

# An introduction to the Trevor Mann Baby Unit

and how you can help to look after  
your baby safely.



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## Welcome to TMBU

Welcome to the Department of Neonatology. We know this is a worrying time for you but we will do everything we can to help you and to care for your baby. We will try to give you as much information as possible about your baby's progress with regular updates but please feel free to ask questions.

## What is the Trevor Mann Baby Unit?

The Trevor Mann Baby Unit (TMBU or the unit) is a specialist department for the care of premature and sick newborn babies. The unit has all the necessary facilities and staffing to deliver high quality and up-to-date intensive care to newborn babies and supportive care to babies and parents during the stages of recovery.

Your baby is here because he or she needs extra medical, surgical and nursing care. Some babies, especially those who were born prematurely, may need help with their breathing at first or may need to learn how to feed.

We are continually involved in local and national research projects. As a result of many parents consenting to their babies' taking part in such research we have been able to constantly improve our care.

## Infection Control and how you can help

Please hang up coats on the hooks provided outside the nurseries. As you know, hand washing is a very important way to reduce the spread of infections in small vulnerable babies. We ask all visitors to wash their hands when entering and leaving the nursery. We also ask you to remove all jewellery including watches, bracelets, bangles and rings (except your wedding ring) and to keep your valuables with you. To further avoid the risk of infection, can you roll up your sleeves to the elbows before washing your hands and we advise you to avoid long, painted or false nails as this also risks infection. You will find alcohol gel at the side of each cot and we ask you to apply this after hand washing and every time you go to your baby.

## How long will my baby be on the unit?

Premature babies usually go home at, or slightly before, the date they were due to be born. This means that if your baby is born six weeks early, it could be six weeks until he or she goes home. By the time they go home, babies will be feeding well, gaining weight and sleeping in a cot.

Babies who are transferred to TMBU before or after birth will be transferred back to your booking hospital or to the closest hospital to your home when well enough to do so. If you would like to visit your local baby unit before transfer we can help you arrange this.

The TMBU may be very busy at times and we need to make sure there are always spaces for admission of sick babies. In the event of a 'cot crisis', which means the unit is getting very full we will need to transfer your baby to the special care baby unit at Princess Royal Hospital (part of Brighton and Sussex University Hospitals Trust) or to another baby unit as close to your home as possible.

Although we don't need your permission for such a transfer we will keep you informed and give you as much warning as possible. In this situation transfer to another hospital will never be considered if it is in any way unsafe for your baby.

We will transfer your baby back to your nearest appropriate hospital if you were booked elsewhere or if your baby was transferred here for treatment. If you would like to visit your local neonatal unit before your baby goes there, we can help you arrange this.

## Who will look after my baby?

Although we can provide medical and nursing care for your baby, only you can give the special love and attention he or she needs. Your baby will be cared for by a team of nurses and doctors specially trained to look after premature and sick newborn babies.

We will discuss all aspects of your baby's care with you and will keep you fully informed of his or her progress.

You will find a 'who's who' board on the unit that tells you who we all are. You will see the nurses and doctors working in different areas of the unit at different times.

## Who are the TMBU team?

The consultants are the specialist doctors who manage the overall treatment of individual babies. They are supported by a team of doctors, at least one of whom is always on the unit.

Our nurses are specially trained to look after premature and sick newborn babies; they will be responsible for your baby's day-to-day care. Student nurses are always supported by a more experienced nurse.

There is a senior nurse on the unit who will be happy to discuss any issues that may arise during your baby's stay.

The TMBU team also includes ward clerks, secretaries, health care assistants, care centre assistants and a medical technician.

The health, development and care needs of babies can be complex. Other members of the multi-disciplinary team may be involved in your baby's care, including physiotherapists, speech therapists, dieticians, radiologists, neonatal surgeons, health visitors, social workers, specialist nurses and a counsellor.

In the interests of your baby's health and welfare the nurses and doctors on this unit routinely meet and correspond with other health and social care professionals to discuss your baby's condition and progress and future care and/or treatments.

### **Ward Rounds**

Every morning, doctors and nurses carry out a ward round. We assess and plan together the medical and nursing care of your baby for that day. You are welcome to remain in the nursery alongside your baby. Only parents are allowed into the nursery during the ward rounds. This is to respect the need for confidentiality and privacy of each family during the round.

You will appreciate that, as many parents may be present in the nursery whilst the ward round is in progress, it is possible that some parents may overhear discussion about another baby. We therefore urge you, and all parents, to appreciate and respect the need for confidentiality and privacy of each family at all times. Issues of a particularly sensitive nature will be discussed outside of the nursery in a private area.

The ward round is a valuable opportunity for teaching junior medical and nursing staff and students. Therefore alternative

diagnosis and aspects of care or treatment may be discussed around your baby which do not specifically relate to your baby. Staff will tell you when the discussion is for educational purposes only.

Staff may not have sufficient time to discuss your baby in detail with you during the ward round, as there are a lot of babies to see. If you would like a lengthier update about any aspect of your baby's management and progress then do make an arrangement to meet a member of the medical team at another mutually convenient time during office hours. The nurse helping you care for your baby will be happy to arrange such a meeting with you. This meeting will normally be held in a room away from the nursery.

## What is the Neonatal Transport team?

Sometimes babies are born in hospitals that do not have facilities to provide appropriate care. In these cases it may be necessary to transport them from one hospital to another. To enable babies to be transported as safely as possible, a dedicated neonatal transport service has been developed. This team consists of a doctor/nurse practitioner and a nurse experienced in neonatal transport. The team can safely move babies who require higher levels of care when they need it. We have our own neonatal transport ambulance, which enables us to move babies more efficiently and safely within Sussex and other areas.

## What is the Neonatal Community Outreach Team?

This is a small team of Nurses that liaise with TMBU when your baby is nearly ready to be discharged home but may need some extra support. They provide support with home visits and telephone calls. The team's role involves feeding advice and Nasogastric Tube feeding, monitoring of weight gain and growth and supporting babies discharged home on low flow oxygen.

## What are the unit facilities?

The unit has three nurseries: An Intensive Care nursery, a High Dependency nursery and a Special Care nursery. Your baby will be placed in a nursery depending on the support and care they need and they will move between nurseries as they progress.

## What does the equipment do?

We may need to use specialised equipment to help us look after your baby. If we do need any of this, we will explain its purpose in detail to you, but here is a brief explanation of some of the terms you may hear:

An **incubator** is a clear, perspex-covered cot that allows us to see the baby easily and provides extra warmth.

An **open incubator with an overhead heater** also provides extra warmth, but makes it easier for you to touch the baby.

A **ventilator** helps the baby to breathe through a tube that goes through the baby's mouth or nose and down into the windpipe.

**Monitoring equipment** allows us to check on the baby's condition without disturbing him or her.

A **continuous positive airway pressure (CPAP)** machine helps the baby to breathe by providing a continuous flow of air or oxygen through soft prongs into the baby's nose.

**Nasal cannulae** provide very low flow oxygen to the baby through small nasal prongs.

An **Optiflow** machine provides a high flow of warm moist air or oxygen through small nasal prongs into the baby's nose.

The picture below will help you recognise the various pieces of equipment in the unit.

**Monitor – for heart rate, breathing, blood pressure, oxygen levels, temperature**

**Infusion pumps – to give the baby fluids and drugs into a vein**



**Ventilator – to help baby with breathing**

**Incubator – keeps the baby warm**

## When can I visit?

### How often can I visit?

You can visit your baby whenever you wish. However, at certain times you may be asked to wait outside the nursery. We may ask some or all visitors to leave when we have to perform any emergency procedures, or if the number of visitors makes it difficult for the staff to attend to your baby's needs. The unit is very warm, so wear light clothing or layers.

Visiting times for relatives and friends is restricted to 1pm - 3pm and 5pm – 7.30pm.

### Who can come with you?

Visiting is restricted to **three** people at a time and only parents are allowed into the nursery during the ward rounds. This is to respect the need for confidentiality and the privacy of each family during the round.

Anyone who is unwell should not visit as the babies are vulnerable to infection. Visitors must be accompanied by either parent and **information regarding your baby will not be given to relatives over the telephone.**

Your baby's brothers and sisters are welcome to visit, but please don't bring other children under the age of 16 years they will not be allowed on to the unit.

### What is Quiet time?

In order for your baby to rest and grow there is a quiet time each day on the unit. During this time your baby is allowed to rest without any invasive procedures or investigations being carried out. However, emergency care or procedures will continue to be carried out during this time.

Quiet time is daily from 3pm – 5pm.

Mums and partner/support person are able to visit but *no other visitors are allowed on the unit at this time.*

### What do I do when I first arrive?

Please ring the bell on the video entry phone outside the unit and wait for staff to answer; this may take a while if they are busy. Give the person who answers, your name and your baby's name and a member of staff will let you in.

### Infection control

Please hang up coats on the hooks provided outside the nurseries. As you know, hand washing is a very important way to reduce the spread of infections in small vulnerable babies. We ask all visitors to wash their hands when entering and leaving the nursery. We also ask you to remove all jewellery including watches, bracelets, bangles and rings (except your wedding ring) and to keep your valuables with you. To further avoid the risk of infection, can you roll up your sleeves to the elbows before washing your hands and we advise you to avoid long, painted or false nails as this also risks infection. You will find alcohol gel at the side of each cot and we ask you to apply this after hand washing and every time you go to your baby.

### Confidentiality

To ensure confidentiality, you must accompany any other visitor, they cannot come without you, nor will we give them any information about your baby. We would ask you not to look at, approach, or ask questions about other babies on the unit to respect their privacy.

As with ward rounds we urge you to appreciate and respect the need for confidentiality and privacy of each family during your stay on the unit.

## Are there refreshments available for parents?

There is a kitchen in the parent's sitting area for you to use, equipped with a microwave, kettle and toaster. You will find limited supplies of tea, coffee, cold drinks, and bread and butter. We ask you not to take hot drinks or food on to the unit to ensure a clean and hygienic environment and to prevent accidents. Please ask a nurse if you cannot find the kitchen.

There is a WRVS snack bar in the A&E Department, Level 5 of the Tower Block or there is Pebbles Restaurant, Costa Coffee and Subway. These are next to the Children's Hospital. Please ask unit staff about opening times and directions.

## No Smoking Policy

The Trust operates a No Smoking Policy following the introduction of new governmental laws. This applies to all patients, visitors and staff. Please respect this policy.

## What should I bring with me?

### Nappies

We are only able to provide nappies, cotton wool and cotton buds for the first few days of your baby's stay.

### Toys

Toys are not allowed to be placed inside the incubator, due to infection risks, but one may be placed with your baby once they are in a cot.

### A camera

Please feel free to take photographs, or to video your baby, as much as you want to. You may use your smart phone to take pictures and film. However please do not film or take photos of other babies in the nursery and ensure there is no audio recorded

as confidential information may be heard It is very important you capture the early days of your baby's life, and babies are not disturbed by the flash.

### A notebook or diary

You may find it helpful to write about events, milestones and feelings.

### Clothes

We have a large selection of baby clothes, so you do not have to provide these. If you wish to bring your own clothes, please make sure that you label them clearly with your baby's name. We will provide a laundry bag at the end of the incubator/cot for your baby's dirty clothes so you can take them home to wash.

## Why has my baby been born early?

Not all pregnancies go smoothly. Every year some babies are born prematurely or preterm – that is before 37 completed weeks of pregnancy. Preterm is only used to describe those babies born more than three weeks early. 40 weeks is the ideal time for a baby to spend developing in the womb.

We do not always know why a baby is born preterm, although we do know that the chance of an early birth is higher in some situations, for example, where a woman is carrying a twin or triplet pregnancy.

The outcome for a preterm baby depends largely on how early he or she is born. The overall outcomes for premature babies are good. However, there are risks to being born too early.

## How will I feel?

You may feel worried because your baby might not look like you expected: premature babies are usually very small and may be wrinkled. You might find it encouraging looking at the photos of other babies who have been on the unit, as you can see how quickly they progress.

Even babies born more than 12 weeks early have eyelashes and fingernails. They can cry, open their eyes and respond to sound and touch, and they soon 'fill-out' as feeding becomes established.

If your baby is seriously ill, you might be worried he or she may not pull through. You may also find it hard to bond with your baby until you know he or she is out of danger. You may feel upset, frightened, angry, cheated, confused and out of control. There are no right or wrong feelings.

### A mother's story

"I was 24 weeks pregnant, expecting twins, when I was told I was in labour. The shock was overwhelming and I feared that I would lose them both.

I was transferred to Brighton because they had the special care needed for such small babies. Tara Jayne weighted a mere 17oz and Katie Ann, 2lbs 2oz.

Katie Ann was expected to pull through, but she didn't and the grief was unbearable. I felt like I was in a time warp; everyday life was suspended until we all came to terms with her death.

Having lost one, we were forever fearful that Tara Jayne would not pull through. She was incredibly tiny, with wires and monitors plugged into her tiny frame and we hoped that she felt no pain.

She was 146 days old when we took her home and she weighed a healthy 5lbs. The six months of living in a vacuum have taken their toll on all of us; our two other children are very protective of Tara Jayne.

I'm hopeful that my experiences will help other people in similar circumstances to cope during such an emotional time."

**Sarah Hyde**

## **Another mother's story**

"Our son Lewis was born at 33 weeks and was transferred to the Intensive Care Unit at TMBU. My husband and I arrived in floods of tears and were shell shocked when we first entered, but soon the monitors, wires and alarms became normality.

We were advised to expect good days and bad but we weren't expecting such a roller coaster journey. Lewis was constantly monitored and was making great progress. But, after a week, he deteriorated and was moved back into ICU.

Lewis needed immediate attention and was resuscitated by the TMBU staff that provided outstanding medical care and dedication to keep him alive.

Over the next few weeks he grew stronger and well enough to come home. We found talking to each other, the other parents and staff hugely beneficial to keeping us strong for Lewis.

During our time on the unit, we cried and prayed more than we ever had before – sometimes we cried more on the good days, because every small step of recovery reminded us of the miracle of our little boy. The doctors and nurses who looked after Lewis (and us), were truly inspirational and we will be eternally indebted and grateful to them.”

**Nicola Austin**

It may help to talk to your nurse, or to the counsellor attached to the unit, about these feelings. You can contact the counsellor Julie Carroll on 07827991881 or you can ask your baby’s nurse to arrange for the counsellor to contact you. You can speak to the counsellor even after your baby’s discharge.

## What if I have spiritual and social needs?

### **Spiritual needs and support**

The hospital has a team of chaplains who are available at any time to provide spiritual support to anyone, irrespective of their denomination or faith. You can reach them on **01273 696955 Ext. 4122**.

If you would like the support of your own minister or religious representative, please do not hesitate to ask the duty chaplain, who can put you in touch with most religious groups.

### **Baptism and/or blessing**

You may wish to have your baby baptised and blessed or have another religious ceremony. If you would like help with arranging this, please speak to the nurse looking after your baby.

Support and counselling service for Parents and Families.

A counselling service is available for families on TMBU. If you would like to see the counsellor please ask your nurse for further information and to make a referral.

## Social Needs

If you have a problem that you would like to discuss with a social worker, please ask the nurse looking after your baby to arrange this.

## How can I help look after my baby?

We will always encourage you to become as involved as you want to be in your baby's care. We plan your baby's care with you so that you can be involved as much as possible. We want to protect and enhance your baby's development by giving them care that fits their particular needs. This involves ensuring the reduction of noise levels, avoiding extreme changes in lighting, finding comfortable positioning, feeding and encouraging touch, massage and family support. We have compiled a developmental care folder that you to read.

## How can I get to know my baby?

It is important that you and your baby get to know each other. You may feel frightened to touch your baby at first, but we will support you in learning how to do this until you feel confident. 'Positive touch' is a gentle way of helping you connect and communicate with your baby.

The type of touch must be adapted to your baby's response, their medical condition and their degree of prematurity. The art of positive touch is being able to tune into your baby's needs and to recognise their signals given in the form of reactions and cues.

Often the natural instinct is to lightly stroke your baby with your fingertips. However this is often not tolerated by fragile infants. Therefore, still or containment holds are a way of providing stability for your baby and will help you to gain confidence,

especially in the early days when your baby may be medically unstable.

Even small babies can benefit from close contact and the nurse may suggest you hold your baby in the 'kangaroo-type' position by tucking your baby inside your top away from too much light and noise stimulation. This helps very young babies to relax and can also assist in breastfeeding. Kangaroo care also helps to form a bond between parent and baby. The nurses will support you whilst you are holding your baby.

More detailed information regarding developmental care is available on the neonatal unit in a separate folder and on a notice board. Please ask the nurses who will be able to show you these and give any necessary advice or further explanation.

## How will my baby be fed?

### Breastfeeding

Mother's breast milk is the best food a baby can have – it contains important ingredients that encourage growth and help fight infection. The mother of a premature baby produces appropriate milk for her baby. Even if your baby needs to be fed by a drip or by tube at first, he or she should still be able to breastfeed eventually.

You may find it difficult to express milk at first, especially if you are worried about your baby, but it's important to do this as soon as you can. Your milk can be stored in the unit's freezer until your baby needs it.

### Breast pumps

We provide breast pumps for use whilst you are visiting your baby on the unit. Each mother will be given their own pumping set, which you may keep after your baby has been discharged.

Breast pumps may be hired from outside companies for home use or you may choose to purchase your own – please speak to the nurse looking after your baby for details.

### **Bottle-feeding**

If you are unable to breast feed or you choose to bottle feed, baby milks are available on the unit. If your baby is preterm and/or weighs less than 1.8kg (4lbs) we may use special milk.

### **Sucking**

Your baby may not be able to suck very well at first, so breast or bottle feeding may be difficult, but as he or she becomes stronger and with practice, this will become easier for both of you. The unit also has a speech and language therapist to support your baby with feeding.

### **Tube feeding**

Until your baby is able to feed orally he or she can be fed through a small tube, which passes through the mouth or nose and down into the stomach.

### **Intravenous feeding**

It may be necessary for your baby to be fed via a drip. When this happens, we can give them the nourishment they need through a drip into a vein.

### **Satellite Breast Milk Bank**

Donor Expressed Breast Milk (DEBM) is bought from from Hospital Milk Banks across the country. The purpose of providing a regular supply of donor breast milk is to promote infant health.

The objectives of the DEBM Bank Service are:

- To supplement and or complement maternal breast milk in the new-born period.

- To make available DEBM for preterm and sick babies on the Trevor Mann Baby Unit (TMBU) and the Special Care Baby Unit (SCBU) Princess Royal Hospital, when maternal breast milk is not available, so that feeding may be established at the best time in the baby's management.
- To make DEBM available for the introduction of feeding post-neonatal surgery when maternal breast milk is not available.
- To make available DEBM to babies whose mother wishes to breastfeed where there is a short-term interruption in maternal supply e.g. if mother undergoing an operation.

## Sucking practice for your baby?

### What parents can do to help?

#### What is non-nutritive sucking?

Non-nutritive sucking (NNS) is the sucking a baby does by reflex, for example on a finger or dummy. It is called non-nutritive as the baby is not getting any milk.

If, by 32 weeks corrected gestational age, your baby is tube fed, he or she may need some sucking practice. The best time for your baby to practice NNS is during tube feeds.

If your baby has a good non-nutritive suck, he or she will make the move to oral feeding much easier. NNS is also important as it will help your baby associate sucking with a full stomach.

Research has shown that other benefits to NNS include increased weight gain, improved digestion of milk and quicker discharge

from hospital. It will also provide your baby with a pleasant experience to their face and mouth.

It is ideal if you can make NNS as similar to breast or bottle feeding (nutritive sucking) as possible. You can do this by:

- Holding your baby in the position you would usually hold him or her in for feeding (if your baby copes well with being handled).
- Getting your baby to show a sucking reflex before putting a finger or dummy into the mouth. Your speech and language therapist or nurse can show you how to do this.
- Encourage your baby to suck for 5–10 minutes at each tube feed during the day when awake. If your baby is asleep and very young however, there is no need to wake him or her for each feed. You don't need to do this for night-time feeds unless your baby is unsettled. It is good to get your baby used to sleeping through the night if at all possible!

Your baby might need some special exercises to get him or her sucking as well as possible. If this is the case, your speech and language therapist will guide you on the best exercises to do.

## Is parent accommodation available?

As far as possible we try to accommodate parents either on the unit when rooming in or in the nearby Ronald McDonald house in Brighton. This accommodation is free but limited.

On the unit we have two comfortably furnished bedrooms for parents to use mainly when establishing feeding and for a day or few nights prior to discharge home with their baby (rooming

in). These rooms function as a half-way house with support from the neonatal staff readily available. In addition there is a kitchen where there is a kettle, limited crockery, small refrigerator and microwave available, a sitting room, and showers and toilet facilities. There is a toilet visitors to the unit may use.

### **Ronald McDonald House, Brighton**

The Ronald McDonald House in Brighton is in Abbey Road just opposite the new children's hospital. The house has eight en-suite bedrooms, lounge, dining area, kitchen, laundry and a small patio garden. Ronald McDonald House Charities (RMHC) provides ongoing charitable support for the upkeep of this NHS owned property.

## **How can I prepare to take my baby home?**

If your baby was born before you had the chance to prepare your home, you may want to use the waiting time before discharge to do this. If you feel unsure about what to prepare please ask the nurse looking after your baby, who will be happy to advise you.

To help you prepare for going home, we have accommodation within the unit, where you can stay overnight and gain confidence in caring for your baby on your own, with support close at hand if you need it.

We also offer a basic resuscitation skills session, which involves practical training. If you are interested in this, please do put your name down on the posters that advertise the session.

## **Will my baby need developmental follow up care?**

The majority of babies born early will achieve their developmental milestones according to how early your baby was born. For instance, a baby born two months prematurely may start to sit at

eight months of age rather than six months. Although all babies develop at slightly different rates, most premature babies will catch up with other children by the time they are about two years old.

Unfortunately, babies born early are at risk of developmental delay. If we monitor progress carefully, it should be possible to identify problems as soon as possible so that appropriate help can be provided.

## What happens when my baby is discharged home?

Following discharge, your family health visitor will visit you at home. He or she will be able to answer questions about your baby's health and development, as well as carry out developmental assessments at key stages.

Practical advice about giving medicines to your baby, what to do if you forget to give medicines and other general information about different medicines is available in both leaflet form and videos online at [www.medicinesforchildren.org.uk](http://www.medicinesforchildren.org.uk)

When your baby is one year old (according to the expected date of delivery) you will be invited to our special developmental clinics. This will happen again at age two years. If we find any problems during either of these checks we will be able to plan extra care for your baby's needs.

## Your health visitor and GP

You need to register your baby with your GP. We notify both the health visitor and your GP when your baby goes home, so that they are up-to-date with your baby's progress in case you need advice.

Your health visitor may call on you at home to see how you are and to hear how your baby is progressing in hospital or, if you prefer, visit both you and your baby on the unit. Your health visitor will give you details of your local baby clinic.

## What is the Early Birth Association (EBA)?

The Early Birth Association is a support group for the parents of premature and sick babies. It is run by a number of parents who have previously had a baby on the unit.

The EBA hold various fundraising activities during the year and receive donations from friends and families of babies that have been on the unit. The money raised is used to buy equipment for the unit, from clothes, sheets, blankets up to incubators and monitors.

There are also a number of social events. AGM, Christmas party and picnic at a park/farm. These are some of the opportunities available for parents to meet one another and for the children to enjoy themselves. A quarterly newsletter keeps members informed of fundraising and social events. If you would like to be kept informed please leave your name, address and telephone number with reception who will pass it onto the EBA.

## What is the Parent Forum?

The neonatal service has a Parent Forum which meets quarterly. It provides an opportunity for parents who have experienced one or both our units to help us develop the service and the way in which it operates. The group helps coordinate the parent feedback programme, contributes to the development of parent information available on our units and advises us on new policies and procedures that we introduce.

We welcome any parents who would like to become members of the forum.

For further information, please contact Clare Morfoot on the Trevor Mann Baby Unit, Sue Robinson on the Special Care Baby Unit at Princess Royal Hospital or Ryan Watkins, Consultant Neonatologist.

## How can I get to the unit?

The unit is on Level 14 of the Thomas Kemp Tower Block at the Royal Sussex County Hospital, Eastern Road, Brighton. We have put a map on page 31 of this booklet.

### By bus

Bus services 1, 1A, 7, N7, 23, 37, 37B, 47, 52, 57, 71, 73, 271 and 272. You can get details of bus times from **01273 886200** or [www.buses.co.uk](http://www.buses.co.uk)

### By train

Brighton is served by a number of train companies. For further train information please call National Rail Enquiries on **03457 484950** or [www.nationalrail.co.uk](http://www.nationalrail.co.uk)

The No7, N7 and 37 buses run from outside the station to the hospital.

### By car

Parking around the unit is very difficult, so it may be easier to come by public transport or to be dropped off by a relative or friend. There is a multi-storey car park behind the Millennium Block, with a ramp that provides access for disabled people.

There is also some Pay and Display parking at the hospital site with reserved for disabled people. We suggest you allow extra time to find a parking space. There is a car parking scheme available, for parents only, to help reduce parking costs. Please see the ward clerk at reception for further information.

### **By taxi**

There is a taxi rank opposite the main entrance of the hospital.

## **Can I reclaim travel costs?**

Since May 2010 parents visiting neonatal units are not eligible to claim their travel costs. If you are experiencing financial difficulties you should contact your local Jobcentre Plus office and/or apply for a social fund loan.

Information about Jobcentre Plus offices and social fund loans can be found at [www.jobcentreplus.gov.uk](http://www.jobcentreplus.gov.uk)

## **What other sources of information and support are available?**

### **The National Childbirth Trust (HQ)**

30 Euston Square, London, NW1 2FB

**Helpline: 03003300700**

[www.nct.org.uk](http://www.nct.org.uk)

### **TAMBA (Twins and Multiple Birth Association)**

Manor House, Church Hill, Aldershot, GU12 4JU

**Telephone: 01252 332344**

[www.tamba.org.uk](http://www.tamba.org.uk)

### **BLISS (Baby Life Support Systems)**

2nd Floor, Chapter House, 18-20 Crucifix Lane, London, SE1 3JW

Telephone: **0207 3781122**

Family Support Helpline Freephone **0808 8010322**

[www.bliss.org.uk](http://www.bliss.org.uk)

### **Group B Strep Support**

Delta House, 45 Bridge Road, Haywards Heath, RH16 1UA

Telephone: **01444 416176** (manned 9am – 3pm)

[www.gbss.org.uk](http://www.gbss.org.uk)

### **The Early Birth Association**

[www.earlybirth.co.uk](http://www.earlybirth.co.uk) and email [info@earlybirth.co.uk](mailto:info@earlybirth.co.uk)

### **Contact a Family**

209–211 City Road, London, EC1V 1JN

Telephone: **0207 6088700**

Helpline: **0808 8083555** (10am – 4pm, Monday – Friday)

[www.contact.org.uk](http://www.contact.org.uk)

### **Amaze (Brighton support group)**

Community Base

113 Queens Road, Brighton, BN1 3XG

Telephone: **01273 772289**

[www.amazebrighton.org.uk](http://www.amazebrighton.org.uk)

## Where can I register my baby's birth?

You need to register your baby's birth within 42 days. If you are married, either parent can do this. If you are not married and want the baby to be registered in the father's name, both parents must attend. Your baby should be registered at the Register Office in the town where your baby was born. If your baby was born in Brighton and Hove then you can also register the birth at Lewes Register Office. If your baby was born in West Sussex you can also register the birth at Crowborough or Lewes register Office:

### **Brighton and Hove Register Office**

#### **Brighton Town Hall**

Bartholomew's Square, Brighton BN1 1JA

Between 4.30 to 5pm Monday – Friday and Wednesdays 10 – 5pm  
or **Telephone: 01273 292016** to make an appointment.

### **Crowborough Register Office**

Goldsmiths Avenue, Hookstead, Crowborough, TN6 1RH.

Between 9 -12.30 and 1.30 – 5pm Mon to Fri

**Telephone 01892 653803.**

### **Eastbourne Register Office**

#### **Town Hall**

Grove Road, Eastbourne, East Sussex, BN21 4UG

9 – 5pm Monday to Friday

**Telephone: 0345 6080198**

## **Hastings Register Office**

### **The Register Office**

Hastings Town Hall, Queens Road, Hastings, TN34 1QR

Monday to Friday 9 – 5pm

Telephone: **0345 6080198**

## **Haywards Heath Register Office**

### **County Offices**

Oaklands, Oaklands Road, Haywards Heath, West Sussex

Monday to Friday 9 – 5pm

Telephone: **01243 642122**

## **Lewes Register Office**

### **Southover Grange**

Southover Road, Lewes, BN7 1TP

Monday to Friday 9 – 5pm

Telephone: **0345 6060198**

## **Worthing Register Office**

**Portland House**, Richmond Road, Worthing, BN11 1HS

Monday to Friday 9 – 5pm

Telephone: **01243 642122**

## What was your experience of the TMBU?

### Comments, suggestions and complaints

#### Every comment counts

We would be grateful to receive your views on any aspect of our services. The information you give helps us to identify areas where we are doing well and where we need to make improvements. We will send you a questionnaire about the unit when you are discharged home and would be grateful if you can fill this in as we will be keen to read your ideas and suggestions.

#### Patient Advice and Liaison Service (PALS)

PALS are available to discuss any areas of concern you may have while your baby is in the unit. PALS understand the health care system and can speak on your behalf to doctors, nurses and managers about anything that is troubling you.

If you would like to talk to PALS, you can either ask the unit staff, or contact them directly by telephoning **01273 664683/664973**.

Email – [PALS@bsuh.nhs.uk](mailto:PALS@bsuh.nhs.uk)

#### If you have a complaint

Once you and your baby have left the unit and you wish to complain about any aspect of the service we have provided please contact the hospital by writing to:

#### **The Chief Executive,**

Brighton and Sussex University Hospitals NHS Trust,  
Sussex House, Abbey Road, Brighton, BN2 1BS.

Or, if you would prefer to talk to someone about what has happened, you can contact the Complaints Department on **01273 664511**, Monday to Friday 9 – 5pm,

Email – [complaints@bsuh.nhs.uk](mailto:complaints@bsuh.nhs.uk)

If you would like a leaflet explaining the Trust's complaint procedure, please speak to the nurse looking after your baby.

During the current building works, scheduled to be completed in 2024, the hospital the site map is changing frequently. Please ask the staff for directions around the hospital or you can get an up to date site map from the Barry Building, main entrance, reception desk.

## **The Trevor Mann Baby Unit**

Level 14, Thomas Kemp Tower Block

Royal Sussex County Hospital, Eastern Road, Brighton, BN2 5BE

Telephone **01273 523450 (Direct line)**

[www.bsuh.nhs.uk](http://www.bsuh.nhs.uk)

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.

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**Disclaimer**

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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