

# **Patient Information**



# **Neonatal Outreach Service**



# Introduction

It is not unusual to feel nervous about taking your baby home for the first time from the Neonatal Unit. This leaflet is provided by the Neonatal Outreach Service to give you some information that may be useful on the discharge home of your baby from the Neonatal Unit.

• For additional information, please refer to the Bliss booklet 'Going Home' - please see the back cover of this leaflet.

# About the Outreach Team

We are a team of experienced neonatal nurses, based on the Neonatal Unit at Lister Hospital. We aim to work with you to support and empower you to care for your baby at home following early discharge from the unit. We will meet with you during your baby's stay and together identify your baby's needs, agreeing a plan of care.

The number of visits we make will depend on each individual family and the needs identified. On occasions we may have a student of paediatrics/midwifery with us.

# **Taking Your Baby Home**

We will meet with you on the ward prior to your baby's discharge where we can discuss any special needs or concerns there may be surrounding your baby's homecoming and agree a plan of care. We will work with you to empower you to care for your baby at home following early discharge from the Neonatal unit.

Once home, we will aim to telephone you within 48 hours of discharge. This is a chance to talk about how you are feeling and answer any questions you may have.

# Visiting You and Your Baby at Home

We will assess your baby: record weight, take blood samples, discuss how your baby is feeding, change naso-gastric tube and, if having home oxygen, make any required changes.

We will also monitor the requirement for any medication your baby may have been given on discharge.

We are in regular contact with your baby's Consultant ensuring they are aware of the progress your baby is making. We work alongside your Health Visitor who will take over supporting you through your baby's milestones.

If you are still requiring nursing help after 44 weeks gestation, your care will be handed over to the Paediatric Team.

# Breastfeeding

It is important to look after yourself - eat a balanced diet, drink plenty and set aside time to rest. Initially your baby may want feeding more frequently than when on the Neonatal Unit as he/she settles into a routine and gets used to not being topped up.

Your Health Visitor will be able to let you know details of your local breastfeeding support group.

 For more information, please refer to the Bliss booklet 'The best start: A guide to expressing and breastfeeding your premature baby'. Please see the back cover of this leaflet for details of the website for Bliss.

# **Bottle Feeding**

Whilst on the Neonatal Unit your baby has been fed with

on a regime of \_\_\_\_\_ mls/kg/day = \_\_\_\_\_ mls/day.

Offer your baby \_\_\_\_\_ mls each feed.

Your baby will not take exactly the same amount of milk each feed so take into account the amount he/she takes over the course of a day.

When making up formula feeds, follow the instructions on the tin carefully. Remember careful hand washing, and to wash and sterilize all equipment used. Once feeding has been established, feed your baby when he/she seems hungry but no longer than four hours between feeds during the day and five hours at night. As soon as your baby completes bottles, start increasing the amount you offer.

If your baby has been discharged and is feeding on a prescription milk, allow a few days for your GP to write the prescription and your local pharmacy to order it in.

### **Bowels**

Babies do not always have their bowels open every day. Providing your baby is having plenty of wet nappies, passing wind and they are not distended, uncomfortable or vomiting, **do not worry**. Talk to your Outreach Sister or Health Visitor.

#### **Medications**

Your baby may be discharged with some medication which is normally given either directly into their mouths or with a small amount of their milk prior to their feeds. The ward staff should instruct you on what the medication is for and how to draw it up.

Most medications should be renewed by repeat prescription from your GP unless advised otherwise by the Outreach Team.

Your baby is having:

| Name | Amount in mls | Times/day | Dose/kg |
|------|---------------|-----------|---------|
|      |               |           |         |
|      |               |           |         |
|      |               |           |         |
|      |               |           |         |
|      |               |           |         |

### Follow up Appointments

The following appointments have been made for your baby:

|                     | Date | Place |
|---------------------|------|-------|
| Neonatal Consultant |      |       |
| Eyes                |      |       |
| Hearing             |      |       |
| Hips                |      |       |
|                     |      |       |

# Signs Your Baby is Becoming Unwell

- A sudden change in your baby's behaviour
- Feverish and irritable **OR** cool and lethargic
- Change in feeding usually become disinterested and reluctant to feed
- Vomiting when this has not been a particular problem before
- Change in stools more frequent, loose, watery or 'explosive' than usual
- Less aware of you not as responsive to you as usual, awakens less readily
- More floppy than usual
- Breathing more rapidly/noisily or there may be pauses between some breaths
- More pale than usual

If your baby has any of the above, please contact your GP.

# **Urgent Medical Attention is Needed if Your Baby:**

- Stops breathing or goes blue (follow resuscitation procedure)
- Is unresponsive and seems unaware
- Has glazed eyes and doesn't seem to focus
- Cannot be woken
- Has a convulsion even if your baby appears to recover
- Has blotchy skin, or a rash that doesn't become much lighter when a glass tumbler is pressed against it

# DIAL 999 or 112 and ask for an ambulance.

#### **Home Visits**

We cover a large geographical area so we ask families to be understanding about punctuality for home visits. We will endeavour to ring should we be delayed, but this may not always be possible.

Occasionally, due to bad weather or sickness, we may have to cancel or rearrange appointments at very short notice. However, we will always try to get to you, or failing that, speak with you on the telephone.

# The Outreach Team Contact Information:

| Senior Sister | 0787 989 8130 |
|---------------|---------------|
| Senior Sister | 0786 095 3589 |
| Staff Nurse   | 0750 057 2780 |

# Additional Contact Telephone Numbers:

| Neonatal Unit, Lister Hospital  | 01438 284125 |
|---------------------------------|--------------|
| Children's Emergency Department | 01438 284606 |

# **Further Information**

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

Bliss helpline telephone number: 0808 801 0322 Or e-mail: hello@bliss.org.uk

To view the Bliss booklet 'Going Home', please follow the link: <u>http://www.bliss.org.uk/Pages/Category/going-home</u>

#### www.enherts-tr.nhs.uk

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

Date of publication: April 2016 Author: CS/JG/RS Reference: Version: 03 (Mar 2017) Review Date: March 2020 © East and North Hertfordshire NHS Trust