

Positioning

As your baby is so small they will require support to be positioned appropriately.

What you can do to help

- Your baby needs to have their hands close to their face and their legs curled up – like they were in the womb.
- Your baby should have a deep boundary around them so they can have something to snuggle into. This can be boundaries made out of bedding creating a “bumper” and/or a fabric “nest”. Your baby will settle and rest better if they are well-positioned.
- You may feel nervous about touching your baby at first but your baby’s nurse will support you with this.
- Skin-to-skin contact has many benefits including increasing quiet sleep and improving sleep/wake cycle.

Nappy changing/cares

Nappy changing and cares can be challenging for small babies.

What you can do to help

Wrapping a blanket around the arms and shoulders can ensure your baby stays relaxed.

- Hold your baby’s feet together, soles touching with knees bent. Avoid raising the legs too high in the air.
- First provide a still hold with a quiet voice, letting your baby know you are there. Be prepared to stop if your baby looks stressed.
- The nurses will show you how to gently change their nappy and clean their mouth using breast milk if possible or sterile water.

Communicating with your baby

Your baby is familiar with your voice. Talk softly before touching so that your baby knows you are there. Start to touch by resting a still hand before beginning any movement. Be prepared to pace your interaction if baby shows signs of discomfort or fatigue.

What you can do to help

- Allow your baby as much peace and quiet as possible.
- First provide a still hold with a quiet voice, letting your baby know you are there. Be prepared to stop if your baby looks stressed.
- Be patient and watch your baby. Observe when they are calm and when they appear to need rest. You will soon learn to recognise your baby’s individual cues. Don’t rely on the monitors – learn to understand your baby!

Further Information

For more information see the Bliss Baby Charity website at: www.bliss.org.uk

Email support service: hello@bliss.org.uk

www.enherts-tr.nhs.uk

You can request this information in a different format or another language.

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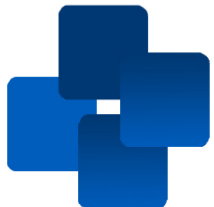
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Family and Infant Neurodevelopment Education



26-28 weeks gestation



Congratulations on the birth of your baby.

Having a baby in a neonatal unit can be worrying but this leaflet will tell you a little about what to expect from your baby at this age and importantly, how you can help their development.

This leaflet is not designed to replace information you will get from your baby's doctors, nurses and therapists. If you have concerns or questions about your baby's development, please talk to the neonatal staff.

All babies are individuals and each one will develop at a slightly different rate. Your baby's development will be affected by gestation at birth, how much they weigh and by how well they are. Each baby's genetic make up will also play a part in how they develop and mature.

In the womb the baby will experience a variety of sensations – some pleasant, some not so pleasant. The baby will move around in the amniotic fluid and be able to get hands to mouth. They will hear their mother's voice and other sounds from outside. The baby will sleep and be active according to mother's daily pattern of activity.

The newborn preterm baby has to quickly accommodate to their new surroundings. These surroundings affect behaviour and development and it is important that we recognise how your baby reacts and how we can help their development to progress.

This is a time when your baby's brain is growing at a very rapid rate and it is important that what we all do, and how we do it, is as developmentally appropriate as possible.

Your baby is 26 – 28 weeks gestation (12 – 14 weeks early)

At this age your baby's senses are very immature and because your baby is so small, care will be specialised. Your baby needs gentle touch, dim lighting and as little noise as possible.

The neonatal unit staff will help you to care for your baby. Your baby may not be ready to be touched or handled, so ask the nurse looking after your baby about their condition first. Ask if you need help or you don't understand what is happening.

Touching and holding

Uncontrolled movements such as twitches, tremors and jerks are common at this stage. Your baby's skin is fragile and your baby may not be ready to be held out of the incubator.

What you can do to help

- Speak softly to your baby before you touch him/her.
- Place your hands around your baby's head, bottom and/or feet.
- Hold your baby's hand. Avoid light touch and stroking as very small babies don't like this.
- Let your baby hold your finger.
- Kangaroo care (skin-to-skin holding) is recommended at this stage if the staff feel that your baby is ready for this, and you feel ready to start.
- Bonding squares that have mothers smell can be placed near your baby helping mum and baby bond.
- Avoid exposing your baby to strong odours, such as perfumes or aftershaves.

Feeding

You may start to notice your baby sucking on their fingers. They may be ready to suck a dummy during tube feeds.

Feeding will be through a tube from baby's nose or mouth to their tummy called a nasogastric (NG)/orogastric (OG) tube or through an intravenous (IV) line - a fine tube into the blood stream. This is because your baby has not yet developed a mature sucking, swallowing and breathing pattern.

What you can do to help

- Begin collecting your breast milk as soon as you can so that it is ready for your baby as soon as they are ready. Providing breast milk is one of the best things you can do for your baby.

Sleeping

It may be quite difficult to tell whether your baby is awake or asleep. Baby may be moving but will mostly be quiet and still.

What you can do to help

- Let your baby have periods of undisturbed sleep. Try not to wake your baby if they appear to be sleeping.
- Protect your baby's eyes from the light and try to avoid loud noise.
- Your baby will like to hear your voice if you speak softly.