Welcome to Macclesfield Special Care Baby Unit (SCBU)

We know that this is a very worrying time for you, having your baby here and being separated from him/her. At the moment he/she requires all the love and attention that you can give but also the specialist medical care that we can give.

The purpose of this booklet is to give you the parents an insight into the care of your baby and to answer some of the questions that you may have. If there is anything else that you would like to know, however small it may seem, please ask the member of staff who is caring for your baby.

Dr …………………………… is the Paediatric Consultant caring for your baby.

DIRECT TELEPHONE NUMBERS 01625 661148 / 01625 661147
Please feel free to phone at any time, day or night, if you wish to know how your baby is. We will only give information to parents at any time.
The Staff Caring for Your Baby
We have a dedicated team of staff on the unit. The doctors, nurses and midwives are specially trained to look after babies. To help identify the staff we have pictures on the wall outside the unit doors.

The Doctors
Your baby will be under the care of one of our team of consultants. If at any time you wish to make an appointment with your consultant to discuss your baby’s care please ask so that the midwife/nurse looking after your baby can arrange this for you.

Working with the consultants is a team of doctors known as registrars and senior house officers. You will see different doctors caring for your baby as they work on shift patterns similar to midwives/nurses.

The Midwives/Nurses
We have four types of midwifery and nursing staff on the unit.

Advanced Neonatal Nurse Practitioner – these nurses are very experienced and have undertaken an advanced course in caring for sick babies. They are able to undertake various medical tasks that you would expect a doctor to do. They are not in uniform.

Midwives – wear navy blue or royal blue.

Registered Children’s Nurses – wear white dresses/tunics with hospital blue piping and navy trousers.

Neonatal support workers – wear white dresses/tunics and navy trousers.

Other staff you might meet
Dietician
If your baby has a problem with weight gain or feeding, he/she may be referred to the dietician.

Newborn hearing screening co-ordinator
All babies’ hearing is screened prior to going home as a small number of babies can be born with a hearing problem. This test will allow those babies who have a hearing loss to be identified early.

Physiotherapist
Your baby may need to see the physiotherapist if there is a specific problem. The unit has a specially trained paediatric physiotherapist that visits the unit. You will be informed if your baby needs to be seen.

Hospital Chaplain
If you wish to speak with a religious minister or leader, please ask a member of staff who will arrange this for you.
Visiting Your Baby
You are welcome to visit your baby anytime of the day, but to maintain confidentiality we request that you do not visit during ward round which is on a Wednesday at 9am.

Due to the risk of infection we ask that only your baby’s brothers or sisters visit.

We request only two visitors per cot to avoid overcrowding on the unit. We also ask that relatives stay with your baby and do not look at babies nearby as other parents may find this distressing.

Please ask visitors to respect the ward visiting times and discourage any visitors who are unwell or have a cold.

Visiting Times (for other family members and friends)
These are from 2.30pm – 4.00pm and 7.00pm – 8pm

We have a quiet hour from 1.30pm – 2.30pm daily to allow your baby to have uninterrupted sleep. We discourage visiting at this time to keep activity to a minimum.

Hand washing
Hand washing is the best way to stop infection. All visitors including parents are asked to wash their hands when entering and leaving the unit.

How shall I feed my baby?
During your baby’s stay with us, he/she will be fed in different ways depending upon your baby’s age, weight and how well he/she is.

Breastfeeding
We recommend that you breastfeed your baby as breast milk gives your baby the best start in life. Breast milk is the ideal food for your baby. It contains all the nutrients your baby requires plus growth factors and hormones that help your baby grow and develop.

Breastfeeding has many benefits for mother, such as protecting against ovarian cancer, breast cancer, osteoporosis and type II diabetes.

Breastfeeding protects babies against gastro-enteritis, middle ear infections, chest infections and obesity.

In the preterm baby there are added benefits to brain and eye development and protection against damage to the bowel.

We are working towards being a Baby Friendly hospital passing stage 1 in August 2007. For more details see www.babyfriendly.org.uk.
**Skin to skin contact**
No matter how you decide to feed your baby, spending time holding your baby “skin to skin” is an important part of getting to know each other. The close contact helps to keep your baby warm and helps to regulate his temperature, heart rate and breathing.

Whichever way you choose to feed your baby, the midwives will be able to give you all the help and support that you require to feed your baby successfully.

**Parental Nutrition or Intravenous Feeding**
Babies who are too small to breast or bottle feed and/or their tummies too delicate to cope with milk will be given food known as parental nutrition, which is a special fluid given through a vein in his/her body. The fluid contains all the calories and nutrients that he/she requires in the early days of life. The vein is usually in the leg or the arm.

**Cup Feeding**
Once your baby is ready to suck, if you plan to breast feed, we recommend cup feeding if you are not able to put baby to the breast. During cup feeding the baby laps milk from a specially designed cup. This lapping is similar to the movement of the baby’s tongue when breastfeeding, promoting the transition to full breastfeeding.

**Formula Feeding**
Alternatively, you may choose to formula feed your baby you will receive help and support when you need it. You will be shown how to prepare feeds and sterilise equipment before you leave the hospital.

**Tube Feeding**
When the babies are too small or too tired to suck, a tube is passed through the baby’s nose or mouth and down into the stomach. The tube is left in place and secured to the baby’s face using special tape. To begin with small amounts of either expressed breast milk or formula are given down this tube frequently and then at increasing intervals as your baby’s condition improves and your baby is able to breast/cup or formula feed. If you do not intend to breast feed we still recommend that you express your breast milk which can be given through the tube to your baby.

**Additional Information**
While your baby is on SCBU, they will need the care and love you would give to a well baby. Don’t be afraid to touch and stroke your baby, even if they are in an incubator. As soon as your baby is well enough, you will be able to have a cuddle. You may wish to put a small clean toy in the incubator or the cot. We will show you how you can help with the care of your baby.

While your baby is on SCBU, you will need to supply disposable nappies, cotton buds and cotton wool. We have a supply of baby clothes, which we encourage you to use. If you wish your baby to wear their own clothes, you will need to arrange for them to be washed at home.

Parents can use the toilets on the unit. Other visitors are asked to use the toilets in the main hospital corridor.
There is a drinks machine for patients and visitors on the corridor just outside the postnatal ward. You may also use the restaurant at the hospital, please ask for directions. Opening times are 7.30am – 8.15pm daily. The staff will give you a voucher for discount.

We also have a family room for your use which has a selection of toys and videos for siblings. Parents remain responsible for their children who should be supervised using the facilities. This room can be used to express breast milk.

If your baby needs to be transferred to another hospital for specialist care this will be discussed with you at the time.

This hospital is part of a network of hospitals that have a specialist transport team who will take your baby to the hospital that can provide the best care for your baby.

Once your baby is well enough they will be transferred back to Macclesfield.
The Standardised Electronic Neonatal Data System Parent information

What is the electronic neonatal data system?
This is an electronic system on the NHS web that is used to hold information about babies who require admission to a neonatal unit.

What information is collected?
Information required for the care of your baby that has traditionally been held in the paper medical records; it includes:
- the NHS number for you and your baby
- how many weeks pregnant you were when your baby was born
- your baby’s place of birth and birth weight
- your baby’s condition and treatment on a daily basis
- your baby’s medication and follow up information
- GP details

Why is this needed?
This is needed to:
- maintain an accurate record of your baby’s health needs and treatments received
- reduce the change of mistakes by ensuring that all staff caring for your baby at this and other hospitals use the same shared information.
- summarize the work of the unit
- monitor and review the care we provide to make sure it is of a high standard
- manage and plan services for mothers and babies.

Who collects the information?
The staff on the neonatal unit, usually a neonatal nurse, doctor or ward clerk.

Who can look at the information and how is confidentiality maintained?
- staff who are directly involved in your baby’s day to day care and follow-up can view information; they are issued with a password in order to do so
- there are very strict regulations controlling access to personal information; by law, everyone who works for the NHS must keep all personal information confidential; the Trust has strict confidentiality and security procedures in line with the Data Protection Act (1998).
- clinical information used for all other purposes such as audits, reviews, surveys, reports and management planning is anonymised; this means it cannot be linked to either your baby or yourself.

When is the information collected?
Information is collected
- during your baby’s stay on the neonatal unit and
- if s/he is seen for a follow-up examination at the age of two years.

Can I see the records on the database?
Yes, if you would like to do so please ask the nurse in charge.
How can I find out more?
Please talk to a member of staff if you would like more information or have any questions.

In Case of Fire

If you discover a fire during your baby’s stay on SCBU, the fire alarm is located at the labour ward exit of the SCBU on the right-hand side.

If you hear the fire bell:

- An intermittent alarm means that there is a fire in the hospital but not on the SCBU, in which case await instructions from the midwife/nurse in charge who will locate the fire and make a decision based on where the fire is.

- A continual fire alarm indicates that there is a fire on the maternity unit and that everyone may need to evacuate.

- Listen carefully to the instructions of the midwife/nurse in charge and do not panic.

- If the fire is on labour ward you will exit via the maternity unit to ward 4.

- If the fire is on the maternity ward you will exit via labour ward onto the main corridor to ward 4.

- **DO NOT TRY TO CARRY YOUR BABY OUT OF THE UNIT**

- If your baby is in a cot, you will be asked to wheel your baby to ward 4 and await further instructions, do not attempt to re-enter the unit until the fire officer has given permission.

- If time is limited 2 babies may be placed in each cot.

- If your baby is in an incubator/oxygen/ requiring respiratory support, the midwives/nurses on the unit may ask for your assistance in evacuating your baby but do not try to move your baby yourself.

- Babies requiring breathing support may be taken to the adult intensive care unit or theatre where care can be given.

- Babies will not necessarily all be located in the same area.

- **PLEASE BE REASSURED THAT SHOULD THERE BE A FIRE, TRAINED STAFF WILL BE THERE TO ASSIST AND GUIDE YOU AT ALL TIMES.**
Going Home

Your baby will be discharged home when feeding well, gained weight and has no other problems requiring hospital treatment. When your baby is ready to go home, there will be an opportunity to come and stay in our family room to gain confidence in caring for your baby independently. You can look after your baby there and have the support of the unit close by.

If your baby needs any medicine, we will provide the initial supply and show you how to give them. Further prescriptions should be obtained through your GP.

If you are breast feeding and need to express, we can loan you a breast pump to take home whilst your baby is in hospital and up to 4 weeks after discharge. However as you will appreciate we have a limited number of pumps and if a newly delivered mother requires a pump you may be asked to return your pump earlier.

Any necessary outpatient appointments will be arranged for you.

Please bring an appropriate car seat with you if you are taking your baby home in a private car. This is a legal requirement under the Road Traffic Act, 1988 (Sections 14 & 15).

Dependent on the age of your baby on discharge, the midwife/health visitor will visit you at home.

Your baby’s birth must be registered within 42 days of birth. This can be done at the Macclesfield Register Office, Park Green, Macclesfield. An appointment is necessary. Telephone 01625 423463. It is open Monday to Friday, between 9am and 4pm. Please contact the Macclesfield office for any other offices in the area where you may be able to register your baby.
### Technical terms you may hear

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>ANTIBIOTICS</strong></td>
<td>Medicine which is given to help fight infections.</td>
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<td><strong>APNOEA</strong></td>
<td>A period of time when breathing temporarily stops.</td>
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<tr>
<td><strong>BILIRUBIN</strong></td>
<td>A substance produced from blood cells that causes jaundice and gives the skin a yellowish appearance.</td>
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<tr>
<td><strong>BLOOD GAS</strong></td>
<td>A blood test that shows how much oxygen and carbon dioxide is in the blood. The result shows how well the lungs are working.</td>
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<tr>
<td><strong>BRADYCARDIA</strong></td>
<td>When the heart rate temporarily slows down.</td>
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<tr>
<td><strong>BM STIX</strong></td>
<td>A test that shows how much sugar is in the baby’s blood.</td>
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<tr>
<td><strong>CPAP</strong></td>
<td>Mechanical support which helps the baby to breath.</td>
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<tr>
<td><strong>CYANOSIS</strong></td>
<td>Lack of oxygen in the blood, which gives the baby’s skin, lips and nails a bluish colour.</td>
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<tr>
<td><strong>DRIP</strong></td>
<td>When fluids or blood are passed into a vein or artery using a needle or plastic tube.</td>
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<tr>
<td><strong>ET TUBE</strong></td>
<td>A soft plastic tube placed down the baby’s mouth or nose into the windpipe and into the lungs. This is then connected to a ventilator which breathes for your baby.</td>
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<tr>
<td><strong>EXTUBATE</strong></td>
<td>This is the term used when the tube that is helping your baby to breathe is removed, allowing your baby to breathe on his own.</td>
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<tr>
<td><strong>EXPRESSED MILK</strong></td>
<td>This is when the breast is manipulated to produce milk, either by hand or by an electric pump.</td>
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<td><strong>GESTATION</strong></td>
<td>The baby’s age in weeks from your last menstrual period.</td>
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<tr>
<td><strong>GRUNTING</strong></td>
<td>The noise a baby makes when it has difficulty with breathing.</td>
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<tr>
<td><strong>Hb</strong></td>
<td>The part of the red blood cell which carries oxygen. When it is low your baby may need a blood transfusion.</td>
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<tr>
<td><strong>HAEMOGLOBIN</strong></td>
<td></td>
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<tr>
<td><strong>IV</strong></td>
<td>An abbreviation for Intravenous (into the vein)</td>
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<td><strong>JAUNDICE</strong></td>
<td>Yellow, golden colour of the skin caused by high levels of bilirubin in the blood.</td>
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<td><strong>LOW BIRTH WEIGHT</strong></td>
<td>A baby weighing less than 2.5kg.</td>
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<td>Term</td>
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<tr>
<td>MECONIUM</td>
<td>The first greeny black bowel movement passed by your baby.</td>
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<tr>
<td>NASOGASTRIC</td>
<td>Feeding your baby by a fine tube which passes through the nose and into the stomach.</td>
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<tr>
<td>NEONATE</td>
<td>A baby during the first 4 weeks of life.</td>
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<tr>
<td>OEDEMA</td>
<td>Swelling caused by extra fluid in the tissues.</td>
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<tr>
<td>PHOTOTHERAPY</td>
<td>Treatment of jaundice using a light to reduce bilirubin levels.</td>
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<tr>
<td>PRETERM</td>
<td>A baby born before reaching 37 weeks.</td>
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<td>R.O.P.</td>
<td>This stands for retinopathy of prematurity which is a condition that can affect the eyes of newborn babies.</td>
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<td>SURFACTANT</td>
<td>A chemical that is produced by the baby to help loosen the baby’s lungs. It prevents the lungs from collapsing when the baby breathes.</td>
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<tr>
<td>TACHYCARDIA</td>
<td>Fast heart beat.</td>
</tr>
<tr>
<td>TACHYAPNOEA</td>
<td>Fast breathing rate.</td>
</tr>
<tr>
<td>VENTILATION</td>
<td>Mechanical support which helps the baby to breathe, usually by a ventilator or CPAP driver.</td>
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Supervisors of Midwives

Supervisors of Midwives offer professional leadership to support and guide midwives in providing a safe and quality service to protect mothers and babies. They can also act as an advocate for women and their families.

If you would like to discuss the information in this leaflet or any aspect of your care with a Supervisor of Midwives please telephone:

01625 661145/661153 and ask to speak to a Supervisor of Midwives.

Comments, compliments or complaints
We welcome any suggestions you have about the quality of our care and our services.
Contact us:
Freephone: 0800 1613997
Phone: 01625 661449
Textphone: 01625 663723

Customer Care, Reception, Macclesfield District General Hospital, Victoria Road, SK10 3BL
Email: CustomerCare.service@echeshire-tr.nwest.nhs.uk

For large print, audio, braille version or translation contact Customer Care

NHS Direct (part of NHS Choices) is a 24 hr phone advice service providing confidential health advice and information.
Phone: 0845 4647 (Textphone 0845 606 46 47)
www.nhs.uk

Equality and Human Rights
East Cheshire NHS Trust is committed to ensuring that patients and staff are not discriminated against regardless of age, disability, gender, race, sexual orientation or religion.

Neonatal Unit
HIAG 03/2010