

Your Baby in Our Nursery



WOMEN'S & CHILDREN'S HOSPITAL (WCH)

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Additional fact sheets are available, please ask our staff.

Compiled by the Staff of the WCH Nursery and the Developmental Care Group, 2016
All photos included have permission of families

NURSERY PHILOSOPHY

Welcome to the Nursery at WCH

We understand the important role parents play in advocating for their child and that every baby is unique.

In the Nursery all families are welcomed and become part of each baby's care team.

As parents you are an important part of your baby's journey while in the Nursery. We are here to help in any way we can.

During your baby's stay in the Nursery you will see and may be asked to participate in our commitment to ongoing learning, research and reflection to improve our practice.

INTRODUCTION

This booklet of information has been prepared for parents and families of babies admitted to the Neonatal Nursery at the Women's and Children's Hospital, Adelaide. You are welcome to use this booklet both at your baby's cot side in the nursery and also at home.

It is intended to help you understand more about the Nursery, the care of your baby, and the resources available to assist you during this challenging time.

There are fact sheets available on some of the more common health conditions premature or unwell newborns experience. Please ask the staff member caring for your baby if you would like to have a copy of any of these fact sheets.

We hope that you find this booklet useful and informative. If there is anything you would like to know more about, please ask our staff – we are happy to help you in any way we can.

There is a feedback sheet included in the booklet. Please complete this form if you would like to make any suggestions for improvement.

We wish you and your baby all the very best during your stay in the Neonatal Nursery and beyond.



WELCOME TO THE WCH NURSERY

Babies come to our Nursery because they need special attention. It may be that your baby was born early, is unwell, or needs special care for some reason. Your baby may have a short stay, or it may be longer depending on his/her needs.

Location:

Enter via the main entrance of the Queen Victoria Building and take the lift or stairs to the 3rd floor, Zone F.

Our Nursery consists of the:

- **Neonatal Intensive Care Units 1 and 2 (NICU)**

These units look after babies needing continuous care, or life support and are high dependency.

- **Special Care Baby Units 1, 2 and 3 (SCBU)**

These units look after babies who:

- Have graduated from NICU
- Or who are moderately unstable or unwell
- Require observation and/or monitoring
- Are learning to feed after being born early
- Are recovering after an illness
- Need short term care after birth

This is an area where parents/carers can attend to their baby's needs in a home like setting prior to going home whilst a Nurse/Midwife provides education and support.

Your baby's needs whilst in the Nursery may include:

- Extra warmth
- Oxygen, or other equipment to assist with breathing
- Feeding with a naso-gastric tube or IV line (drip)
- Monitoring including breathing, heart rate and many other parameters
- Blood monitoring
- Phototherapy (light therapy if babies are very yellow – jaundice)

Services available throughout the Nursery:

- Nursing, Midwifery and Medical staff
- Breastfeeding and expressing support
- Lactation consultants
- Parent support groups – Parents of Prems Group
- Social work
- Physiotherapy
- Growth and Development Program Co-ordinator
- Multiple Birth Co-ordinator
- Chaplin

Contact us:

The Nursery welcomes parents, their questions and phone calls at any time day or night.

NICU 1 Ph: 8161 7871 and 8161 7870

NICU 2 Ph: 8161 8247 and 8161 8248

SCBU 1 Ph: 8161 7861 and 8161 7862

SCBU 2 Ph: 8161 7856 and 8161 7855

SCBU 3 Ph: 8161 7849

Parenting Unit Ph: 8161 7873

Your baby may be moved from one area to another as his/her needs change. We will make every effort to let you know when this happens.

Please feel free to ask any questions at any stage of your baby's journey through the Nursery. Please discuss any concerns you may have with your primary Nurse/Midwife or ask to speak with the Shift Co-ordinator. We encourage open communication between yourself and staff to make you and your baby's stay with us a pleasant and memorable experience.

NEONATAL INTENSIVE CARE UNIT

There are two areas within the NICU, called NICU 1 and NICU 2. Babies can be admitted directly to NICU from the delivery suite or as a transfer from the Special Care Baby Unit (SCBU). Babies born in other hospitals or locations may also be admitted directly to NICU. All babies in NICU are closely observed and monitored. Your Nurse or Midwife will explain to you what is happening, and help you to be involved in your baby's handling and care where possible. Your baby may have many tubes and wires attached to them. This can be difficult and emotional for parents, and hard to get used to, however it does not mean you cannot be involved in the care of your baby. As your baby may be quite unwell at times, they may not be able to come out for cuddles. We encourage you to sit and read to your baby by the cot side or touch them and talk to them.

MOVING TO SPECIAL CARE BABY UNIT

Moving to the Special Care Baby Unit (SCBU) is a sign that your baby is well enough and able to progress out of the Neonatal Intensive Care Unit (NICU).

We understand that this can be a stressful time for parents as they leave the NICU and the familiar faces that have helped them through the difficult stages when their baby was very sick. Supporting parents to be involved in their baby's care is a particular focus in SCBU. The Nursing and Midwifery staff will help and encourage you to be involved in your baby's handling, feeding and care.

SPECIAL CARE BABY UNIT

Welcome to the Special Care Baby Unit (SCBU).

Babies may be admitted directly to SCBU or will come to SCBU as they progress from the Neonatal Intensive Care Unit (NICU). There are four areas within SCBU:

SCBU 1 is generally the first room that your baby will be moved to from NICU. It is also the room where babies with IV (drips) or extra equipment to help with breathing will be cared for. The Medical team (doctors) will visit your baby each day.

SCBU 2 is the next stop before going home or transferring to another hospital closer to home. Nursing and Midwifery staff will help your baby establish a feeding pattern. The Medical team will assess or discuss your baby's needs each day.

SCBU 3 is the room that your baby may come to shortly after delivery if they are unwell. It is also the room your baby may come to when transferring from another hospital or home. The Medical team will assess your baby in this room.

The Parenting Unit is an area where parents/carers can spend time with their babies in a more home-like setting before going home. A nursing/midwifery staff member will spend time with you providing education and support while you attend to your baby's needs.

Babies may be transferred from one area to another or be required to stay longer in one area within SCBU. We will do our best to let you know when this happens.



PATIENT & FAMILY ACTIVATED ESCALATION OF CARE

Do you feel you are not being heard?

How to get help when you are worried about you or your baby's condition worsening, or not improving despite treatment.

To raise your concerns, follow the steps below

Step 1

Talk to your nurse, midwife or doctor about your concerns

Step 2

If you are still worried:

Talk to the nurse or midwife in charge of the shift

Step 3

If you are still worried:

Option 1 Direct the nurse or midwife to make a "Family MET call"

Option 2 Patients, their family or carers can make a "Family MET call" on their own

How?

By using the bedside phone or ask to use a Nursery phone (if no longer an inpatient) and call 33#

Tell the operator:

That you need to make a "Family MET call"

The name of your ward

The room number

The patient's name and age

Help will be on its way

BEING A PARENT TO YOUR BABY IN THE NEONATAL NURSERY

Most parents find this to be a very difficult time in their lives. The baby that you were planning for probably wasn't going to arrive this early or be sick. A lot of people feel that it is a challenge to bond with their baby when they are here in the nursery and begin to feel as though they aren't really parents. Be reassured that although this may be what you are feeling, your son or daughter knows you and wants to be near you.

Below are some of the things that you can do to help build a stronger bond between you and your baby and some ways to look after yourself.

Look for your baby's signs and cues for when they are upset, settled, alert, tired. When you learn these signs you will be able to interact with your baby in a way that matches how they feel.

- Babies prefer their parents' voices, reading softly when they are alert and comfortable
- Babies like to be sung to softly when awake; again they prefer to hear their parents' voices. It doesn't matter how bad you sound, they love it
- A baby is finished interacting with you when they look away, move their upper body away from you, begins to yawn a lot or cry. When you see your baby doing this it may be time to just hold your baby or contain them when in their cot
- Learning a baby's cues helps them feel understood and cared for. Your son or daughter will benefit from your time and care you give them
- Skin to skin cuddles are good for helping a baby feel comfortable and relaxed. Many parents enjoy this opportunity and it helps build the physical bond with your baby

It is easy to feel overwhelmed and anxious while being a parent to a baby in the nursery.

- Take time out for yourself when you can to make sure that you eat, sleep, talk to your partner/friends/family and spend some time outside the nursery. This will decrease your risk of depression and anxiety and allow your body to experience day and night, which will help you get to sleep better
- If you are being bombarded with telephone calls then set your mobile message with an update each day and set it on message bank. If you want an alternative then find a friend or relative who will pass on information to others for you. It may prevent exhaustion from being a messenger all day
- Feel free to limit the people who come to the nursery. Only have people whom you want to visit your son or daughter
- Many parents find that keeping a journal is helpful to remember medical information but to also remember the progress of their baby. You may find that one is helpful for you

Based on the diverse population that we have in the nurseries, we understand the importance of cultural, spiritual and religious beliefs. Parents from diverse cultures may have added stress within their hospital stay. No cultural groups are the same, and individuals from the same culture may differ in their values and beliefs because of personal experience. If there is anything we can do to accommodate your needs whilst your baby is in hospital, please do not hesitate to speak to the staff.



CARING FOR YOUR BABY – HOW YOU CAN BE INVOLVED IN THEIR GROWTH & DEVELOPMENT

During your baby's stay in the Nursery their environment helps them to grow and develop. Every baby is an individual so has their own special care needs. It is important to recognise these and provide the correct environment for your baby. As parents you have a special role in your baby's life and during the time in the Nursery this will look different as the care for your baby changes.

There are many ways you can become involved in the care of your baby throughout their stay in the Nursery and in this way, you will support their growth and development.

The following ideas are tips for parents on how to be part of the team caring for your baby.

Babies who are 23 to 27 weeks gestational age like parents to:

Touch and handle them gently

- Assisting baby settle and soothe during procedures by gently keeping your baby's hands near their face, arms near their chest and knees bent
- Avoid patting or stroking your baby, they don't really like it, use your hands like a blanket to gently cover your baby
- Cuddles may not be possible for some time until your baby is stable

The following positions promote stability and normal development of body movement and control later in childhood:

- Lying prone (tummy) improves oxygen levels and promotes quiet sleep
- Side-lying nested with back support, arms and legs flexed, hands to mouth
- To have boundaries that are flexible surrounding the infant when lying on their back (supine) with arms and legs bent

Help with positioning

- Watch your baby for cues and behaviour that show they are ready to be touched and handled
- Babies this age have a low tolerance for all types of sensory stimulation
- Assist with cares using gentle touch and containment during handling
- You may like to help with cleaning their face, nappy changes and taking your baby's temperature during cares

Protect their vision

- Assist in keeping eyes shaded, your baby may try to open their eyes
- Babies this age don't need a lot of things to look at and prefer to keep their eyes closed

Protect their hearing

Talk softly to your baby, follow their cues and be aware of the sound levels around the cot space

Be involved in feeding

Encourage baby's hands to touch their mouth

- If your baby is starting to show signs of sucking they can be offered a dummy
- Mums can begin expressing milk for baby as soon as they feel well enough, even a few drops are important to your baby
- Be mindful of your baby's ability to cope with all types of stimulation
- Watch for signs they are becoming upset so you and the nurses can make changes to help your baby feel better

Babies who are 28 to 32 weeks gestational age like parents to:

Touch and handle them gently

- Help to soothe and settle your baby during procedures by gently keeping your baby's hands near their chest or face and knees bent
- Avoid patting or stroking your baby as they don't really like it, use your hands like a blanket to gently cover your baby
- Cuddles and skin to skin time may be possible if your baby is stable

Help with positioning

- Assist with cares using gentle touch and containment during handling
- The following positions promote stability and normal development of body movement and control later in childhood:
- Lying prone (tummy) improves oxygen levels and promotes quiet sleep
- Side-lying nested with back support, arms and legs flexed, hands to mouth
- To have boundaries that are flexible surrounding the infant when lying on their back (supine) with arms and legs bent

Protect their vision

- Assist in keeping eyes shaded so your baby can open their eyes
- Babies this age do not need a lot of things to look at, they prefer your face if they feel strong enough to open their eyes

Protect their hearing

- Talk softly to your baby, follow their cues and be aware of the sound levels around the cot space
- You may like to read your baby a story or sing some quiet songs

Be involved in feeding

- Infants less than 30 weeks may nuzzle at the breast during cuddles
- Encourage hand to mouth contact to help your baby learn to suck, they may also like a dummy during feeds
- A few drops of breast milk from the feed onto the dummy can help baby learn the taste before they start sucking feeds
- Cuddle your baby and participate in cares as you feel comfortable

Babies who are 33 to 36 weeks gestational age like parents to:

Touch and handle them gently

- Help to soothe and settle your baby during procedures by gently keeping your baby's hands near their chest or face and knees bent
- Patting or stroking your baby becomes better tolerated
- Skin to skin cuddles especially during feeds (including gavage feeds), if awake when medically stable

Help with positioning

- Assist with cares using gentle touch and containment during handling
- Watch your baby for cues and behaviour that show they are ready to be touched and moved
- Babies this age like to be wrapped and gently nested with arms and legs bent, they get tired quickly during cares

Protect their vision

- Assist in keeping eyes shaded so your baby can open their eyes
- Babies this age start to try and look at things. They prefer faces, especially their parents
- Toys and mobiles are not necessary at this age

Protect their hearing

- Talk softly to your baby following their cues
- Babies this age enjoy listening to singing, rhymes and stories

Be involved in feeding

- Your baby may nuzzle at the breast during cuddles and gavage feeds
- Encourage them to put their hands to their mouth and suck the dummy during gavage feeds
- If you feel ready, talk to the nurses about doing the gavage feeds yourself. We have a training package for parents
- Help your baby become familiar with the smell and taste of breast milk by putting a few drops of milk from the feed onto the dummy

Babies who are 37 weeks to term gestational age like parents to:

Touch and handle them gently

- Assisting baby settle and soothe during procedures by gently keeping your baby's hands near their chest and knees bent
- Patting or stroking your baby becomes better tolerated, some gentle massage during nappy changes helps settle and soothe babies this age
- Skin to skin cuddles when having breast feeds or cuddles during feeds (including gavage feeds) if awake

Help with positioning

- Assist with cares using gentle touch and containment during handling. You will be becoming more independent and confident in caring for your baby
- Nesting or wrapping your baby to promote flexion, should not be near their face
- Some supervised tummy time and side lying to promote optimal posture and strength development usually during nappy change times
- Alter your baby's sleeping position and try approaching the cot from different sides to avoid developing a head side lying preference

Protect their vision

- Assist in keeping eyes shaded as your baby will want to open their eyes more often now
- Babies this age enjoy different things to look at but still prefer faces
- Some mobiles and black and white pictures and toys can be used

Protect their hearing

- When talking to your baby start softly then go to normal volume as they tolerate
- Gentle quiet music can be used occasionally. Keep in mind that time for deep sleep is important to your baby's growth and development too
- Still be aware of the sound levels around the cot space

Be involved in feeding

- Infants may nuzzle at the breast during cuddles and gavage feeds
- If you feel comfortable parents may be trained in doing gavage feeds for their baby
- Encourage your baby to have hand to mouth contact even when wrapped
- Breast feeding is encouraged each time you are with your baby

Finally,

- Please talk with the Nurses and Midwives about your baby's care and how you would like to be involved
- Learn about your baby's routine so you can organise to be with them and get involved
- Plans can change so be flexible, but keep in mind your baby's own special care needs, this will help you become ready for looking after your baby at home
- Remember to look after yourself so you can look after your baby – ask others to assist you with your life away from the Nursery. Some days will be better than others; this is a busy time in your life with lots of changes and responsibilities

The nursery staff are happy to listen and support you through this time.

INFECTION CONTROL

Premature and/or sick babies are at high risk of infection. It is therefore very important that staff, families and visitors take steps to protect the babies in our Nursery.

Hand washing

- Hand washing is the best way to stop the spread of infection

- Before entering the nursery wash your hands at the wash station at the entrance, even if you are not touching a baby. All parents and visitors must wash their hands using the soap and warm running water. Hands should be washed for at least 15 seconds
- Alcohol based hand gel is on the bench next to your baby's cot. This can be used at anytime to clean your hands if they do not look soiled. If your hands look soiled you will need to wash with soap and water

When to clean your hands

- Before and after touching your baby
- After changing your baby's nappy
- Between babies, if you have more than one
- Before and after breastfeeding or expressing breast milk
- After touching any area of your body that has a lot of germs; ie nose, mouth or after going to the bathroom
- If your hands are soiled

When not to visit

It is important to keep infections out of the nursery so please notify staff if you have any of the following:

- Rash
- Fever
- Diarrhoea and /or vomiting
- Runny nose
- Cough/cold/sore throat
- Flu symptoms
- Cold sore

Please also notify staff if you have any of the following or been in touch with someone who has:

- Chicken Pox
- Measles
- Scabies
- Conjunctivitis
- Mumps
- Tuberculosis
- School Sores
- Head Lice
- German Measles (Rubella)
- Shingles
- Whooping Cough

Visitors should not touch or visit other babies in the nursery.

Do not touch or share equipment used for other babies, unless it has been cleaned.

MINIMISING DISTRESS FOR YOUR BABY DURING MINOR PROCEDURES

Some of the procedures necessary for the care and treatment of your baby in the Nursery can cause discomfort or involve some pain and like most of us, babies can become anxious and frightened when they are unwell.

We know that the sensory feelings of pain are well developed as early as 24 weeks gestation, but the emotional aspect is not as well understood (e.g. memory of pain). We believe it is important to monitor your baby very closely, so that if any discomfort or painful procedures are expected, your baby receives the appropriate management to relieve these symptoms.

If there is an event that we feel may cause discomfort (i.e. tube placement for ventilation), and your baby indicates this with a change in their behavioural, physiological and/or pain assessment score, it would seem reasonable to assume that he/she is in pain.

If there is no obvious event which may cause pain then it is not always easy to tell if a baby is experiencing pain.

Possible signs that may indicate pain include-

- crying and grimacing
- trouble sleeping
- increased motor activity
- jerky, disorganised movements, or stiffness
- baby may become flushed in colour
- breathing and heart rate may increase
- oxygen saturation levels may drop

Babies may show the same behaviour when they are upset or agitated but there is no reason to suspect pain, such as when changing a nappy or when the baby is demanding a feed.

What can we do about pain?

There are a number of ways to help relieve pain or discomfort. These may be used alone or in combination with medications. The most effective method for pain relief will also depend upon the cause of the pain:

- Giving rhythmical, repetitive stimulation, i.e rocking and music
- Gentle constant pressure with your hand upon your baby's body, wrapping baby firmly, and the use of boundaries such as nests all provide a constant touch sensation that may help block pain
- Sucking on a dummy will provide a distraction and is both very soothing and effective in reducing pain
- Medications can be used
- Anaesthetic for specific procedures may be utilised

Every baby is an individual in their response to pain just as adults are. What may be soothing and calming for one baby may not be for another. Measures to relieve pain can be assessed using a pain assessment tool and by watching your baby for cues and discussing their response to cares with the Nurses and Doctors in the Nursery.

SUCROSE FOR PROCEDURAL PAIN

Sucrose is used as a household sugar. It has been shown to reduce the signs and symptoms of pain and discomfort in newborn babies. For your baby, we are using a special prepared mixture.

Sucrose may be used prior to procedures such as pricking the heel for blood sampling or the placement of a cannula into the arm or leg. This type of pain is very brief and can be managed with the administration of sucrose. The staff in the unit will monitor your baby and decide if sucrose would be beneficial.

How does sucrose work?

Sucrose works in a number of ways to ease pain and discomfort:

- Sucrose provides a distraction from the procedure with its strong taste
- The administration of sucrose triggers the release of calming chemicals in the body
- The effect of sucrose lasts approximately 5-8 minutes

How is sucrose given?

- Sucrose is administered orally
- The dose varies depending upon the age of the baby and their weight
- The staff will administer 0.5ml to 1ml of a sucrose solution onto your baby's tongue approximately 2 minutes prior to the procedure
- Sucrose is more effective when given with a dummy as the sucking action provides an additional calming effect

Where may I get more facts?

If you have any questions or concerns about Sucrose please do not hesitate to ask:

- Your baby's nurse, midwife or doctor
- The Pharmacy Department, Women's and Children's Hospital, Telephone 81617222

USE OF MOBILE PHONES IN THE NURSERY

We understand that your mobile phone is an important part of your life. We use them for communication, to take photos and keep in touch with social media. However, we discourage the use of mobile phones whenever you are cuddling or feeding your baby, as this can interfere with the important interaction between you and your baby.

So when visiting your baby in the Nursery we would appreciate if you could:

Ensure your phone is turned off or on silent at all times.

If you need to make or receive calls, please leave the room.

WCH BREASTFEEDING STATEMENT

This means that:

- Our staff have regular and up to date breastfeeding education
- We will discuss with you why breastfeeding is the biologically normal way to feed your baby, and the risks of not breastfeeding
- We will help you to start breastfeeding or expressing during your stay in hospital, and to maintain your milk supply when you leave
- We will not give your baby artificial formula without your agreement unless medically indicated
- If you are unable to breastfeed or choose not to, we will respect and assist your choice and offer you individual support
- The Women's and Children's Hospital supports the World Health Organisation Code of Marketing of Breastmilk Substitutes and the Marketing in Australia of Infant Formula Agreement, and therefore there is no promotion of infant formula, bottles, teats or dummies in this health service
- If you wish, you can ask for a full copy of our breastfeeding policy



FEEDING YOUR BABY

When your baby is born prematurely or unwell he/she may be fed through a drip for the first days or weeks of life.

When your baby is well enough milk feeds will be started. This may be given through a nasogastric tube at first. A nasogastric tube is a long flexible tube inserted via the nose or mouth, down the back of the throat and into the stomach. The tube is secured to your baby's cheek with tape. These feeds may be given continuously or hourly. They will then progress to 2, 3 and 4 hourly as your baby grows bigger.

You will be given every opportunity to participate in your baby's care, including feeding. Feeding your baby is such an important part of the nurturing process. The staff will provide the education and support you need so that you can learn to gavage feed your baby. We have a learning package available for parents to complete if interested. Gavage feeding your baby increases the level of interaction you have with your baby.

At around 32-34 weeks most babies can start feeding by sucking and swallowing. We will begin with 1 sucking feed each day (breast or bottle if artificially feeding) and then increase by 1 or more sucking feeds, until they take all feeds this way. We will carefully monitor how your baby copes. We will also weigh your baby regularly to ensure they are being fed enough.

Breastfeeding

Breastfeeding or giving babies expressed breast milk is best for baby, and for you. Breast milk is the perfect food to help baby grow and develop, and to protect them from germs. Breastfeeding also helps you to have a closer bond with your baby.

- Keep expressing at least 8 times a day!

If you are concerned about your milk supply, please talk to your nurse/midwife.

- If the above suggestions do not work, one of our doctors may prescribe a medication to be taken to increase your milk supply. Should you choose to artificially feed your baby staff will continue to be supportive.

ELECTRIC BREAST PUMP HIRE

Breast pumps are available for hire from the WCH and can be arranged via your nurse/midwife through the Home Equipment Centre during your admission. There are also a number of Ameda Elite pumps available just for parents of multiple births, available through the Multiple Birth Co-ordinator on 81617520.

For more information please refer to the "Electric Breast Pump Hire" pamphlet.

However, if all pumps have been hired out there are a number of organisations in the community that also provide hire services.

Australian Red Cross

31 Sir Donald Bradman Drive, Mile End

Phone: 8443 9700

National Pharmacies:

You are required to be a National Pharmacies member to hire an electric breast pump.

All National Pharmacies have breast pumps for hire. Please refer to their website for details www.nationalpharmacies.com.au

Australian Breastfeeding Association:

The Australian Breastfeeding Association hires electric breast pumps through many of their local support groups. ABA members receive a 50% discount on the cost of pump hire. If you are not already a member you can join at the time of hiring to take advantage of the member discount.

Hire charges vary depending on the type of pump and whether or not you are an ABA member.

Hygiene Kits may also be purchased at the time of hiring. The cost varies depending on the type of pump being hired.

To find where your closest breast pump to hire is, contact the breastfeeding helpline on 1800 686 268

Hire For Baby:

Adelaide City with branches at Glenelg, Hallett Cove and Evanston/Gawler

Phone: 1300 363 755

DISCHARGE HOME OR TRANSFERRING TO ANOTHER HOSPITAL

It is anticipated that your baby, once stable, will be transferred to the closest hospital to your home. We aim for discharge between 36-37 weeks (corrected age). If you live within 20 kms of the WCH, you will get follow up visits at home from our hospital staff. If you reside in outer metropolitan or rural areas you will be supported by Child and Family Health staff.

NEONATAL EARLY DISCHARGE PROGRAM

The Neonatal Early Discharge Program (NED), is the standard discharge pathway for families who reside within the home visiting range of WCH; to go home on gavage (tube) feeds prior to achieving all suck feeds.

For more information, please talk with your Nurse/Midwife



PARENTING UNIT

When you and your baby are ready to go home, either on the NED Program or directly home, you may be invited to go to the Parenting Unit where you can spend time with your baby.

Rooming in provides you with an opportunity to care for your baby in a home environment, but with the added safety of having nursing and medical staff on hand if you have any concerns or questions. Nursing/Midwifery staff work in the Parenting Unit between 7.30am and 4pm to assist with parenting skills.

Prior to taking your baby home you will receive education and support upon such topics as:

- Ned Program education
- CPR training for both parents
- Breastfeeding support and education
- Teaching of how to prepare formula and sterilise bottles / dummies (as required)
- Preparing and giving your baby's medication

- Tips on how to minimise infections and illness in the first year of life
- SIDS & Kids Safe Sleeping guidelines
- Your CYWHS 'Blue Book'
- Upcoming appointments at WCH with dept of Neonatal Medicine, Physiotherapy and Growth and Development Programme for example

Please be aware that the Women's and Children's Hospital have a Discharge before 11am policy. This means that where possible, you and your baby will be discharged by this time.

CREATING MEMORIES

We can help you record your baby's progress and memorable moments while in the Nursery.

Photographs: We encourage you to take your own photos with your own cameras/phones but please remember to maintain confidentiality of other families in the nursery. Staff will take photos as time permits on special occasions such as on admission and the first cuddle.

Australian Charity of Child Photographers www.acocp.org.au .This volunteer organisation of child photographers is dedicated to giving the gift of photographic memories to families that have experienced premature and ill infants and children. Please contact them directly to enquire about photographing your baby whilst in the Neonatal Nursery.

For parents who aren't able to visit regularly, such as those who live in country areas, we are able to send regular weekly letters and photos by e-mail to keep families involved and up to date with baby's progress. Please notify nursing staff if you are interested in receiving an email update.

Keeping a journal: Some parents keep a more detailed record in a journal. It is a wonderful way to record special memories as well as feelings. It can be something that everyone can add to, or can be kept private, just for yourself. We have a stock of plain notebooks in the unit. Please ask your nurse or midwife for one of these if you would like to begin a journal.

Calendars: If your baby is expected to stay in the NICU for longer than one week, a calendar can be printed for you to chart your baby's weight and growth. Please ask the NICU ward clerk or your baby's nurse for more information.



Examples of things parents have included in journals:

- Photos of baby and siblings
- Foot and hand prints
- Phototherapy sunglasses
- ID tags, locks of hair
- Messages from visitors
- Drawings from other family members
- Special events, ie first feed or cuddle
- Special verses, prayers
- Reward certificates, ie reaching 1kg
- Messages and updates from staff

NICU AND SCBU PARENT EDUCATION AND SUPPORT GROUP

Who: All Parents and families of babies currently in NICU and SCBU

When: Tuesdays, 1.00 to 2.00 pm

Where: 4th floor Queen Victoria Building, Postnatal Lounge

Learn about caring and connecting with your baby in the Nursery as well as looking after yourself.

- sharing your journey with others on similar journeys
- what's your baby telling you?
- how to move and handle your baby
- helping your baby's development
- expressing and breastfeeding
- getting ready to go home
- home, parenting and beyond
- 'Nuture Time', 1st Tuesday of each month is run by 'Miracle Babies Foundation Volunteers, parents who have had a premature/sick newborn



PARENT EDUCATION SESSIONS

Parent Education Sessions will be made available to you during your stay in the nursery. We encourage you to attend these informative sessions so that you may learn to become more involved in your baby's care, as well as preparing for your discharge home from hospital with your baby.

These are generally held three times per week.

Topics that may be discussed include:

- Introduction to SCBU
- Breastfeeding/ Expressing and Storage of Breastmilk
- Parent Gavage Feeding
- Neonatal Early Discharge Program
- Wrapping and Safe Sleeping
- Safety and Car Travel
- Bathing and baby care
- Settling techniques
- CPR for parents

RESEARCH

Research into the care of premature and sick babies is very important to advance the quality of care that babies receive and improve their long term health.

The Women's and Children's Hospital has an international reputation for conducting high quality research, to help understand the impact of being born too soon.

There are often several different projects being conducted in our Nursery at one time. You can choose to participate in as many studies as you like.

No research will be conducted on your baby without your knowledge and consent.

You will have all studies fully explained to you, and you will be asked for permission to participate. There will be staff you can contact for more information. We would encourage you to be involved.

All research conducted in our Nursery has been approved by the Women's and Children's Hospital Research and Ethics Committee.

SOCIAL WORK

Many families are dealing with serious health situations for mother, baby or both. Some are a long way from their homes, normal family and community supports.

We also appreciate how difficult it is when birth expectations have not been met. Many parents have to cope with going home and leaving their premature or sick baby in hospital.

Social Workers support the development of strong bonds between parents and their babies. Social Workers are available to offer counselling, information, referral and support to all parents and families of babies in our neonatal Nursery.

Counselling

Families seek counselling for all sorts of reasons including:

- Debriefing following the birth experience
- Postnatal depression
- Grief and loss
- Coping with worry of new born with serious illness
- Relationship and family issues
- Parenting concerns
- Planning for the future

Information and Referral

The Social Work Service has an extensive range of pamphlets and brochures covering health, legal, welfare, parenting, social and financial support services located in the hospital and in the community. Talk with a Social Worker if you would like a referral to a community based support service.

Other Support

Accommodation packs for rural and remote families as well as local families needing to stay close to the hospital are available from the Social Work Service.

A Social worker attends and offers support at the weekly Parent Support and Education group which is open to all parents who have babies in NICU and SCBU.

An interpreter service is available for all parents who require it.

The Aboriginal Liaison Service is also available.

Contacting Social Workers

Ask your nurse or midwife to contact a Social Worker for you. You can also make an appointment by contacting Social Work Service Level 1, Zone F, (near the lifts), Phone 8161 7580

Appointments can generally be made between 9.00am – 5.00pm Monday to Friday. There is a Social Worker in NICU and an After Hours Social Work Service to respond to crisis situations.

BUTTERFLY CARD

Patients and families entitled to the Butterfly card include those who:

- are expected to stay for more than one week which entitles them to 10% discount on:
 - food and drinks purchased from the WCH Café 2nd Floor, Zone D
 - food and drinks from the Nic Nac Café on the Playdeck, 1st floor, Zone A

Please ask your nurse, midwife or social worker to organise a card for you.

PHYSIOTHERAPY

Our physiotherapist in the nursery will routinely see all babies with a birth weight less than 1000 grams or born at 29 weeks gestation or less. These babies will receive physiotherapy whilst in the nursery as well as once they go home to monitor the baby's development. The Physiotherapist will also see babies that are referred by the doctor or nurse/midwife. If parents have concerns about their baby they can discuss this with their midwife or doctor to see if a physiotherapy assessment would be beneficial.

There are different areas of Physiotherapy in the nursery, these include:

Developmental Physio

This involves looking at how your baby moves in different positions.

The physiotherapist will talk to you about how to be involved in your baby's care. They will teach you how to touch, move, cuddle, talk to and respond to your baby, which will help his/her growth and development. Promoting development is very important as premature babies may have delays in this area. Parents play the most important part in helping your baby move and develop skills. Our physiotherapist may video your baby's movements.

Orthopaedic Physio

Orthopaedic Physiotherapy looks at a baby's bones, joints and muscles. Some babies have not had the opportunity to move much in the womb or much fluid to move in. Other babies may be born with specific problems with their muscles, joints (eg. hips) and bones. These babies may need physiotherapy to provide a stretching/positioning program or they may need splints or plasters.

When is the Physio available?

Physiotherapy is available in the Nursery Monday to Friday from 8:00am to 4:15pm.

After discharge: Babies who are born less than 30 weeks, or with a birth weight of less than 1000 grams will continue to be seen by the physiotherapists after discharge from hospital. The Physiotherapist may also refer other babies to be seen in outpatients.

Our physiotherapist is also able to liaise with country physiotherapists, if required.

Contacting the Physiotherapists

Phone: 8161 7381 (Allied Health Reception), or via pager 4326

SAMUEL KAI O'DEA LIBRARY

This library was named in memory of Samuel Kai O'Dea. It is located in the waiting room of the Neonatal Nursery. Library operating hours are Monday to Friday 1pm – 4:45pm (Providing volunteers office is staffed).

Parents and family members with babies' inpatient in the Neonatal Nursery can access a variety of informative and helpful books, and journals relating to:

- Parenting the sick or premature newborn baby
- The Neonatal Nursery journey
- Emotional support and practical advice
- Research findings
- How to support and foster your child's development
- Explaining the experience to your toddler or older child

HOW TO BORROW:

1. Complete a loan form available from the Volunteer's office.
2. Hand completed form back to one of the volunteers who will check it is complete, and then sign (please note that all information will remain confidential). You are ready to loan books.

Please note that library books and journals are to be returned within 2 weeks of loan date

VOLUNTEERS

Volunteers are a vital and significant component of the Women's and Children's Hospital.

The Volunteers in the Nursery offer their time and skills for free to assist the parents, their families and the Nursing and Medical staff to care for your baby.

Do not be offended if the Volunteer asks you or your visitors to wait in the waiting room if visiting outside of visiting or ward round hours.

The volunteers may also remind you that no food or hot drinks are permitted in the Nursery. Cold drinks in sealed bottles are permitted.

WEBSITES

Parents of premature infants often find the internet a valuable tool in helping understand the issues of premature births. We recommend these sites. Information can vary, so if you have any questions, do not hesitate to ask your baby's nurse/midwife or doctor.

Miracle Babies Foundation

www.miraclebabies.org.au

An Australian group that supports families who have experienced the birth of a premature or sick newborn.

L'il Aussie Prems

www.lilaussieprems.com.au

An Australian support site for parents of premature babies providing articles, forum, chatline and links.

National Premmie Foundation

www.prembaby.org.au

Bliss – The Premature Baby Charity

www.bliss.org.uk

Bliss is a United Kingdom based charity. The website has excellent information on developmental care – just click onto the 'Bliss Publications'

The Australian Parenting Website

www.raisingchildren.net.au

A complete, easy to navigate online resource for parents of newborns to teens. Packed with practical tips and downloadable tools. Independently reviewed and regularly updated.

Child and Youth Health

www.cyh.com

Parenting and health information for children from birth to adolescence. Detailed information about monitoring your child's development & milestones included on this website.

Great Start

www.greatstart.sa.edu.au

Ideas and activities to support parents and families in fostering early child development.

GROWTH RECORD

Baby's name:

Birth date:

	Date measured	Weight	Length	Head Circumference
Birth				
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Week 6				
Week 7				
Week 8				
Week 9				
Week 10				
Week 11				
Week 12				
Week 13				
Week 14				



NICU & SCBU DONATE - A BOOK PROGRAM

It is never too early to start reading to your baby. We encourage you to read and sing to your baby while in NICU and SCBU. Your baby loves hearing the sound of your voice. Reading provides a wonderful opportunity to bond with your baby as well as supports your baby's growth and development.

During your baby's stay in our neonatal nursery, you will be given a Little Big Book Club reading pack. The pack has information and tips about reading and singing to your baby. As part of our **Books for Babies** program, you will also be given a book for your baby's library.

You are invited to donate a new children's book/s from one of the following titles and authors for our Books for Babies program. These books are age and development appropriate for babies and toddlers. Books can be board, soft or hard cover. Your donated book will be given as a gift to a baby in our nursery.

Kissed by the moon	Alison Lester
We're going on a Bear Hunt	Michael Rosenberg
Where's the Green sheep?	Mem Fox
Ten Little Fingers and ten little toes	Mem Fox
Time for Bed	Mem Fox
Who Sank The Boat	Pamela Allen
Very Hungry Caterpillar	Eric Carle
Dear Zoo	Rod Campbell
Each Peach Pear Plum	Allan Ahlberg
Guess how much I love you	Sam McBratney
I went walking...	Sue Williams

Go to the Little Big Book Club website for other recommended book titles for babies and toddlers.

This Donate a book program has been established to pay tribute to Therese Misso, Neonatal Physiotherapist, who passed away in November 2013. Therese was a passionate advocate of reading to babies and was on the committee behind the Books for Babies program. Therese also keenly supported the Samuel O'Dea library located in our parent waiting room on level 3.

Your donation can be given to any of our staff within NICU and SCBU. We will place a book bookmark acknowledging that your book has been kindly donated through the

Donate -a -Book program.

More Information about reading for babies can be found at:

www.thelittlebigbookclub.com.au

www.earlyyears.sa.edu.au



NOTES



YOUR FEEDBACK ON THIS BOOKLET

This booklet of information was developed to help parents and families understand more about our Nursery and the care of babies.

Please let us know what you think about the information in this booklet and how useful it has been.

1) How soon after your baby was born did you receive this information? _____

2) How useful did you find this booklet?

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Not useful

Very useful

4) What parts did you find most useful?

5) What parts did you find least useful?

6) How easy was it to understand?

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

Not easy

Very easy

7) Is there any other information you would have liked included?

8) Would you recommend we continue to use this booklet with families? Yes No
Any other comments?

**Thank you for your feedback Please fold this form and post it in the comments/
feedback box in the Nursery handwashing area**



Government of South Australia
SA Health



Women's
& Children's
Hospital

