

# I'm Going Home



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## I'm going home

At last the time has come to take your baby home! You may have mixed feelings, excitement and some concern. It is natural to feel like this. Please be reassured that the Neonatal team would not discharge your baby from the hospital until we are sure that they are ready.

You may now have lots of questions. This booklet has been designed to answer some of these and we hope that you will find it useful. Throughout this booklet, we refer to your baby as 'he' but of course we mean girls as well as boys!

## Help available

### Can I get help and advice now my baby is at home?

**Yes** – the neonatal staff are always informed when your baby goes home. If your baby is less than ten days old, your midwife will visit you and your baby until the health visitor takes over the care at around ten days of age. The Health Visitor will monitor your baby's growth and development and provide advice on health education. Your GP and Health visitor will be sent written detailed information about your baby's stay on the neonatal unit. They are available for help and advice if you are worried.

The Neonatal Outreach team are a small team of neonatal staff who liaise with TMBU to provide support with home visits and telephone calls. The team's role involves feeding advice, tube feeding, monitoring of weight gain and supporting babies who are receiving low flow oxygen.

## Environment

### **What temperature should the room be?**

It is not necessary to keep it as warm as the neonatal unit nursery. The ideal temperature is around 65- 69°F (18-21°C). You should feel comfortable in a tee shirt.

### **What should my baby wear?**

Babies should be warm with vest, babygrow and two or three blankets. If your baby does appear cold he could also wear a cardigan.

### **On a hot day:**

Dress your baby in a single layer of clothing, preferably cotton, with a sun hat if you are taking him out and keep him in the shade.

### **On a cold day:**

Several layers are better than one thick layer as the trapped air provides insulation. Be careful not to over wrap your baby as this may cause his temperature to rise and may make him unwell.

### **How do I know if my baby is too hot or cold?**

If your baby is too hot he will be irritable and may breathe faster than usual. He may be sweaty and feel hot to touch. A cold baby may be unusually quiet and pale or slightly blue. He will be cold to touch and may refuse feeds. Cool hands and feet are not a good guide to your baby's temperature, check his tummy or head instead.

### **When can I take my baby out?**

There is no reason why you cannot take your baby out providing he is dressed according to weather conditions. Remember that he may still be quite small and could be more prone to infection, therefore try to avoid contact with anyone who is ill.

### **Walking:**

If you use a buggy make sure your baby can lie down with this back flat. If you wish to use a sling make sure your baby will not fall through.

### **In a car:**

It is unsafe (and illegal) to hold a baby while sitting in the front seat of a car, even with a safety belt around you and your baby. The only safe way for your baby to travel is in a properly secured, backward facing baby seat.

Ensure the car seat you have is age and weight appropriate and correctly fitted.

Practice placing the car seat in the car before discharge home. If you have a car with air bags in the front, your baby should not travel in the front seat because of the danger of suffocation if the bag inflates.

His buttocks and back should be flat against the back of the seat. Babies can overheat in a car seat if overdressed. Do not wrap him in a blanket or heavy clothing before putting him in the car seat. A blanket can be placed over him after he is secured in the car seat. Remove any head wear to allow him to lose any excess heat from his head.

### **In hot weather:**

Babies are particularly vulnerable to the effects of the sun as their skin does not contain enough pigment to protect them from sunburn. Keep babies under six months out of the sun altogether. Don't forget a sun hat to protect his head.

### **In cold weather:**

Make sure they are well wrapped while out but remember to take the extra clothing off when you get in a warm place to prevent your baby from overheating even if he is asleep.

## Feeding

### How often should I feed my baby?

Preterm and low birth weight babies may safely demand feed but should not go more than five hours between feeds during the day. Breast fed babies should feed 8-10 times a day. They can go longer at night, providing they are contented and gaining weight. Let your baby guide you as to when and how often he wants to feed. He may at first want feeding more frequently. Do not worry if times vary, he will soon settle into his own pattern of feeding.

### How will I know if my baby has had enough?

#### Breast:

Offer the breast and let your baby feed until he is satisfied. This will give him the fore milk and creamy hind milk, which is so important for his growth. It is unlikely that you will be underfeeding him if you are responsive feeding. From day 4 and for the first few weeks, your breast fed baby should pass at least 2 yellow stools every day and these may be loose. Nappies should be wet. Your baby will be weighed regularly which will help you know if he is taking enough. If you are at all worried, speak to your midwife, health visitor or doctor.

#### Bottle:

As a guide, a baby needs 2½oz per pound of body weight (150mls per kg) in 24 hours. Your health visitor will advise you when to increase feeds as your baby gains weight.

## Sterilisation

Your bottles and teats must be sterilised until your baby is at least one year old. There are several ways of sterilising:

### **Cold water sterilising.**

You can buy a complete unit or use a plastic bucket with a lid. Follow instructions carefully when making up the sterilising solution and immerse equipment in the solution for the recommended time. Do not add unsterilised things later to the container or you will have to start all over again.

### **Boiling.**

Wash equipment and put into a large pan reserved only for this use with a lid. Make sure no air is trapped in the bottles. Boil for at least ten minutes (teats for three). Leave everything in the pan until needed. Keep the pan out of reach of older children.

### **Steam sterilising.**

Especially designed for bottles, they are both quick and efficient. Follow instructions carefully.

### **Microwave steam units.**

These are designed especially for sterilising bottles in a microwave oven. If you intend to use a microwave, you must use one of these units otherwise 'cold spots' may occur and could leave part of the bottle unsterilised.

## **How do I store my expressed breast milk?**

Research suggests that Frozen EBM may be stored for 3-6 months in a freezer at -18 degrees.

Research suggests that Fresh Breast milk can be stored in a fridge for 2-5 days at 4 degrees or below.

Defrosted Breast milk should not be stored in the fridge for longer than 12 hours.

## Storing a feed

A feed should be freshly made up when it is needed to reduce the risk of infection that may make your baby ill. Measure amounts carefully, follow manufacturer's instructions and never add extra scoops of powder.

Any formula left in the bottle after a feed should be thrown away.

Infant formula that has not been used and has been kept at room temperature must be thrown away within two hours. Bacteria multiply very fast at room temperature. Even if a feed is kept in a fridge, bacteria can survive and multiply, although they do this more slowly. The risk of infection increases over time so that is why it is important to make up the feed each time your baby needs it.

## Feeding problems

### My baby is not taking his feed properly?

#### Breast:

This may be that he is not latched on properly. Check with your midwife or health visitor who will help you with positioning your baby correctly. There may be other reasons why your baby is experiencing difficulties with his feed. He may be sleepy, uncomfortable due to wind or a dirty nappy, too hot or unwell. Being anxious or in a hurry may also affect the way your baby feeds. Always consult your midwife or health visitor if you are worried.

#### Bottle:

#### Is the milk too hot or cold?

**Is the teat placed corrected in the mouth?** Make sure the shaped teat points towards the roof of your baby's mouth and that the teat is on top of their tongue.

#### Is baby uncomfortable due to wind or a dirty nappy?

#### Does baby seem unwell?



## **My baby has refused a feed?**

If your baby appears contented and is gaining weight do not worry, he will probably take more at the next feed. If your baby remains sleepy and not interested in subsequent feeds then seek advice from your health visitor or GP.

Please remember that in the early days pre-term and small babies tire easily and tired babies do not feed well. Try not to over stimulate your baby in the first few weeks following discharge and allow him to sleep in between feeds.

## **Weaning**

### **When to start solid foods?**

For the first 5 months premature babies can't digest properly any food other than breast or formula milk which will provide them with all the nourishment they need during this time. Most babies are ready to try solids after four months although some babies who were born prematurely may be ready at different times – ask your health visitor to advise you about what is best for your baby. It is wise to introduce some solids by six months as your baby now needs more nutrients than milk alone can provide. Pureed and liquidised fresh fruit and vegetables or baby food products free from added sugar or salt may be offered later. Check the labels of manufactured baby foods for ingredients.

Increase solid food gradually so that between six and twelve months these become the main part of the diet with breast or formula milk to drink alongside.

### **How can I tell if my baby is ready for solids?**

Look out for some of these signs-

**Can your baby be easily supported in a sitting position?**

**Can your baby hold their head in a stable position?**

**Is your baby looking for a new type of feeding?**

**Can your baby bring their hands to their mouth and are they putting things into their mouth?**

**Are they making 'munching' movements with their mouth when putting things in to their mouth?**

Please remember that all babies are different, some start solid food earlier, some later. Some babies take to it more quickly than others. Go at your baby's pace and try not to rush or 'force' him to feed. If you have any doubts, talk to your health visitor.

## **Vitamin and iron supplements**

Many premature babies do not have enough stores of vitamins and iron as these are built up during the last few weeks of pregnancy. These babies need supplements to help promote growth and prevent anaemia.

We recommend the following:

- Vitamin supplements should continue until one year of age.

We routinely prescribe Dalivit (a multivitamin) 0.3ml once daily if Formula fed or 0.6mls once a day if Breast fed.

- Iron supplements should continue until one year of age.

We routinely prescribe Sytron (an iron supplement) 1ml once daily.

We will dispense a supply to be taken home. Further supplies may be obtained by prescription from your GP.

Vitamin supplements are recommended for all children up to the age of five years. These can be bought over the counter after the age of one year.

If your baby started supplements while he was on the TMBU, he would have been receiving them once a day. If your baby has a problem coping with the amount of supplement, you may wish to give half the dose twice a day (breakfast and tea time), but this should not generally be necessary. You should not give more than the amount prescribed and do keep them out of the reach of other children.

Give the supplements before the feed either by letting your baby suck them from a teat or a syringe. We recommend that you do not put them into the milk, if bottle feeding, as your baby may not finish his feed. If your baby vomits, do not re-administer the medication. Not having the vitamin or iron for one day will not harm them and you cannot be sure that they did not receive any of the dose if they vomit.

## Hygiene and skin care

### Washing (topping and tailing)

Wash your baby's face, neck, hands and bottom carefully every day. Choose a time when he is awake and contented and make sure the room is warm and you have everything you need before you start.

### Bathing

Bath your baby when he is awake and not crying for a feed or straight after a feed. You might want to take the phone off the hook! Get everything ready before you start and make sure the room is warm enough. Place the bath or washing up bowl on a firm surface and test that the water is comfortably warm by checking with your wrist or elbow.

Never leave your baby alone in the bath; not even for a second.

Babies do not need bathing every day, two or three times a week is enough and remember to keep bathing speedy until your baby is a bit bigger as he will get cold very quickly.

If your baby seems frightened of bathing and cries, you could try bathing your baby in your bath with you but make sure the water is not too hot. It's easier if someone else holds your baby while you get in and out.

## Rashes

If your baby has a rash, changing to a mild detergent or a soap powder may help. If he develops a nappy rash, try him without a nappy for short periods of time and keep his skin clean and dry. There are several barrier creams available, which may help. If you use disposable nappies, the manufacturers recommend that you do not have thick layer of cream on the bottom as this may interfere with the absorbency of the nappy and your baby may develop a sore bottom from contact with the urine. If the rash persists, seek advice from your health visitor or doctor.

## Massage

Bath time is a good time to give your baby a massage. This is beneficial in many ways for both you and your baby. Apart from giving you the opportunity to touch him in a lovely way, it can help you both relax and give you both much pleasure. Lay your baby on a towel on the floor as both he and your hands will be slippery.

If you wish to use oil massage, we recommend that you use unperfumed oil such as sunflower or coconut oil. Aromatherapy oil should not be used on babies as this can be readily absorbed through the skin and may be harmful.

### How can I reduce the risk of cot death?

Sadly, we don't know why some babies die suddenly and for no apparent reason from what is called 'cot death' or 'Sudden Infant Death Syndrome' (SIDS). But we do know that placing a baby to sleep on his back reduces the risk and that exposing a baby to cigarette smoke or overheating a baby increases the risk.

### Safety tips

- Always put your baby to sleep on his back.
- Cut out smoking in pregnancy – fathers too!
- If you or family members do smoke, don't let anyone smoke in the same room as your baby. Avoid public places with a smoky atmosphere. Consider changing your top when you have had a cigarette and washing your hands before you cuddle your baby.
- Avoid plastic sheets, cot bumpers, ribbons and bits of string from mobiles. Your baby can get tangled in them.
- Make sure there is no gap between the cot mattress and the sides of the cot – especially important if you have replaced the original mattress.
- Don't give a baby under a year a pillow as this could suffocate him.
- Don't use duvets or quilts for babies under a year – they get too hot.
- Do not allow your baby to see in your bed. Babies die as a result of suffocation or overheating as the adult duvet is too hot for them. You may also roll over onto your baby.
- Don't leave your baby asleep propped up on a cushion on a sofa or armchair.
- Don't leave your baby unattended on a changing table or bed.
- Don't let your baby get too hot and don't overheat the room.
- Never use a hot water bottles or electric blankets. Babies have a delicate skin which can scald or burn easily.

- Remove hats and extra clothing as soon as you come indoors, or enter a warm car, even if it means waking your baby.
- Keep your baby's head uncovered in bed or indoors because he needs to lose heat from his head and face.
- Family pets, especially cats, love to be near babies. They may carry infections, however, which may be harmful to small babies. Try not to let them get too close – a cat net may be helpful.

If your baby is unwell, seek advice promptly.

## If your baby is unwell

### Snuffles or colds:

Young babies can become quite poorly with colds. Their noses may block, making it difficult for them to breathe and suck a feed. If this happens, gently clear nostrils with a cotton wool ball or soft tissue if necessary. If your baby becomes unusually sleepy or very hot or cold, starts to wheeze or refuses feeds then seek medical advice immediately.

### Vomiting:

Sometimes after a feed, babies bring back some milk with wind. This is normal and is no cause for concern. If your baby vomits a large amount or starts a pattern of frequent vomiting, seek medical advice.

### Diarrhoea:

If your baby has loose motions and other symptoms develop, e.g. fever, sleepiness, vomiting, refusal of feeds, seek advice from your doctor immediately.

## When to seek medical advice

### You should seek medical advice if your baby:

- Has a fit or convulsion – stiff body, jerky limbs, eyes may roll
- Becomes unconscious or is hard to wake
- Turns blue or is very pale
- Breathes rapidly or has signs of increased work of breathing
- Vomits repeatedly
- Is very hot or very cold
- Has severe, persistent diarrhoea.

### Immunisations

We advise all parents of babies who have been on the unit to have their baby immunised. Babies are usually immunised when they are two months actual age and monthly thereafter for three doses in total. When they are older they will have further immunisations. There is no reason why your baby should not be immunised, but talk to your doctor, practice nurse or health visitor if you have any doubts or questions about immunisation.

### Development

#### What is my baby's real age?

Because your baby was born early, he can be considered to have two ages: real age – the actual time from birth; corrected age – the age from expected date of delivery.

#### For example:

Your baby was	due on	8th May 2015
	born	8th March 2015
on 8th September 2015, actual age		6 months
	corrected age	4 months.

The corrected age is used when plotting weight on a growth chart and when checking on developmental milestones for at least the first year of life.

Some parents ask if their baby will catch up. Providing there have been no major complications, there will be no noticeable difference in developmental milestones by the time he is about two years old. Often catch up with development is achieved by one year corrected.

### **Will there be long term problems?**

The outcome of premature or small babies has improved considerably over the past ten years. The outcome is very good for the majority of babies with no difference when compared with full term babies.

We know that the condition of the baby at birth and the problems in the first few weeks are just as important as the number of weeks born early when considering future development.

Babies at particular risk are those born before 30 weeks and weighing under 3lb. Babies who needed long term help with breathing, have had a severe infection, bowel disease or a bleed in to the brain are also at risk. Sometimes babies born pre-term can be late in walking or talking. Poor co-ordination and concentration and restless behaviour are also found in some children in the early years.

For some, these difficulties disappear with time, for others they may persist. It is important to remember that development in these early years is not an accurate predictor of intelligence or later school performance.



Your health visitor and GP will monitor your baby's development closely. You will have follow-up appointments at the Baby Unit clinic if necessary.

If your baby does have problems with developmental milestones these will be identified as early as possible and you and your baby will be given the appropriate support, usually at a local Children's Developmental Centre. Parents of children with special needs can feel they are alone with their problems. Your health visitor and doctor will be able to put you in touch with other parents in a similar situation.

## Follow-up clinics

Your baby may be given an outpatient appointment to check his progress and provide an opportunity for you to discuss any worries you may have.

Outpatient's appointments are usually 6-8 weeks after discharge home. They are held on Level 5 at the Royal Alexandra Children's Hospital.

It is important for you to keep this appointment, both for your baby's sake and to reassure you that all is well.

For babies born before 29 weeks and those that have had cooling treatment following a difficult delivery there will be an additional developmental check at two years of age. The two year check should be undertaken at your local hospital.

## Care for mum and dad

It is not unusual to have mixed feelings about taking your baby home. It is natural to feel anxious at this time.

You will find that it takes time to settle in to a new routine and it will be tiring. Some babies seem more restless and sleep less than they did on the Unit. It is important to enlist help from partners or family or friends during this phase.

- Mums should try to rest between feeds, eat a well-balanced diet and drink plenty.
- Try to enlist help with the housework.
- Take time out for yourselves; take advantage of help from friends or relatives to babysit – even for an hour or so.
- Try to involve brothers and sisters as they may want to help and may be feeling left out.

Finally – we hope you enjoy being home at last with your baby. We wish you happy days and peaceful nights!

Please pop up and see us on the unit after your outpatient clinic as we love to keep in touch!



This is a generic leaflet, for any special requirements that may not covered in the context of this leaflet for example, an allergy/disability or a cultural requirement. Please raise this with the Nurse looking after your baby or the unit matron for further discussion.

**If you require this document in a language other than English please inform your interpreter or a member of staff.**

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