## Neonatal Unit Parent information



# Welcome to the Neonatal Unit

### Your baby has come here for specialist management. We recognise that this is a stressful time for you and your family.

The Neonatal Unit is managed by a medical director and a nurse unit manager. The neonatologist (senior doctor) who is on duty at the time that your baby is admitted is usually directly responsible for your baby's care, along with specialist consultants from other units such as surgery or cardiology for example.

The neonatal team includes nine consultant neonatologists (senior doctors) who manage our ward on a roster system 7 days a week. Consultants change every Monday and Friday. They supervise our team of senior fellows and registrars (doctors) who cover the Neonatal Unit on a 24-hour basis

Together with our specialised nursing staff, social workers, ward clerks and other hospital staff we are here to provide help, support and care during your stay. Please feel free to ask questions about your baby and anything else that may concern you.

As your baby's condition improves and he/she is no longer in need of intensive support, he/she may be transferred to another room within the unit or, depending on their age, to a paediatric ward in another part of the hospital. In time, your baby will be discharged home or transferred back to the referring hospital or a hospital closer to your home for further care prior to going home.

#### Please note Neonatal Unit discharge time is 11.00am

### Routine in the unit

#### **Medical ward rounds**

Medical ward rounds are conducted each day, usually between 8.30 and 10.30 in the morning and 4.30 and 6.00 in the afternoon. You are welcome to stay at your baby's bedside whilst your baby's daily management plan is discussed, but you will be asked to leave the room when the other babies in the room are discussed. This is to ensure that discussions regarding all babies' care are kept strictly confidential. You should feel free to ask questions during the ward round, however where more significant issues require lengthy discussion, it is usually better to do this after the round and with your baby's primary neonatologist

#### **Quiet Time**

We have established a 'Quiet Time' between 12.00pm and 2.00pm every day. The lights are dimmed and noise is kept to a minimum to allow the babies a rest period from the many procedures and activities performed throughout the day. Parents are welcome to sit quietly with their baby, however all other visitors are asked to leave the unit during this time.

#### **Hearing screening**

Staff from the Victorian Infant Hearing Screening Program (VIHSP) will conduct a routine non-invasive hearing screen (Automated Auditory Brainstem Response, AABR) during your baby's admission. An information sheet with the results will be left in your baby's health record.

### **Planning care**

There are three senior nurses who work as care managers on the unit. They work in conjunction with the bedside nurse, doctors and allied health teams to plan daily care and coordinate discharge planning for infants with complex problems.

### Research

Research is carried out on the Neonatal Unit to ensure that quality is maintained and innovative care is provided to newborn infants and their families. You may be invited to participate in some of these studies. Participation in any research study is entirely voluntary, and your child's clinical care will not be affected in any way by your decision to participate or not.

### **Social worker**

We recognise that having a baby on the Neonatal Unit can be very stressful. A social worker is available from Monday to Friday to provide emotional support and counselling for families. If you have specific concerns related to car parking or financial assistance, please ask the nurse at the bedside to contact the social worker on duty. You may also contact them yourself on (03) 9345 6111.

### Feeding your baby

The staff on the Neonatal Unit will support you in your choice of breast or bottle-feeding. If you are planning to breastfeed, we can help establish your milk supply by first assisting with hand expression and then by demonstrating the use of an electric pump. There are breast pumps available for use in the privacy of our two expressing rooms and/or by your baby's bedside.

The Royal Children's Hospital is committed to the support of breastfeeding. Meals are available to you if you are breastfeeding your infant who is under two years of age and is an inpatient of the hospital. Please contact the ward clerk if you require meals.

Lactation consultants are available two days per week to support breastfeeding mothers. Assistance with expressing, supply problems, breastfeeding and suppression are provided. Should you have any questions about feeding, please ask the bedside nurse to assist you.

If you live in the country or cannot bring your expressed breast milk to the hospital, VLine and/or Metlink will transport your breast milk free of charge to Southern Cross railway station where it will be collected and delivered to the hospital by courier service.



## Visiting your baby

You and your other children are welcome to visit at any time. We ask that you maintain responsibility for your children during their visit, particularly at the bedside. Under adult supervision, siblings are welcome to visit the Starlight Room on the 1<sup>st</sup> floor. If you have younger children, the hospital crèche may be able to look after them for short periods during the day while you are in the unit; this can be arranged by staff usually the day before.

Immediately adjacent to the unit is our parent retreat, a quiet place where you can sit in the lounge and watch TV or have something to eat in the kitchen area. Smoking or consumption of alcohol is not allowed within or on the balcony of the parent retreat.

Please note this is a small space for all parents who have a sick infant in the neonatal ward; it is not for your extended family. We request that extended family use the Family Resource Centre located on the 1st floor which has lounge, kitchen, computer access and playground facilities.

#### Visitors are limited to three at a time, and one of these must be a parent. In an effort to minimise infection, visitors' children under the age of 12 are not permitted to visit at the bedside. We ask that your visitors leave the unit at 8.00pm.

There may be times when you are unable to visit but may wish your relatives and friends to be with your baby. Inform the bedside nurse of these specific people and we will list their names on your baby's chart.

#### Please wash your hands or use hand gel on entering the Neonatal Unit and before and after contact with your baby. This is very important to avoid the spread of infection. A hand-washing basin is located inside each room. Hand gel is available at the entrance of each room and by every bedside.

Sick newborn babies are especially prone to infection and we must take precautions to protect them. **If you or your visitors are unwell** or have had recent contact with a person with an infectious disease such as gastroenteritis, cold sores, measles, chicken pox, or coughs and colds, please inform the bedside nurse **before** visiting your baby.

It is essential that we **respect** the privacy of other babies and their families. We ask you to stay with your baby and not to wander around the nursery or touch other babies even if they are crying. Please ensure that your visitors are aware of this request.

### Additional information

### **Cots/Isolettes**

The cot sides of the bed/isolette need to remain up at all times when parents/nurses are away from the bedside for the babies' safety. If you are unsure how to do this, the nurse looking after your baby will be able to help.

### Toys

It is against SIDS recommendations to have toys and other objects in babies' beds while they are sleeping. There are also infection control issues associated with having toys in babies' cots. Toys should be used by parents or staff for interaction with babies when they are awake and need "play time". Toys should otherwise be stored on the bench seats or shelves around the babies' cots.

### Interaction with your baby

Even though your baby is in hospital there are things you can do to aid in the care of your baby and to help create a bond. These things include bathing your baby, nappy changes, taking your baby's temperature, kangaroo care and play time. You can speak with your baby's bedside nurse or care manager if you can't always visit, and a time can be arranged that is suitable for you to have these special moments with your baby. You are encouraged to play with your baby while he/she is awake (if he/she is well enough). There are play therapists and music therapists who provide developmentally appropriate interaction to babies on the Neonatal Unit. You are encouraged to ask your baby's bedside nurse to contact one of them if appropriate.

### Food and drink

Staff, parents and other visitors are asked to refrain from taking food or hot drinks into the nursery for infection control and safety reasons. Cold drinks are allowed in the rooms.

### **Balloons**

Balloons contain latex, which can cause allergy and are also an infection control hazard, and therefore are not permitted on the Neonatal Unit.

### **Flowers**

Flowers are an infection control hazard and therefore are not permitted on the Neonatal Unit.

### Surgical procedures

Operations will sometimes be performed in the babies' rooms. Parents and visitors for all patients in the room will be asked to leave, and will be advised when it is appropriate to return. This is for the babies' and staff health and safety, and infection control reasons.

### Mobile phones and electrical equipment

Mobile phones are not to be used while on the Neonatal Unit and must be switched off at all times as they can interfere with medical equipment. They may however, be used in the parent retreat or in the area near lifts.

Electrical equipment such as computers can interfere with monitoring equipment, so such equipment should not be used on the Neonatal Unit. Phones and computers may be used in the parent retreat. Electrical equipment must first be checked by an RCH technician.

### **Parents sleeping**

Under no circumstances are you or other visitors allowed to sleep at the bedside or in the parent retreat. This is for the safety of the babies, staff, parents and visitors.

### Monitoring

If and when it is appropriate for your baby to have time disconnected from the monitoring equipment, you are encouraged to ask the nurse looking after your baby to disconnect the monitoring device. It is very dangerous for you to do this without the nurse's knowledge. If a baby's monitor is alarming, you are asked not to silence the alarm. It is important for the nurse to see the monitor and assess the baby.

### Access to the Neonatal Unit

For safety reasons please do not press the door release button to allow people in through the main doors. This is a responsibility of the ward clerk or other staff members.



### Telephone numbers

General enquiries for family/friends	9345 5000
Neonatal Unit main desk	9345 5000
Room 1	9345 4181
Room 2	9345 4182
Room 3	9345 4183
Room 4	9345 4184
Room 5	9345 4185
Room 6	9345 4186
Room 7	9345 4187
Room 8	9345 4188

We welcome phone enquiries from you at any time to check on your baby's progress (see above for relevant numbers).

We know that family members and friends will also be concerned about you and your baby. **Information will only be given to parents over the phone.** Please nominate a contact person to channel information from you to other family and friends. The specific room numbers are for parent use only so that interruption to the care of the babies is kept to a minimum.

### General information

A Directed Blood Donation Service is provided by the hospital in conjunction with the Australian Red Cross Blood Service. This transfusion option is not available for urgent or semi-urgent transfusion. Additional information on this service is available on request.

The information contained here is specific to the Neonatal Unit. For general hospital information please refer to the booklet *A really helpful guide to The Royal Children's Hospital.* 

ERC 091334 February 2010

