

# Special Care Nursery Guide



# Contents

Introduction	3-5
Your baby's SCN team	6
Baby's feeds	7
In days to come	8
Guide – Storage of breast milk	11
Medications	12
Going home – the day of discharge	12
Some helpful hints	13
Crying baby	15
Breast feeding problems	17
Summary	18
Child restraints	19
References	19
Useful contact numbers	20

# Introduction

## Welcome to the Wesley Special Care Nursery

When your baby is born prematurely or unwell, his or her special beginning may differ from your expectations. We hope you find the following information helpful during your baby's stay in our nursery.

This unit is designed to provide medical and nursing care that is tailored to your baby's specific needs.





## Visiting in the Special Care Nursery

Having contact with your baby is an important part of their care and recovery. This is why we encourage you to visit as often and as long as you like. We do ask however, that you and your family respect the privacy of other babies and their families in our care by visiting only your baby.

Visitors accompanied by a parent are welcome to visit for short periods. Children (except the baby's siblings) are not permitted in the nursery. Please limit the number of visitors to two at any one time. We ask that siblings always remain under parental supervision.

You will be given an access card from the department allowing you entry to the nursery, special care and to the maternity unit.

Please keep it with you at all times.

When you enter the unit, remove any sharp jewellery and watches. Wash your hands and arms to the elbow with the soap provided, and then dry very well with a paper towel.

Any visitor who is unwell (e.g. colds, cold sores, sore throat etc) should check with the staff prior to entering the unit.

Please adhere to these guidelines to protect the babies in our care.

**Please remember to always wash your hands immediately before you touch your baby.**

## Emotions

Everyone responds differently to the birth of a premature or sick baby. You and your partner may experience a roller coaster ride of feelings during your baby's stay in the nursery.

There are nurse counseling and chaplaincy services available within the hospital. Feel free to utilise these services if you need them. The nursing staff is always available to assist you and your baby so do not hesitate to ask any questions.

If it is bothering you, it's important to us.

### A word of advice about 'advice'

One of the many issues that we face in every day life is "conflicting advice". While we do our very best to avoid this happening, it is human nature that everyone has a different opinion on how to do things and everyone has different experiences and knowledge to pass on to you.

Please keep an open mind about all the information you are given, process it and use the information that "feels right" for you and your baby.

## Your baby's Special Care Nursery team

A Neonatal Nurse is a Registered Nurse and Midwife who provides the overall hands on care of your baby. She will keep you informed of your baby's progress and will provide you with information to help you care for your baby at home.

### What tests are needed?

The Paediatrician will order any blood tests or x-rays that are necessary. Blood sugar levels may need to be checked often to assess whether the baby needs early feeds or an intravenous line [drip].

### Checking baby's vital signs

Once baby's condition has been stabilised they will be observed in the isolette and monitored with very little handling. At first, vital signs will be recorded hourly and then reduced as baby's condition improves.



### Keeping your baby comfortable

Working with the Special Care Nursery staff, parents and families play an important role in keeping your baby calm and comfortable. It is important that your baby is allowed to rest as much as possible to promote growth. Until their condition is stable, cuddling may not be possible. However, you will be encouraged to sit with and talk to your baby.

### Hygiene

Nappies are changed about every 3-6 hours and when baby's condition is stable you will be encouraged to help with this. Babies are not bathed until they are well enough to tolerate the procedure.

## Baby feeds

Baby's condition will determine how and when feeding will start. If they are not ready for milk feeds, an IV line [drip] will be inserted to provide the fluids necessary to meet their needs. Not all babies are mature enough to suck straight away. A feeding tube will be inserted via the nostril into baby's stomach. This tube is taped into position and used to give your breast milk or formula.

### Expressing breast milk for your baby

If your baby is unable to suck, and you intend to breastfeed it is important for you to stimulate your breasts regularly. If possible, start expressing as soon after delivery as you are able. The nursing staff will demonstrate how to hand express and then encourage you to continue expressing every 3 hours during the day, and once overnight.

Regular expressing is vital to establish and maintain a good milk supply. Once your lactation is established, we will introduce an electric breast pump.

You will need to purchase either a disposable breast pump kit from the Maternity Unit or a kit from the pharmacy.

No matter what the volume, we will give all expressed breast milk to your baby.

### Will my baby need any medications?

All babies are given an injection of Vitamin K shortly after delivery to prevent a blood clotting disorder (haemorrhagic disease of the newborn).

The Hepatitis B vaccine (which you need to give signed consent for) may be delayed until baby's condition improves. The Paediatrician will order any other medications your baby may require.



## In days to come ...

### When do you start planning for going home?

It will be difficult to give you an exact time as to when your baby will be ready to go home. It is important to remember that all babies progress at their own pace and they will go home when they are ready.

You may need to consider the possibility that your baby will not be ready to leave hospital when you are discharged. We are very aware how difficult this will be for you and we encourage your participation in helping us work towards you all going home as a family.

Once you have been discharged from hospital, you can park your car in the multi-storey car park for a discounted fee. Remember to make arrangements to have your baby seat/capsule installed **before** your baby's discharge.

#### Visiting your baby

Contact with your baby is important both for you and your baby's progress. You are encouraged to visit as often as you like and as long as you wish. The staff will discuss the best times to visit to maximise feeding and bathing opportunities.



Please remember to bring your access card and your breast pump kit with you each time you visit. Hand washing before touching your baby and after nappy changes is still very important.

We encourage you to look after yourself while you are visiting. You can buy food from the restaurant or cafes around the hospital or you may wish to bring something from home. Feel free to help yourself to hot and cold drinks as well as toast and biscuits from the labour ward tearoom. The nearest restrooms are located in 1E or near the Gown and Glove restaurant.

## Consults

The Paediatrician will visit your baby each day and keep you up to date with their progress.

#### Ongoing tests and procedures

Testing blood glucose levels may continue until baby's levels are stable and within the normal range.

The need for further tests will be explained to you as they arise.

All babies are weighed on or around day 3 and then every second day. Most will lose weight (up to 10%) on this first weigh and this is quite normal.

Premature babies may be more prone to developing jaundice and may need a blood test to check their bilirubin level. If it is high, phototherapy may be used for a few days until the levels have returned to within normal limits.

Anytime from 48 hours onwards all babies have a **Neonatal Screening Test** done. A small amount of blood is taken from their heel for this test. This test may need to be repeated prior to discharge.

Detailed information on the Neonatal Screening Test can be obtained from your Midwife, Neonatal Nurse or Paediatrician.

Your baby will also receive a **Healthy Hearing Screen prior to discharge**.

#### Checking your baby's vital signs

Temperature control is an important part of your baby's care and this will continue to be monitored throughout their stay in the nursery. As their condition improves the amount of monitoring will decrease. An apnoea monitor may be used once the heart, breathing and oxygen level monitoring has been ceased.

## Hygiene

Once a baby's condition has stabilised, they will be bathed and weighed every second day (to conserve energy). You and your partner will be encouraged to take part in bathing after we give you a demonstration. Very soon you will be bathing your baby on your own and will be skilled in the art of nappy changing.

### Baby feeds

Our aim is to discharge your baby fully breast or bottle-fed depending on your choice of feeding method. The length of this process is totally up to your baby. They all establish feeding at their own pace and cannot be rushed. Therefore, suck feeds will be introduced gradually and increased as your baby gives feeding cues.

The amount of milk they receive is increased gradually over a period of 7 days and then will be increased accordingly once they have regained their birth-weight.

### The supply and storage of expressed breast milk

If you are intending to breast feed you will need to continue expressing your milk regularly at home in order to maintain your supply. Aim for 8 expressions in a 24-hour period, with no more than a 5-hour break overnight.

Prior to your discharge, you may want to hire an electric breast pump. This can be done through the Wesley Pharmacy or other outlets. The staff will assist you with this.

At home, fresh expressed breast milk (EBM) can be stored in the refrigerator for 3-5 days or frozen for later use. In the Special Care Nursery, EBM is stored for 48 hours in the refrigerator, or it may be frozen for use at a later time.

Thawed EBM can be kept for 24 hours in the refrigerator, and then must be discarded.

Please label all your EBM with the stickers provided and write the date and time expressed. Place your EBM in the labelled container in the refrigerator in SCN.

Once you are discharged, you will require an esky and cold packs to transport your milk to the hospital each day.

### Recommended storage by method

Condition EBM	Room Temperature 26 °C and below	Refrigerate 4°C and below	Freezer
<b>Fresh</b>	6-8 hours Still preferable to keep in the fridge	3-5 days Store at back of fridge	2 Weeks in freezer Compartment inside fridge 3 months in freezer section of fridge if separate door 6-12 months in deep freezer <18°C
<b>Previously frozen, thawed in fridge (not warmed)</b>	4 hours or less. (ie.next feed)	24 hours	Do not refreeze
<b>Thawed outside fridge in warm water</b>	Completion of feed	4 hours or until next feed	Do not refreeze
<b>Baby has begun feeding</b>	Completion of feed	Discard	Discard

Queensland Maternity and Neonatal Clinical Guideline: Breastfeeding Initiation. (2010).

## Medications

Your Paediatrician will order all necessary medications. You will be instructed on how and when to administer any medications required after discharge.

### What about “rooming in”?

Prior to discharge you will be offered the chance to room in with your baby for one or two nights. This is a great opportunity for you to spend one on one time together as a family and to consolidate feeding.

As well as being a great “getting to know you” time it gives you the chance to care for your baby on your own while having the backup of the staff should any last minute questions arise.

There is a fee charged for rooming in that cannot be claimed through your health fund. This covers the cost of the room and your meals. Your partner is welcome to stay but must supply their own meals or purchase them from the hospital menu.

## Going home – the day of discharge

At last the time has arrived to take your baby home.

Rest assured we are not sending you home unprepared or alone. You will be given information on various support groups in the community such as Child Health and lactation consultants, should you need them.

Prior to discharge, the Paediatrician will examine your baby and a follow up appointment will be discussed.

Baby will need a final weight and you may wish to bathe them before going home.

### Please remember to return your access card to the staff prior to discharge

Don't forget your camera for a “leaving hospital” photo.

Whether your baby is in Special Care Nursery for a short or long time, we hope that the experience has been a positive one for your family and that this information has been helpful during your stay. Please do not hesitate to ask any of the staff for advice and discuss any concerns you may have with us.

## Some helpful hints on environment, clothing and checking the baby's temperature

Although your baby appears almost fully grown, a baby born even a few weeks early comes into the world lacking a large percentage of a full term infant's weight and may show some immature behaviour. For this reason your baby will require slightly more attention during the first few weeks at home.

It is not necessary for you to routinely take your baby's temperature. It is important to ensure that they do not become too hot or too cold.

Most baby care experts recommend dressing a baby in one layer of clothing more than you would wear to be comfortable. Avoid the temptation to overdress your baby. Usually a baby who is dressed too warmly will fuss, turn red and possibly sweat. A cool baby may also fuss but may have cool, pale or marbled looking hands or feet.

The temperature of a baby's hands or feet may not be a reliable indicator of their temperature. Feeling their chest, tummy or between their shoulder blades is far more reliable.



Hats and caps are important items in all weather. During cooler weather, a hat can prevent your baby losing heat through the surface of their head. In warm weather a cap protects baby's delicate skin on the head and face from direct sun exposure. S.I.D.S. guidelines recommend that you don't let your baby sleep with a hat on.

Keep your home environment warm, but not too hot or cold. During winter, avoid placing your baby too close to a heater and always ensure the room is well ventilated. Also avoid using heavy blankets, quilt covers and cot bumpers. Several layers of lighter clothing and blankets are better so that they can be easily removed.

If you suspect your baby is sick then you may need to take their temperature.

The recommended way to check your baby's temperature is under the armpit (axillary). Before taking your baby's temperature, ensure the area under the arm is dry. Insert a digital thermometer under the baby's arm and hold the arm snugly against their body. Wait until the thermometer 'beeps' before you remove it.

A normal temperature under the armpit is 36.5 to 37.2° C.

If a baby's temperature is less than 36.5°C, check the temperature under the other arm and if it is the same, add an extra layer of clothing and a warmed blanket or place the baby skin to skin with you. If the temperature is between 37.2 and 37.5, try removing a layer of clothing and check again in 30 minutes.

#### Some possible reasons to check baby's temperature are if

- + Baby is especially irritable
- + Baby's skin is hot, or there is excessive sweating or a rash
- + Baby's complexion is either very pale or flushed.
- + Baby's breathing is unusually fast, slow or especially noisy
- + Baby has a runny nose, is sneezing or coughing
- + Baby's appetite is poor
- + Baby rubs their ear(s) rolls head or screams sharply
- + Baby is vomiting or has diarrhoea, or the stool has an unusual colour or odour.



## Crying baby?

Crying is a baby's most powerful means of communication. It is a signal to alert the person looking after them that they need attention. Crying is a baby's language, and they cry for many reasons. It is important for parents to understand why babies cry and to be able to identify certain behaviours.

What are some of the common reasons for baby's crying?

- + Being cold or hot
- + Having a wet or dirty nappy
- + Being in an uncomfortable position
- + Being bored
- + Wanting a cuddle
- + Being hungry
- + Having a pain (eg wind)
- + A lack of basic routine for feeding or sleeping
- + Changes in environment may unsettle the baby
- + Over handling / too much stimulation
- + Being tired
- + One of many medical conditions.





### Breast feeding problems

- + Under or over feeding
- + Dwindling milk supply

### Artificial / bottle feeding problems

- + Teat too slow or quick
- + Incorrect preparation of the feed
- + Constipation – difficulty passing hard motions

## What can you do to settle your baby?

- + Check if they are safe and comfortable
- + Don't disturb them if they are settled (even if they are moving quietly)
- + Give extra cuddles
- + Movement and rocking seem to help
- + Sometimes a ride in a car gives just the right amount of vibration and movement to settle a crying baby
- + Reduce excess noise and dim the lights for over stimulated babies
- + Baby massage is helpful in some cases
- + Include walks, relaxation baths, playtime or music in the background
- + Feed when necessary
- + Correct and adjust your feeding techniques, such as winding your baby
- + Seek advice from your nearest Child Health nurse if the above measures are not working
- + See your doctor if you notice a sudden change in your baby's behaviour, or notice other signs of illness (fever, vomiting etc)
- + If your baby is constipated, contact your Child Health clinic or doctor for the most appropriate advice

## Summary

Crying and fussing in infancy is a normal developmental behaviour that nevertheless causes considerable distress to parents. Most babies will decrease the amount of crying with time.

Parents and care-givers need to be reassured that this difficult phase will pass.

Your newborn baby is totally dependent on your loving care and through you, will begin to learn about the world. It's important to remember that all babies will develop and grow at different rates and in the early stages, regular visits to your child health clinic are important. Your child health nurse or paediatrician will be able to help you with any question you may have.

## When to call the doctor

- + Persistent temperature over 37.5°C
- + Looking pale, lethargic/drowsy
- + Disinterested in feeds
- + Weak or high-pitched cry
- + Diarrhoea
- + Persistent vomiting, particularly if bright yellow or green in colour
- + Rashes
- + Rapid breathing, drawing in of the chest wall
- + Abnormal behaviour such as lethargy, irritability, floppy, poor response
- + Less than 4 wet nappies in 24 hours.

## Child restraints

The law requires that an appropriate child restraint must be used for all infants and children up to 7 years of age. It is important that the correct child restraint is chosen and installed. This includes your first journey home from hospital with your baby so please do not leave it too late to get your car restraint / capsule fitted.



Most modern cars have an anchor point behind the rear seat where a child restraint can be attached.

Child restraints should always be fitted in the rear seat of the car.

Child restraints/capsules may be bought and/or hired and professionally fitted and checked at the following places:

1. RACQ will fit your child restraint at one of their vehicle inspection stations. A fee is involved and you must contact RACQ to make an appointment.
2. Kidsafe offer a number of installation services across Brisbane. A small fee is made for fitting and checking your own restraint or capsule. They also offer for hire service. Please contact Kidsafe to make an appointment.
3. Baby Bunting offers a car seat installation service at each of their stores for a small fee.

## References

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Sids and Kids (2012). Safe Sleeping Brochure.

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Department of Transport and Main Roads (2013). Child Restraint Laws.

[www.tmr.qld.gov.au/Safety/Driver-guide?child-restraints/Child-restraint-laws.aspx](http://www.tmr.qld.gov.au/Safety/Driver-guide?child-restraints/Child-restraint-laws.aspx)

Raising Children Network.

<http://raisingchildren.net.au/>

## Useful phone numbers

The Wesley Special Care Nursery	3232 7473
Paediatrician	
The Wesley Emergency Centre	3232 7333
13 Health – Child Health	13 43 25 84
Kidsafe House	3854 1829

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451 Coronation Drive  
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Toowong QLD 4066

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F: 07 3371 6834

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Disclaimer: This information is intended as a guideline only and reflects the consensus of the authors, at the time of publication. The sources used are believed to be reliable and in no way replace consultation with a health professional.

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