Caring for Your Baby
on the Neonatal Unit

Department of Child Health
Neonatal Unit
Tel: 01473 703070

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Washing your hands

As soon as you enter the ward you should always wash your hands. This must be done thoroughly. The nurses will advise you on the correct technique to ensure that your hands are clean. After this you will find some alcohol gel hand rub by your baby’s cot side. This should always be used after hand washing and before touching your baby. Always wash your hands after giving any care to your baby and when you leave the nursery.

Infection and visitors

Newborn babies are prone to infection because their immune systems are not yet fully developed. To reduce the possibility of infection, visiting is confined to the times stated (3–4 pm and 6–7 pm), except for yourself, your partner and the baby’s siblings.

Also it is important to keep the number of people visiting to a minimum, so only two people are allowed by the cot side and one of these should be you or your partner.

Any visitors with colds, herpes or any infectious condition should not visit until they have recovered.

To ensure a high standard of hygiene we expect parents, carers and visitors to remove outdoor clothing when they enter the unit. Please use the coat hooks by the main door.
Mouth care

The nurse caring for your baby will have performed an assessment to determine whether he or she needs mouth care.

The aim is to keep your baby’s mouth clean and free from infection.

Initially a nurse will show you how to perform mouth care, and when you feel confident, this is something you can do for your baby whenever it is necessary. The nurse will guide you as to how frequently it needs to be done.

You will need:

- Sterile water
- Cotton buds (you will need to provide these)

1. Wash your hands.
2. Dip a cotton bud in the water and gently wipe the inside of baby’s mouth including the gums, tongue, roof and floor of the mouth. Repeat until clean, using a fresh cotton bud.
3. Do the same around the lips.
4. Sometimes baby’s lips become very dry and crusty. This indicates that more frequent mouth care is needed.
5. If you notice any white spots or sore areas please inform your baby’s nurse as this may be an indication of infection.
6. If you think that anything looks different or you are not sure about something always mention it to your baby’s nurse so she can check.
7. Place the used cotton buds in the bin.
8. Wash your hands.
9. Once your baby is on full oral feeds, mouth care is no longer necessary.
Top-and-tailing

It is important to ensure your baby’s hygiene requirements are met either by bathing or top-and-tailing daily. The nurse caring for your baby will advise you which is most appropriate, and demonstrate how to perform each form of care.

You will need:

- Sterile top-and-tail bowl
- Cotton wool
- Clean nappy
- Change of clothes

1. Wash your hands before touching your baby.
2. Prepare separate areas for clean equipment and dirty waste.
3. Open the clean bowl (this will then be kept for the next 24 hours for nappy changes) and fill with warm water. Use the cotton wool to clean your baby’s face, ensuring attention is paid to the neck creases and behind the ears but avoiding the eyes. Dry thoroughly.
4. Clean the armpits and hands paying special attention to between the fingers. Dry thoroughly.
5. After cleaning the above areas, use cotton wool to clean the nappy area, from front to back. Dry thoroughly, especially the groins.
6. If you notice any redness, soreness or spots please inform the nurse. She can advise you about any creams that may be necessary. If your baby’s bottom is sore it is important to change him or her more frequently to reduce the amount of time that he or she is lying in a wet nappy.
7. Apply a clean nappy, ensuring it is not too tight, then dress.
8. Put the dirty nappy and cotton wool into the yellow bin, rinse out the bowl and dry it before placing it back in the incubator or cot cupboard to use for subsequent nappy changes.
9. Wash and dry your hands.
Bathing your baby

You will need:

- Baby bath and bath towel
- Clean sterile bowl (for cleaning the face)
- Cotton wool and nappy
- Clean clothes and cot sheets

The room should be free from draughts

1. Wash your hands.
2. Place the bath on a sturdy surface (ask your nurse to help).
3. Fill the baby bath with water from the tap. Test with your elbow – the water should feel just warm and be about 10 cms (4 inches) deep.
4. Wash your hands again.
5. Undress your baby down to his or her nappy, wrap snugly in a towel and wash his or her face (see Top-and-tailing on the previous page).
6. Cradle your baby’s head in one hand with his or her back along your forearm and tuck his or her legs under your elbow (your nurse will show you how). Using your other hand, gently pour the bath water over baby’s head. Place your baby back into the cot to dry his or her hair.
7. Remove the towel and nappy and clean baby’s bottom if dirty.
8. Lift your baby into the bath, supporting his or her neck and head on your forearm, your hand holding the far shoulder and upper arm firmly all the time (your nurse will show you how). Use your other hand to wash your baby.
9. After a few minutes lift your baby out of the bath by sliding your free hand under his or her bottom and holding firmly whilst still supporting the head and shoulders with your other arm.
10. Place your baby on a dry towel and dry him or her quickly.
11 Put on a clean nappy and dress your baby.
12 Ask the nurse to help you empty the bath.

**Umbilical cord care**

Your baby was attached to the placenta by the umbilical cord which provided oxygen and nutrition during your pregnancy. When your baby was delivered this cord was clamped and then cut because your baby no longer needed nutrition this way.

The cord stump will now have begun to dry up and shrivel, becoming hard and black. It may also be slightly moist and sticky around the skin. This is part of the healing process and after 5–15 days the cord stump should fall off.

The cord clamp may have been left on because this helps to speed up the separation process. However, the clamp may have been removed if your baby needed intensive care. This will have been done with a sterile cord clamp cutter which is only used once and then thrown away.

**Care of the cord stump**

The cord stump should only be touched with clean hands. It is important to keep it clean and dry. This is achieved by turning down the front of the nappy when fastening it so that it does not cover the stump. Clothes that cover the cord stump should be loose, clean and dry.

**Infection**

If the cord stump becomes infected you may see the following signs:

- Bleeding from the cord stump
- Green or yellow discharge from the cord stump
- The cord stump or surrounding skin may smell
- Redness of the skin around the cord stump

If you see these signs or have any questions about umbilical cord care please ask the nursing staff looking after your baby for help.
Let your baby rest

It is important for your baby to rest as he or she needs to save energy in order to grow and become stronger. If babies are disturbed too often they use what energy they have to move and cry.

Therefore long periods of rest are encouraged between care (mouth care, nappy changes, etc) especially if your baby is having procedures done, such as line insertions or blood taking.

Your nurse will teach you how you can comfort your baby if he or she is restless by placing your hands over the head and chest (containment). You will find that your baby calms quite quickly with this technique. You will be encouraged to perform skin-to-skin contact (kangaroo care) with your baby. This is an extremely positive experience for you and your baby, and will be explained by the nurse caring for you both.

Feeding your baby

However you choose to feed your baby we will support your decision. We would however stress that breast milk is the best for your baby and even if you were not planning to breastfeed in the long term, it would benefit your baby to receive your milk in the short term.

You can express your milk using pumps here on the unit which the nurse will show you how to use. When you are discharged home, hand pumps are available from the Neonatal Unit with a request for a donation towards the cost. Even if your baby is too poorly initially to have any milk, you can store your expressed milk in the freezer until he or she is ready to feed.

When you start to express your milk you will find that you get only the tiniest amount for a few goes, but over time this will increase until you are producing enough milk for your baby. Expressing should take place at least every 3 hours during the day and night to ensure that you maintain a supply.

An information pack on breastfeeding and expressing will be given to you.
Jaundice

Jaundice is yellow discoloration of the skin and occurs when the blood contains too much bilirubin (a chemical produced during the breakdown of red blood cells).

Red blood cells only live in the body for a few days or weeks and are constantly being broken down and new ones formed. As a result bilirubin is released into the bloodstream.

Sometimes the level of bilirubin in the blood of newborn infants can build up because their young livers cannot break down the bilirubin fast enough and jaundice occurs.

Your baby may need some help to break down bilirubin. This can be achieved by placing him or her under fluorescent-type lights which then allows the bilirubin to be excreted. This treatment is referred to as phototherapy.

Phototherapy can be given in the form of overhead lights which will require your baby to be nursed wearing just a nappy and protective eyeshields. The phototherapy lights do not harm your baby's eyes – the eyeshields are used to protect from brightness.

Alternatively your baby may be nursed on a ‘bilibed’. Your baby will lie on a bed of lights in a specially designed babygro with just a nappy on. No eyeshields are required.

Apart from feed times your baby should spend as much time exposed to the light as possible.

The phototherapy will continue for as long as needed. During this time your baby's bilirubin levels will be monitored by taking a number of blood samples, depending on the severity of the jaundice and the doctor’s instructions.

We will monitor your baby’s temperature and ensure he or she is taking adequate feeds and having regular wet nappies, whilst having the treatment.
Infection

If your baby has been admitted to the Neonatal Unit for a suspected infection (sepsis) the doctors or nurses will need to take blood samples from him or her. This is referred to as a partial septic screen. A fine tube (cannula) will be inserted into a small blood vessel in your baby’s leg or arm, and blood samples will be taken from this. The cannula will be left in place so that antibiotics – normally benzylpenicillin and gentamycin – can then be given through it.

If your baby is started on antibiotics, he or she will be given them for at least 48 hours. This time enables us to gain all the blood test results needed to determine if your baby has an infection.

If the blood results are normal and the doctors have no concerns, your baby will be discharged. However, if the blood tests confirm that your baby has an infection, a longer course of antibiotics will be required.

Your baby will need to stay on the unit for 24 hours after admission – after this, if your baby is otherwise well, he or she will be able to return to the postnatal ward with you, returning to the Neonatal Unit for ward rounds and antibiotics.

Low blood sugars (hypoglycaemia)

Occasionally, babies are admitted to the Neonatal Unit with low blood sugar levels. If this happens the baby’s sugar level will be checked by pricking the heel, taking a small drop of blood and testing it.

If the level is low we will either feed more frequently (1, 2 or 3-hourly), increase the amount of feed given or give intravenous fluids through a cannula. Once the blood level has normalised we will slowly return baby’s feeding pattern back to the parent’s requested method.

If your baby requires very frequent feeds or has been admitted to the Neonatal Unit with poor feeding, he or she may require a naso-gastric tube (NGT). This is a small tube which is passed
either through the nose or mouth down into the stomach. This enables the nurse to monitor your baby’s intake and feed more frequently if needed. Alongside this, when appropriate, we will encourage your baby to suck feed, gradually moving on to full breast or bottle feeding.

Any of these problems and treatments will be explained further by the nurse or doctor caring for your baby. Further written information is also available if required.

**Planning for home**

This section is designed to help you to prepare for taking your baby home.

You can tick each item on the checklist (see opposite page) as you move towards your baby’s discharge from hospital.

Some babies have more specific requirements than others. If this is the case with your baby, the nurse will be happy to discuss those needs with you, and list them on the next page of this booklet.

Or, if you wish, you can use the back page to list useful telephone numbers such as Breast Feeding Support and BLISS. It’s up to you!

When your baby is ready to be discharged from the Neonatal Unit you will be given a follow-up outpatient appointment to attend if:

- your baby was born before 32 weeks;
- weighed less than 1.5kg at birth; or
- we need to see him or her for a medical reason that will be discussed with you.
## Checklist

### Hygiene Needs
- Top-and-tailing
- Bathing

### Feeding
- Own bottle and teats
- Making up feeds
- Sterilisation of equipment
- Milk prescription

- Coming to stay (rooming in)
- Safe sleeping advice
- Temperature control
- Car seat practice
- Basic life support training
- Meet the physiotherapist and follow-up if required
- Hearing screening
- Immunisations (if age appropriate)
- Health Visitor contact, Child Health Record (red book) complete
- Medicines to take home
- Discharge check
- Neonatal home visit
- Outpatient appointments