BABIES WHO NEED ADDITIONAL CARE

14

Why babies need additional care 147
Contact with your baby 148
Feeding 148
Incubators 148
Newborn babies with jaundice 149
Babies with disabilities 149

About one in eight of all babies will need extra care in hospital, sometimes on the ordinary postnatal ward and sometimes in a specialist neonatal area. Having a baby in neonatal care is naturally worrying for parents and every effort should be made to ensure that you receive the information, communication and support you need. Not all hospitals provide neonatal services, so it may be necessary to transfer your baby to another hospital for specialist care.

WHY BABIES NEED ADDITIONAL CARE

Babies can be admitted to neonatal services for any of the following reasons:

- They are born early. One in 10 of all babies are born prematurely. Babies born earlier than 34 weeks may need extra help with breathing, feeding and keeping warm.
- They are very small and have a low birth weight.
- They have an infection.
- Their mother is diabetic.
- The delivery was very difficult and they need to be kept under close observation for a time.
- They have very marked jaundice (see page 149).
- They are awaiting or recovering from complex surgery.

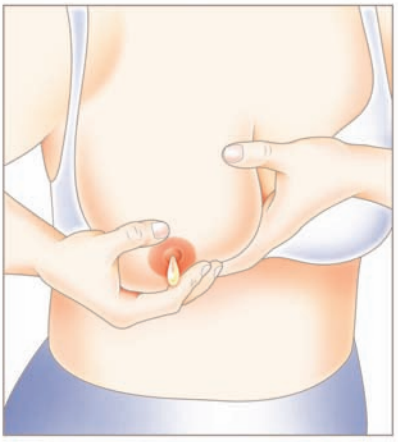
close observation

CONTACT WITH YOUR BABY

Your baby will benefit from physical contact with you, even though the environment of the unit may seem strange and confusing. When you first go into the unit, your baby may be in an incubator and on a breathing machine. There may also be tubes and wires attached to their face and body. Ask the nurse to explain what everything is for and to show you how you can be involved with your baby's care. Once your baby is stable, you will be able to hold them. The nurses will show you how to do this.

FEEDING

To begin with, your baby may be too small or sick to feed themselves. You may be asked to express some of your breastmilk, which can be given to your baby through a tube. A fine tube is passed through their nose or mouth into their stomach. This will not hurt them. Breastmilk has particular benefits, and especially for sick or premature babies, as it is specially enriched with fats and minerals.



If your baby is unable to have your breastmilk to begin with, it can be frozen and given to them when they are ready. When you go home, you can express milk for the nurses to give while you are away. There is no need to worry about the quantity or quality of your milk. Some mothers find that providing breastmilk makes them feel that they are doing something positive for their baby.

See Chapter 9 for information on expressing and storing milk.

INCUBATORS

Babies who are very small are nursed in incubators rather than cots to keep them warm. However, you can still have a lot of contact with your baby. Some incubators have open tops. If not, you can put your hands through the holes in the side of the incubator and touch your baby. When your baby is stable, the nurses will be able to help you take your baby out of the incubator and show you how to have skin to skin contact. You should carefully wash and thoroughly dry your hands before touching your baby. You can talk to your baby as well – this can help both of you.

NEWBORN BABIES WITH JAUNDICE

Jaundice in newborn babies is common because their livers are immature. Severely jaundiced babies may be treated with phototherapy. Babies are undressed and put under a very bright light, usually with a soft mask over their eyes. The special light helps to break down the chemical that causes jaundice. It may be possible for your baby to have phototherapy by your bed so that you don't have to be separated. This treatment may continue for several days, with breaks for feeds, before the jaundice clears up. If the jaundice gets worse, an exchange transfusion of blood may be needed. This is not common. Some babies have jaundice because of liver disease and need a different treatment. Your baby will be given a blood test before phototherapy is started to check for this.

Babies with jaundice after two weeks

Many babies are jaundiced for up to two weeks following birth. This can be as long as three weeks in premature babies. This is common in breastfed babies and usually it is normal and does no harm. It is not a reason to stop breastfeeding. But it's important to see your doctor if your baby is still jaundiced after two weeks. You should see them within a day or two. This is particularly important if your baby's poo (stools) is chalky white. A blood test will show whether your baby has 'breastmilk' jaundice, which will go away by itself, or jaundice that may need urgent treatment.

BABIES WITH DISABILITIES

If your baby is disabled, you will be coping with a lot of different feelings. You will also need to cope with the feelings of others – your partner, relations and friends – as they come to terms with the fact that your baby has a disability. More than anything else at this time, you will need to talk to people about how you feel as well as about your baby's health and future.

Your own GP, a neonatologist or paediatrician at your hospital, or your health visitor can all help you. You can also contact your social services department for information about local organisations that may be able to help. In the useful organisations section (page 182) you will find a list of organisations that can offer help and advice. Many are self-help groups run by parents. Talking to other parents with similar experiences can often be the best help.

Getting information

Hospital staff should explain what kind of treatment your baby is being given and why. If they don't, make sure you ask. It is important that you understand what is happening so that you can work together to make sure that your baby gets the best possible care. Some treatments will need your consent and the doctors will discuss this with you.
It is natural to feel anxious if your baby requires additional care. Talk over any fears or worries with the hospital staff. Hospitals often have their own counselling or support services, and a number of charities run support and advice services.

The consultant neonatologist or paediatrician should arrange to see you, but you can also ask for an appointment at any time if you wish. The hospital social worker may be able to help with practical problems such as travel costs or help with looking after other children.

Help and support

Bliss, the neonatal charity, supplies all neonatal services with a free *Parent Information Guide*, which you should be given on admission.

For more information contact Bliss Family Support Helpline on freephone 0500 618 140 or visit the website www.bliss.org.uk

TinyLife is Northern Ireland's premature and vulnerable baby charity, visit www.tinylife.org.uk