turn the knob to the open position

Cleaning instructions:

Members of staff usually clean the boxes daily. If there is a spill or you would like to clean it yourself, please ask a member of staff and they will give you the correct cleaning equipment. Please do not put the lock in water.



Terms and abbreviations you may hear

During your time on the unit, you may hear or read terms and abbreviations which are unfamiliar. Below is a list of some common ones for your reference.

Blood glucose – Sugar level in the blood.

Bradycardia (or “Brady”) – You may hear the nurses using this term to describe when your baby’s heart rate has dropped below the target range.

Cannula – A small plastic tube put into your baby’s vein, usually used to give medication. These can be in the hand, arm or foot.

Corrected Age – The corrected gestational age of your baby calculated from birth to present day.

SATs – a shortened term for ‘saturations’, which is used to describe the oxygen saturation level within the blood.

De-Sat – You may hear the nurses using this term to describe when your baby’s oxygen in the blood has dropped below the target range.

EBM – Expressed Breast Milk

Fortifier – A nutritional supplement added to breast milk which may be needed by some premature and sick babies.

Nasogastric tube/Orogastric tube – a tube which passes through nose or mouth and into the stomach to help with feeding.

NNSD – Non Nutritive Sucking Device, or dummy.

NNU – The Neonatal Unit

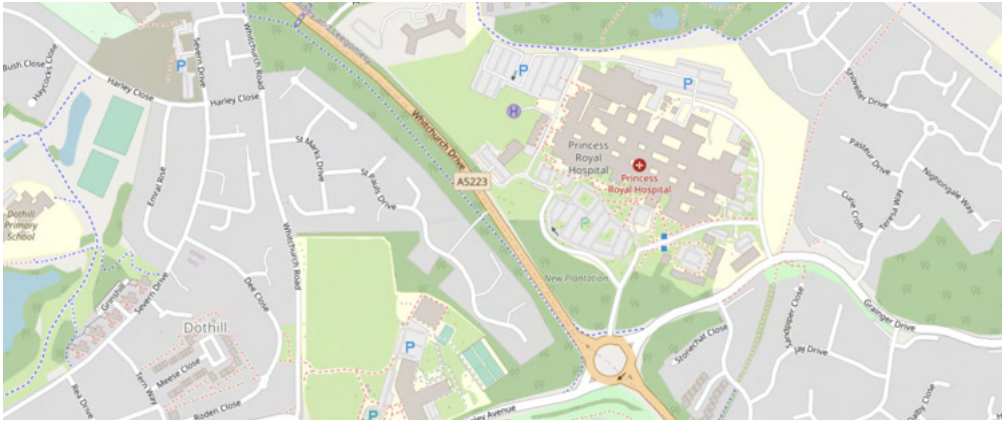
Octopus – a hand-knitted cotton comforter donated by the charity Octopus for a preemie. It is used to act like the umbilical cord for baby.

PN/TPN – Parenteral Nutrition/Total Parenteral Nutrition. A liquid foodmix with the right balance of nutrients for growth. It includes vitamins, minerals, carbohydrates, proteins and fats and is given directly into the blood stream (usually by a type of specialised cannula, known as a central line or long line).

Red Books – A personal child health record. This contains useful information about your baby’s development. Please take time to read the book, which nurses will review and update each day. It will be taken with you when it is time for your baby to go home.

SBR – Serum Bilirubin. The measured level of bilirubin in the blood to determine how much jaundice there is. Bus links

Getting to the Princess Royal hospital



Address:

The Princess Royal Hospital

Apley Castle, Apley, Telford, TF1 6TF

By bus

The Princess Royal Hospital has two bus stops near the main entrance and mainly receives buses from Wellington, Leegomery, and Telford Town Centre. There are Bus Stations situated in the centre of both Wellington and Telford.

For up-to-date and detailed information including specific bus routes, please see the SaTH website:

www.sath.nhs.uk/patients-visitors/getting-to-us/princess-royal-hospital

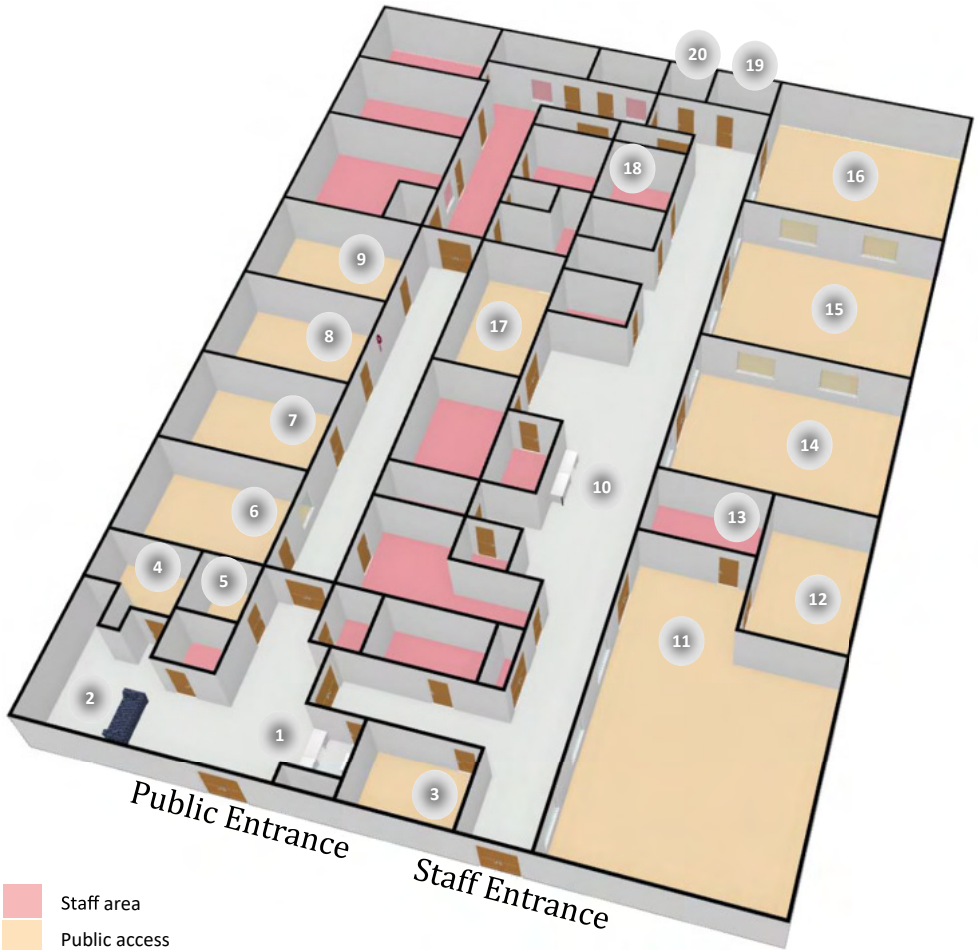


Trains

Train stations are situated in Wellington and Telford.

Wellington station is the closest to the Hospital. Wellington Bus Station is within walking distance of the train station. Alternatively, the Hospital is approximately a 10 minute drive from Wellington Station. Bus services and taxis are available outside the station.

The Hospital is approximately 15 minutes' drive from Telford Station and taxis are available outside the station.



- Staff area
- Public access

- | | |
|---|--|
| <ul style="list-style-type: none"> 1. Ward Clerk's desk 2. Reception waiting area 3. Quiet room 4. Toilet  5. Shower room  6. Family kitchen  7. Ensuite bedroom 3 8. Ensuite bedroom 2  9. Ensuite bedroom 1 10. Nurses' station | <ul style="list-style-type: none"> 11. Intensive Care room 12. Isolation room 13. Drug preparation room 14. Bay A—High Dependency Unit 15. Bay B—Special Care 16. Bay C—Special Care 17. Eye Treatment room 18. Milk Kitchen 19. Expressing room 20. Parent Craft room |
|---|--|

Further information is available from:



Feedback

We appreciate and encourage feedback which can be shared in a number of ways through the hospital website. Scan the QR code to give feedback. www.sath.nhs.uk/patients-visitors/patient-experience/feedback-hub/

Patient Advice and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

Royal Shrewsbury Hospital, Tel: [0800 783 0057](tel:08007830057) or [01743 261691](tel:01743261691)

Princess Royal Hospital, Tel: [01952 282888](tel:01952282888)

Other Sources of Information

NHS 111

A fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days of the year.

111 (free from a landline or mobile) www.nhs.uk

Self Help & Support Groups

A selection of websites providing access to good quality health information, local organisations and community groups is available from the library. www.library.sath.nhs.uk/find/patients/

Information in Other Languages or Formats

If you require this information in a different way such as easy read, a different language, larger print, audio or braille please tell a member of staff or contact the Patient Experience Team;

sath.patientexperience@nhs.net or [01743 261000](tel:01743261000) ext. 2503.

Your information

Information about you and your healthcare is held by the NHS. You can find out more about how we hold your information and how it is used on our website: www.sath.nhs.uk

Website: www.sath.nhs.uk

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