

My Journey

*Short stay / Transitional care
(For babies not on any medicines)*

Information for parents and carers



leeds children's
hospital

caring about children

The parent and family checklist.

Welcome to the Neonatal unit/ Transitional care wards.

Family Support Sheet			
Babies details		Main Carer details	
Baby's Name/s:		Mother/main carer:	
Gestation:		Relationship to Baby:	
Ward: J01: <input type="checkbox"/> L43: <input type="checkbox"/> T/C: <input type="checkbox"/>		Contact details:	
		Mobile:	
		E-mail:	
Family		Travel	
Partner/NOK:		Travel arrangements:	
Name:		Car Registration:	
Relationship to Baby:		Additional Support	
Mobile:		Visiting Information	Sibling Support
E-mail:			
Siblings: N/A: <input type="checkbox"/>			
Name:	Age:	M / F	
Name:	Age:	M / F	
Name:	Age:	M / F	My Journey
Name:	Age:	M / F	All About Me
Name:	Age:	M / F	
Name:	Age:	M / F	
Additional Sibling information:		Car Parking Permit	Badger Diary
Support Network:			Key Word
Feeding Information		Journey Box	Beads of Courage
		Financial Support	Counselling Support

Dear Family

Congratulations on the birth of your baby.

We welcome you to Leeds Centre for Newborn Care

The Family Integrated Care Principle: Teaching, Learning and Caring Together

Leeds Centre for Newborn Care is committed to Family Integrated Care. This is the guiding principle and philosophy by which we provide care for the babies in our neonatal unit. Parents/carers and families are encouraged to become active members of the neonatal team.

The goal of parents / carers and families is to ensure that you are supported and empowered to care for your baby. We want your baby to get the best possible start in life, this can be achieved by parents/families spending as much time as they can with their baby. The evidence shows that babies cared for in this way have fewer infections, are more likely to breast feed, put weight on more quickly, have fewer complications and go home sooner. Nurses and the medical team will help you to feel more confident and comfortable whilst caring for your baby.

Support on the Neonatal Unit. We encourage you to participate in your baby's care as much as you are able, and at a pace that is comfortable for you. This will help you to feel much more confident to care for your baby when you go home. We recognise that spending most of the day with your baby in hospital can be tough, so you can share this time with partners or other relatives/people in your baby's life if you'd like to. We encourage and welcome siblings on our neonatal unit.

Parent support sessions. Each weekday, we have support sessions focussing on all aspects of your baby's journey, which we encourage you to attend to support your knowledge and understanding. These sessions are displayed on the Family Integrated Care board for parents. Parents that have attended these sessions have found it really useful in helping them begin to understand what is happening with their baby and what may happen in the future. Please ask your nurse if you have any questions or if you require any further information.

Badger notes is a video messaging system where you can receive videos of your baby on a safe and secure platform. We understand that you cannot always be with your baby and this is a great way to help you feel more connected.

Counselling Service. We have a ward-based counselling service which offers a safe and confidential space to explore and understand thoughts and feelings.



Family Guide

This booklet contains skills for you to learn and feel confident and competent in caring for your baby. It is a tool that is intended to promote a partnership between health professionals and parents and aims to enhance information sharing. We value parents as partners in care and we are here to help at all times.

Blue Colouring - Nursing team to sign when they have discussed/demonstrated a task

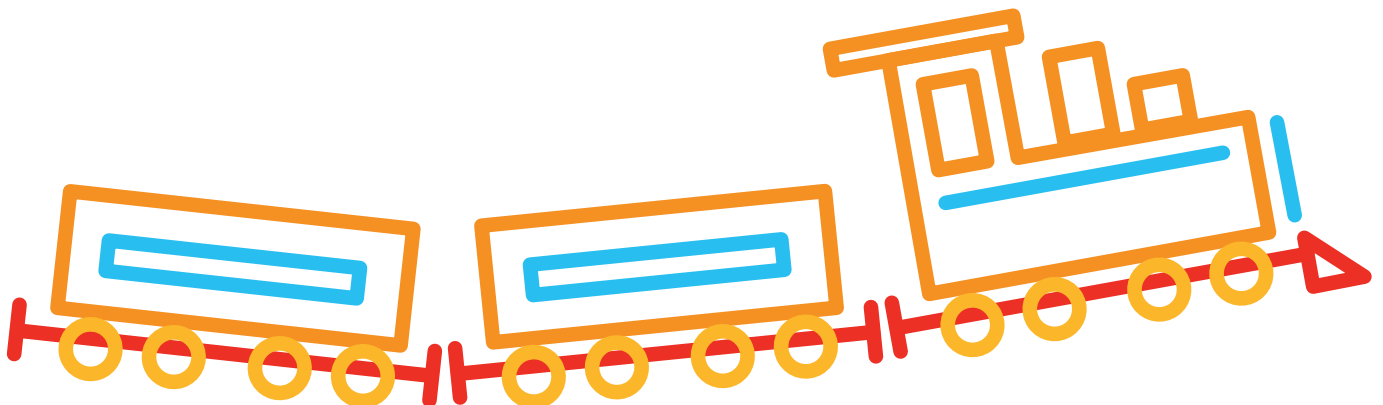
Purple Colouring- Parents to sign when they feel confident in performing the task

Demonstrated/Discussed

Indicates a task has been discussed or demonstrated by a nurse and can be performed by the parent supervised until that parent signs as confident.

Confident

Implies that a parent feels comfortable in performing the task and it will be up to the parent to decide when this is achieved. Once signed the parent can perform the task independently.



Our commitment to parents/families

What you can expect of neonatal staff

Empowerment

- Leeds Centre for Newborn Care recognizes the importance of involving parents in the care of their baby while in hospital. Parents are encouraged to be active members of the team that take care of their baby whilst on the unit. Nurses understand the unique medical needs of babies and can help teach parents to understand how best to care for their babies.

Care of your baby

- To receive care that is respectful of the baby's needs and that are timed and paced to avoid pain and conserve the baby's energy. That includes social interaction, touch, comfort holding, regular skin to skin and non-nutritive sucking.
- To be offered privacy appropriate to the baby's condition, particularly during feeding, skin to skin care and during clinical procedures.

Communication

- We will treat you with dignity, courtesy, and respect at all times.
- You will be introduced to members of the health care team and their roles.
- To have an interpreter available if language presents a barrier to understanding your baby's medical condition and treatment plan.
- To receive adequate and timely information regarding your baby's condition and treatment plan.
- To be listened to and have your questions answered in a timely manner.
- To have your baby's health care information remain confidential and your privacy respected.
- To receive sensitive or difficult news, relating to your baby, by trained staff in a private environment where support is immediately available.
- To provide feedback; on the care or service received.

What we expect of parents

Care of your baby

- You read your 'My Journey' booklet, which will be given to you on admission, complete and sign with a member of the nursing team as appropriate.
- You work with the nursing team to ensure that we can support you in caring for your baby.
- To treat staff with courtesy and respect.

The Neonatal Psychology Service

Your baby is being cared for on the neonatal ward and we appreciate this can be a time of high worry and distress

It is understandable to have difficult thoughts and feelings about your baby / babies, their birth, health and medical care. It is also normal to have other worries, perhaps about your own well-being, managing family or other demands.

Feelings of stress, worry and sadness are expected responses to difficult life circumstances. These feelings are not permanent but when they do occur, they may leave you feeling very overwhelmed, exhausted and at times, isolated.

Talking to a Psychologist

Hello, I'm Rachel, Neonatal Psychologist. I work on ward 43 at Leeds General Infirmary on Monday and ward J01 at St James's Hospital on Tuesday. You may see me on the wards and I aim to work proactively by introducing the service to as many families as I can. This helps to raise awareness of the psychological support available but also normalises making the time to talk about how you feel.

Following an initial introduction, which usually happens by the cot side of your baby/ babies, I can then provide further emotional support tailored to your individual needs and circumstances. We may have a one off conversation, regular 'check ins' or, if you prefer, we can book an appointment in a quiet space on the ward or via phone.

I offer compassionate listening, guidance around managing difficult feelings in relation to your baby/ babies and their neonatal admission and support for your own self-care and emotional well-being. Discussions also provide an opportunity for further assessment and intervention for psychological distress, as well as signposting to other services if helpful.

Telephone support is also available after your baby/ babies have been discharged from neonatal care to help you manage the transition to another ward, hospital or home.

You are welcome to get in touch. I will be on ward 43 (LGI) on Monday and ward J01 (SJUH) on Tuesday (9am to 5pm). You can also speak to any member of the team looking after your baby/ babies who can make a referral for support.



Dr Rachel Avison,
Principal Clinical
Psychologist

Working days:
Mon, Tue, Wed
9am to 5pm
(0113 392 5143)



What to do at times of emotional crisis

The Neonatal Psychology Service does not provide crisis or urgent mental health support. If there is a significant deterioration in your mental health or if you feel unable to cope or experience thoughts about wanting to harm yourself, please request an urgent GP appointment, call **NHS 111**, dial **999** or **visit the hospital A&E Department** where you can talk to a mental health professional.

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Additional Support

BLISS - For babies born premature or sick
www.bliss.org.uk (0808 801 0322)

Birth Trauma Association
www.birthtraumaassociation.org.uk

Association for Post Natal Illness (APNI)
www.apni.org (020 386 0868)

Expressing

We know having a baby on the neonatal unit can initially make you feel helpless. Along your journey we can help you feel more empowered in helping care for your baby. One of the first things you can do for your baby is express!

This is one of the special things that only a mother can do, the earlier you start expressing the more chance of success you will have. Every drop counts!!

Useful Information			
Useful link / booklet given	Date	Supplies given	Date
Off to the best start		Hand pump	
Expressing breast milk when your baby is on the Neonatal Unit or Transitional Care		Labels	
		Steri-Sac	
Colostrum pack given		Bottles	

Expressing	Demonstrated/ Discussed (Nurse signature/date)	Parent Confident (signature/date)
As soon as possible after delivery		
Colostrum given and date and time of first administration		
Hand expressing		
How to maintain a good milk supply		
Where expressing pumps are kept and how to use them		
Neonatal expressing log (This will show 8-10 times a day is needed. Guide to estimated volumes to be aiming for on expressing log.)		
Within 72 hours of delivery		
Breast pump available at home (Pump loan scheme)		
Where you can express on the unit		
Washing and sterilising expressing equipment		
Labelling, storing and transportation of breast milk (Storing breast milk at home)		

	Parents signature/date
Informed consent - information given regarding clinical indication	
Consent for donor milk - information given regarding clinical indication	

Expressing Assessment

To be used in conjunction with the 'Record of Discussions' in the leaflet 'Expressing breast milk when your baby is on the Neonatal Unit or Transitional Care'

How to recognise that expressing is going well		Day of assessment			
		2-3	4-6	7-11	12-14
What to observe/ask about		✓/x	✓/x	✓/x	✓/x
Frequency of expression	8-10 times. This does not need to be 3 hourly. If not meeting volumes guide on expressing log increase to 10-12 times and seek further support.				
Timings of expressions	Timings work around her lifestyle with no gaps of longer than 4 hours (daytime) and 6 hours (night time). Utilize expressing log to support this				
Stimulating milk ejection	Uses breast massage, relaxation, skin contact and/or being close to baby. Photos or items of baby clothing to help stimulate oxytocin.				
Hand expression (Has recent observation taken place?)	Confident with technique. Continues to use hand expression prior to and during pumping sessions.				
Using a breast pump	Access to pump at hospital and home. Effective technique including suction settings, correct breast shield fit. Switching breasts (or double pumping) to ensure good breast drainage. Uses massage and/or breast compression to increase flow.				
Breast condition	No red areas or nipple trauma. Mother reports breast fullness prior to expression which softens following expression (day 4 onwards).				
Milk flow	Good milk flow. Breasts feel soft after expression.				
Milk volumes	Gradual increases in 24hr volume at each assessment with an optimal aims considered. See volumes guide on expressing log.				
Action required:					
Date:			Initials:		

	Signature/date
Referral sent to Infant Feeding Advisor	

Breast feeding

To be used in conjunction with the 'Record of Discussions' in the leaflet 'Expressing breast milk when your baby is on the Neonatal Unit or Transitional Care'

Transferring to breast.	Day of assessment			
	2-3	4-6	7-11	12-14
What to observe/ask about	✓/x	✓/x	✓/x	✓/x
Regular skin to skin				
CHINS principles (include leading with chin)				
Latch diagram with the explanation of asymmetrical latch				
Characteristics of good latch				
Full feed observed by staff for feed assessment				
Action required:				
Date:		Initials:		

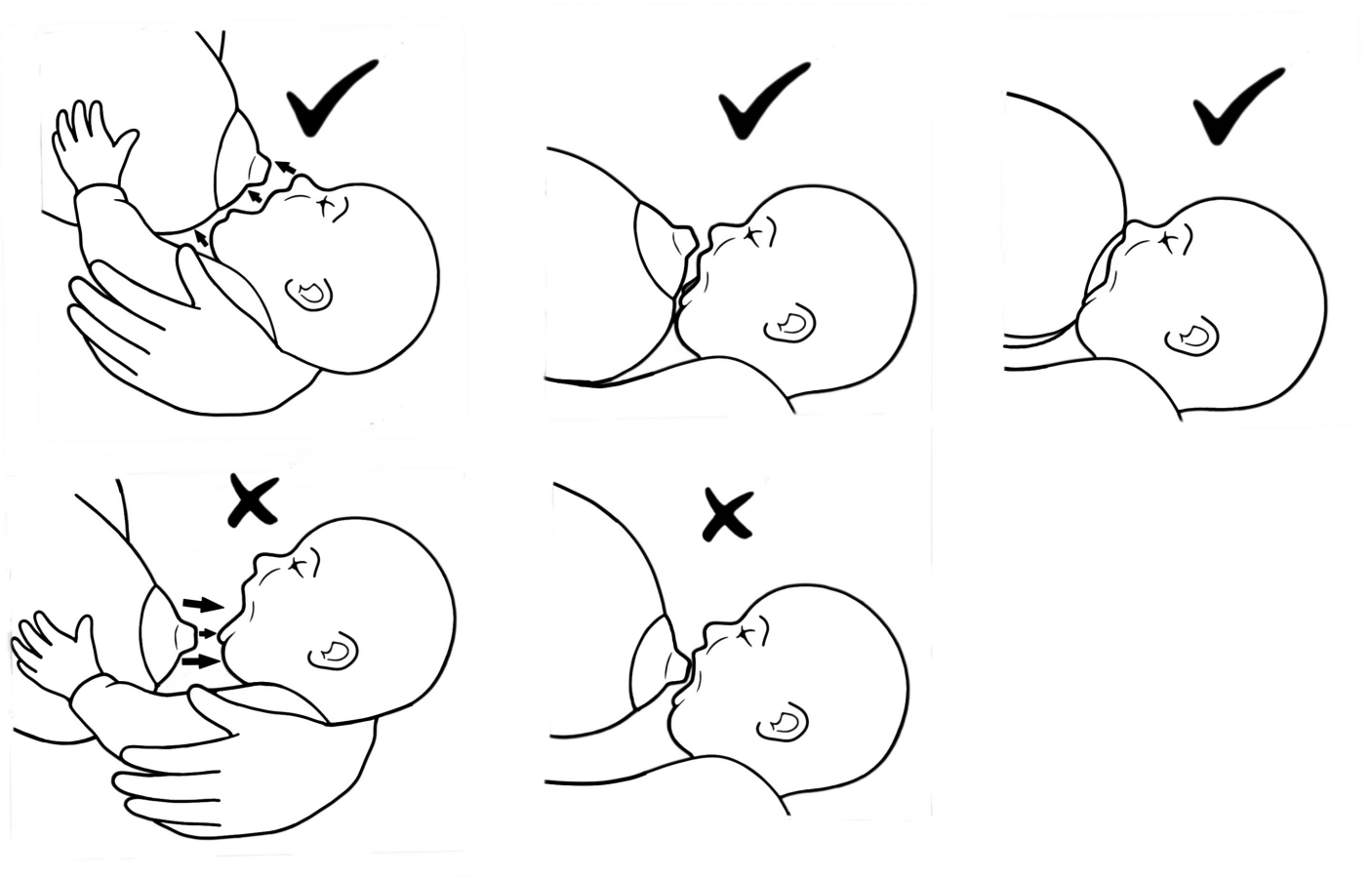
Feed assessment	Day of assessment			
	2-3	4-6	7-11	12-14
What to observe/ask about	✓/x	✓/x	✓/x	✓/x
Baby calm and relaxed before feed				
CHINS applied				
Wide gape seen				
Asymmetrical latch				
Chin indented				
Cheeks full				
Rhythmical sucking				
Comfortable for mum				
Feed finishes organically with baby settled				
Action required:				
Date:		Initials:		

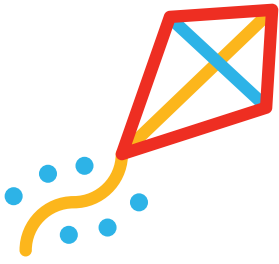


Latch images to demonstrate a good breast-feeding position

When establishing breast feeding it is important to aim for an asymmetrical latch. This means there is more areola (the dark skin around the nipple) visible above the baby's mouth than below. This helps to promote comfortable and successful breast feeding. If the latch is asymmetrical, it enables the nipple to reach the back of the baby's mouth so they can remove milk more effectively. This part of the mouth is much softer than the front of the mouth, so it facilitates a comfortable experience for the mother. This can be achieved by ensuring the baby's chin is the first part of their mouth to reach the breast and is indented into the breast during the feed. By doing this the baby's nose should be free.

See the diagrams below:





Breastfeeding	Demonstrated/ Discussed (Nurse signature/ date)	Parent Confident (signature/date)
Recognising baby's feeding cues and responsive feeding		
Positioning for breastfeeding		
Attachment for breastfeeding		
Signs of effective feeding including suck-swallow/ dirty and wet nappies		
Feeding progression discussed with staff		
Documentation of feeds, dirty and wet nappies		

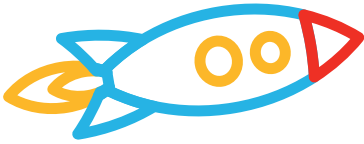
Bottle feeding using Formula or Expressed Breast Milk	Demonstrated/ Discussed (Nurse signature/date)	Parent Confident (signature/date)
Have parents been given an informed choice about deciding to give bottles to their babies?		
I have been shown where the bottles and teats are		
I have been shown positioning when bottle feeding (not side lying)		
I have been shown position for side lying bottle feeding		
I know how and why to pace my babies feed - I understand that different teats have different flow rates and why this is important for feeding - I understand the quality of the oral feed for my baby is more important than the quantity		
Discussed use of own bottles for home		
I know how to wash and sterilize bottles (own bottles)		
Preparation of milk feeds		
Warming/defrosting milk feeds using milk warmers (if appropriate)		
I know how to document feeds		



Getting ready for home

On-going care and preparation for Home	Demonstrated/ Discussed (Nurse signature) Date	Confident (Parent signature) Date
Back to sleep and SIDS guidance		
Positioning in the cot		
Co sleeping		
Smoking around babies		
Parents wellbeing		
Temperature of baby		
Blankets/bedding/mattress		
Breastfeeding		
Basic life support		
Bliss Resuscitation video watched		
Attended resuscitation session		
ICON - Babies cry, you can cope		

On-going care and preparation for Home	Demonstrated/ Discussed (Nurse signature) Date	Confident (Parent signature) Date
Car seat safety		
Discuss types of car seats suitable weight appropriate		
Bring in car seat prior to discharge		
Discuss time allowed in car seat		
Clothing in car seats		
Strap positioning		
Airway		
Equipment at home		
Babies safe place to sleep		
Steriliser cold/steam		
Pram		
Feeding method/equipment		



Developmental Care

Developmentally Sensitive Approach to Caring for Your Baby

Family time:

It is important to remember that you have an essential role in your baby's care at every stage of their journey. We will encourage and support you to do the right things at the right time for them.

Close and loving relationships are extremely important for all babies and parents. We will help you to understand/recognise your baby's cues in relation to touch, comfort and feeding.

- Watch your baby (an opportunity to get to know your baby and how they communicate stress, pain, or when they are ready to engage. Their reactions can guide us to understand what they need in their own way, this ensures that you can adjust their care sensitively).
- Comfort holding (Positive touch is a way of communicating love and reassurance, this is important for development).
- Hear your voice (talk and read to your baby in a soft voice).
- Shade their eyes from the light.
- Express your breast milk.

Useful Information			
Useful links / booklets given	Date	Supplies given	Date
Look at me I'm talking to you		Bonding squares	
Skin to skin			
Use of dummies on NNU and Transitional Care			
Oral stimulation			



Oral feeding your baby

Oral feeding should be a positive experience and quality is better than quantity. When your baby starts to show signs of feeding cues discuss your feeding plan with your nurse.

Useful links / booklets given		Supplies given	
Off to the best start		Feeding labels	
How do I know my baby is feeding well			
Cup feeding on Transitional Care and the Neonatal Unit			
UNICEF Guide to bottle feeding			

The first signs	Demonstrated/ Discussed (Nurse signature/date)	Parent Confident (signature/date)
EBM During NGT Feeds		
Non-nutritive sucking during NGT feeds		
Suckling during skin to skin		
Information about feeding cues and 3 different stages		

	Parents signature/date
Consent for dummies	
	(Nurse signature/date)
Nipple shield given if needed and referral made to Infant Feeding Advisor	



Discharge Checklist

Home address correct		Phone number checked	
NIPE completed and copy printed for parents		Badger letter completed and discussed with family	
EDAN Completed			
Hearing test done		Passed	
		Referred	

Discharge details

Discharge date	
Weight on discharge	
Discharge head circumference	

Discharge of babies with other needs

Babies being discharged with an NG tube in situ

Home NG feeding booklet completed		Photocopy of signatures scanned to outreach	
Blue sticker in notes		Supplies for home	

Staff to scan discharge pages onto PPM on discharge



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter

