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Well

The importance of parents in the neonatal unit cannot be overestimated. You will soon know your baby better than anyone else. The loving care that only parents can give will last your baby for the rest of his life.

Parents in neonatal units are always a vital part of their babies' lives, right from the start. That is what this book is about. As you watch and see how your baby communicates you will become more assured as a parent and better prepared to help your baby's development.

Although the style of care varies from one neonatal unit to another, there are two key principles that apply everywhere. The first is that family play a central role in their baby's care and development. The neonatal unit is very different from what you were expecting as new parents; but even when a baby needs the highest level of technical medical care, your presence and participation are always important.

The second key principle is that babies can communicate: they can tell us in their own way how they are feeling and can respond to us. Their tiniest reactions can guide us to understand what they need from us.



come

The experience of having a baby in a neonatal unit is often described as an “emotional rollercoaster”. It is very common for parents to feel anxious, traumatised and exhausted, both during and after this period. It is important that you look after yourselves. Professional support from someone like a psychologist or counsellor can give you protected time and space to consider what has happened and what the future looks like. This applies to fathers, brothers and sisters as well as mothers: it’s a tough time for the whole family.

Sometimes parents develop strongly protective feelings of love immediately; but for others it can take longer. This may happen if you are separated from your baby due to the need for hospital care or if you have twins, triplets or more and need time to get to know each baby individually. Having opportunities to get to know your baby, to give comfort and to be involved in his care can really help; and that is one of

the reasons why we have written this book for you.

Sometimes there are special reasons why a parent cannot be with their baby on the neonatal unit. On page 9 we have made some suggestions to help you feel connected to your baby if you find yourself in this situation.

When you first come to be with your baby one of the neonatal team will show you around and explain about protecting your baby from infection by washing your hands thoroughly, see page .., and leaving your outdoor clothing outside the nursery. Ask about lockers where you can leave valuables safely.

You will find that key points crop up in several different sections of the book: they are so important that we think they are worth repeating.

STAGE 1

When your baby needs a high level of intensive care

If your new baby is very tiny, very early or very sick, he will need complex, highly technical medical and nursing care to stay alive and become well. Even at this stage there are things that you can do to help your baby, and the more stable he becomes the more you will be involved in his care.

For most people the neonatal intensive care unit is a foreign world, one that they

were not expecting or prepared for, and may seem overwhelming and frightening. The staff will do their best to help you through this difficult time.

Don't be afraid to ask questions. Sometimes you may need to ask more than once. Find out how things work in the neonatal unit and what services and facilities are there for you.

The first steps in your baby's care will be

- Stabilising breathing, heartbeat, blood circulation, temperature and digestion.
- Ensuring comfort, which includes bedding that supports your baby in a comfortable position, helping him to rest.

What you can do

WATCH YOUR BABY

Even at this early stage you may notice your baby's special characteristics. It is important to be comfortable, so ask for a chair if there are none handy. The height of some incubators can be adjusted to get a better view: ask your baby's nurse about this. If you have twins or more, ask if their cots can be close together to make watching easier.

THE FIRST TOUCH

You may feel nervous about touching your baby. Make sure that your hands are clean and warm (rub them together). Start by offering a finger for your baby to hold, or by cupping your baby's feet, body or head in your hand.

COMFORT

As you begin to feel more confident about touching your baby, you will be increasingly

able to comfort him by cradling his head or feet in your hands, or resting a hand over his bottom or shoulder, keeping your hands still. You may be asked for permission to give your baby a tiny soother to suck. Sucking is comforting and can help digestion. This will not interfere with breast feeding.

YOUR VOICE

Your voice will be the only familiar thing in your baby's world. He may find it soothing to listen to you talking, humming or singing. He may seem very sensitive to other noises.

SHADE

Shade your baby's eyes if the light is bright. If there is a cover over the incubator, make sure that part of it is folded back so that your baby can be observed while keeping his face in the shade.

EXPRESS YOUR BREAST MILK

This is one of the special things that only a mother can do for her baby. Breast milk helps to protect babies: ask your baby's nurse for more information. Don't be surprised if you are asked to express breast milk within a few hours of the birth. Breast milk from a milk bank may be offered at first if this is difficult for you. Starting early and expressing frequently helps to ensure that you can provide breast milk for as long as your baby, or babies if you have more than one, need it. Being near to your baby may help you to express so ask if you can do this beside his cot.



Sometimes even a baby needing high levels of breathing support from a ventilator will be able to come out of the incubator to be held by you.

Sleeping and Waking ('behavioural states')

Babies have six characteristic 'behavioural states' - or levels of arousal - ranging from deep sleep, through light sleep and drowsiness, to quiet wakefulness, then active awake and crying. It is not always easy to tell which is which in a preterm baby, as these states are immature and often fleeting.

1. DEEP SLEEP. This is also called 'quiet sleep' because the baby moves very little apart from occasional small startles. Breathing is slower and more regular than at other times. This is the most mature sleep state and becomes more noticeable after 32 weeks gestation.

2. LIGHT SLEEP is usually called 'active sleep' because the baby moves about more. During active sleep you may see tiny eye movements known as Rapid Eye Movements (REM): breathing tends to be faster and more irregular than in quiet sleep. Adults do their dreaming in this kind of sleep. For babies, this is a time when the brain cells are making lots of connections that are important for development.

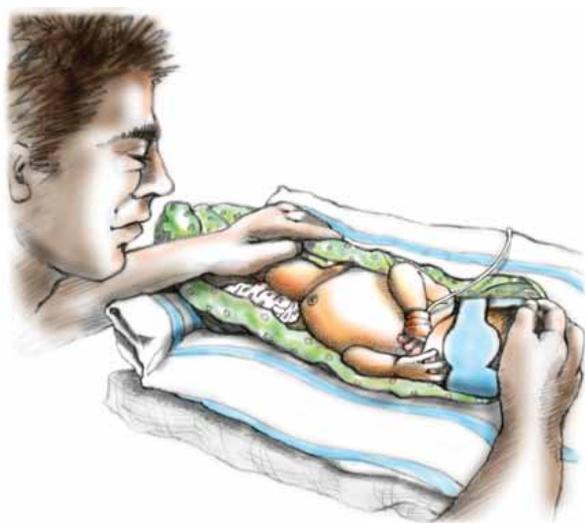
Sleep is vital for growth and brain development. Preterm sleep is often fidgety and changeable. Helping your baby to achieve restful sleep is an important part of your job.

3. DROWSY. Sometimes you may think that your baby is half-awake (drowsy) as if he may be trying to wake up or trying to go to sleep. This is an important part of the natural sleep cycle. If you think your baby is trying to go to sleep he may need some help. If you think he may be trying to wake up, look to see if he tries to open his eyes in response to your greeting.



It is important for your baby to get plenty of sleep on the neonatal unit.

3. Comfort



Even when your baby is very ill or fragile you can provide loving comfort. At first you may just want to place your hands near to your baby. As you begin to feel more at ease you can offer a finger for him to grasp. You may be able to rest a warmed, cupped hand on his head and/or feet. If your baby cannot yet regulate his own body temperature, make sure he wears a hat as your hands may have a cooling effect. Your baby may like you to hold his feet in the palm of your warmed hand.

Preterm and sick babies usually like it best if you keep your hands still. Stroking, especially with little feathery movements, may be too stimulating. Listening to your soothing voice can also be a comfort. Wait and watch to see how he reacts. Preterm babies may take a while to respond.

Babies that need neonatal care inevitably have tests and treatments that are uncomfortable or distressing. Some parents like to be there when these things happen and others do not. Discuss this with the nurse or doctor. Sometimes it is necessary to move away so that doctors and nurses can carry out a procedure.

Provide comfort during or after medical procedures by gently holding your baby, talking soothingly, offering your finger to grasp, or something to suck. A drop of a sugary solution (sucrose) or breast milk can help. In fact as babies begin to feed, some procedures go more smoothly when a baby is actually sucking on the breast. You may worry that if you are with your baby, or give your breast milk while something painful is being done, that your baby will learn to connect them with unpleasant experiences. There is no evidence that this happens. Some experts believe that this kind of comfort stimulates the production of hormones that actually make it less likely. Your baby will learn that he can depend on you to be there when he needs you.



Sometimes just holding your baby's foot is enough to help him to relax.

Your baby's developing senses and movement

In the last three months of pregnancy, the unborn baby experiences many sensations. The womb is a world full of sounds, movement, taste and touch. These experiences prepare the baby to pay attention and to learn about the new world around him when he is born. Most importantly, he will be ready to learn to recognise you as the people who will love, nurture and protect him.

This preparation is just as important when a baby is born early. The immature preterm baby's senses need time to develop. Parents can help to provide experiences that are suitable for this early stage of development. Some senses mature before others: the sense of touch is the earliest to mature and vision is the last. The following is a guide to help you understand your baby's responses at different gestational stages.

Touch

In the womb, the unborn baby receives tactile stimulation all over his body as a result of his own and his mother's activity. Pre-term infants, with their delicate skin, are highly sensitive to touch. Loving touch is very important for development.

- **From 7 weeks:** sensitive to touch around the mouth.
- **12 weeks:** will get thumb to mouth and suck.
- **24 weeks:** sensitive to touch all over the body, especially around the mouth. Touch on the palm of the hand triggers a grasp reflex.
- **28 weeks:** grasps with toes when touched on ball of the foot.

