

Special Care Nursery



Maternity Services

SPECIAL CARE NURSERY
CONTACT NUMBER: (07) 5598 9117

Welcome to John Flynn Private Hospital's Special Care Nursery

Our nursery provides ongoing care for sick/premature babies not yet ready for discharge to home. There are many reasons why babies are admitted to the Special Care Nursery and it can seem a very strange and frightening environment at times. We are staffed 24 hours a day by experienced midwives and neonatal nurses, and have on-call support of paediatricians.

Feel free to discuss any concerns or requests with your baby's nurse.

Our aim is to make this transition period a positive and enjoyable experience for parents.

Visiting policy

Due to babies increased risk of infection, limited and strict visiting is implemented to minimise this risk. Please adhere to our visiting policy as outlined below:

- All visitors must wash hands thoroughly on entry to the nursery, prior to handling your baby and on leaving the nursery.
- Parents are allowed access to the nursery at any time. Occasionally you may be asked to leave the nursery whilst a procedure is in progress.
- Visitors are limited to TWO people per visit for short visits only (i.e. 10 minutes).
- Visitors are limited to family, grandparents and siblings.
- Permission must be sought from nursery staff prior to visitation. This is in case procedures, etc. are being carried out in the nursery at that time.
- Visitors are restricted to visiting the baby they have come to visit and are not to visit, handle, touch or request information about any other babies.
- Parental consent must be obtained by visitors to visit your baby in your absence.
- Children visitors are limited to siblings only and must be under parental control at all times. It is preferred that small children are carried at all times and that they do not run around or touch other cots.
- For the safety of all babies in the nursery, any visitor with an infection or that is feeling unwell (e.g. cold, conjunctivitis, gastro) or that has had recent contact with chicken pox is not permitted to visit. If unsure, please check with the nursery staff prior to visiting.
- Please ensure mobiles are on silent in the nursery. Please step outside the nursery if you need to take a call.

Parenting

You are encouraged to be as involved with your baby as much as possible while they are in special care.

The nursing staff will let you know when you can assist with change time, feeding and bath time.

Sick or premature babies need lots of rest to grow and recover. Often we may leave babies for up to 6 hours to sleep between nappy changes. Skin-to-skin or Kangaroo Care is encouraged with parents if baby is stable.

Kangaroo Care

Kangaroo Care is the practice of giving your baby skin-to-skin contact with you. It enables parents to enjoy natural closeness with their baby. Kangaroo Care has been shown to help premature babies grow, reduce their time in the incubator and sleep more peacefully. It has been shown to increase milk production in nursing mothers. In the Special Care Nursery, Kangaroo Care visits usually happen around feeding times. Both mums and dads can provide this care.

Meals

Once you have been discharged home, complementary meals are also provided for parents whilst baby/ babies remain a patient in the Special Care Nursery. Food or drink is NOT permitted in the nursery. Meals will be served in the lounge area.

Clothes

You are welcome to use your own clothes to dress your baby. Used clothes will be placed in a bag under your cot for you to take home and wash.

- Any teddy bears, etc. placed under the cot must be labelled with baby's name or taken home.

Paediatricians

Doctors generally visit early most days and may phone you at home to inform you of your baby's progress if developments occur.

- Your baby's doctor may not be available over the weekend - our paediatricians work on a rotating roster to provide weekend cover for the nursery.
- A doctor is available and accessible 24 hours a day.

Physio

Premature babies may require special ways of handling, exercising, massage, posturing and carrying to help their muscles develop. The nursing staff or physiotherapist will discuss and demonstrate any requirements with you.

Special tests or investigations

Your baby may require an eye (ophthalmic) examination, cranial ultrasound or a hearing test and this will be attended to while in hospital. Your Paediatrician will discuss these tests with you if necessary.

Feeding your baby

Your Paediatrician or the Nursing staff will discuss your baby's daily feeding requirements with you.

Your baby will most likely require some gavage (tube) feeding before they are able to eventually progress to full breast or bottle-feeding.

While your baby is still on tube feeding we encourage non-nutritive sucking by skin-to-skin (nuzzling at the breast during the tube feed). Non-nutritive sucking with a dummy maybe considered after consultation with the special care nursing staff.

Expressing breastmilk

Breastfeeding has many advantages for both mother and baby. Prem mothers breastmilk has special qualities specifically designed for premature infants. We encourage you to express your breastmilk for your baby if possible. All assistance will be provided to you with the establishment of breastfeeding and expressing.

- We encourage you to express your milk 6 - 8 times during a 24 hour period and have no longer than a 5 hour break overnight.
- Electric breast pumps are available for hire from local pharmacies. Please ask your midwife for an updated list.
- We recommend "double pumping" (pumping both breasts at the same time) as this increases the amount of milk expressed.
- All expressed milk must be brought into the nursery in an esky (to keep it cool).
- All expressed milk to be placed into the fridge in the nursery and checked and signed in by the parent and nurse. If you have brought your milk in your own bottles, please empty the contents into a container supplied by the nursery, so hospital labels can be attached to ensure accurate identification. **All containers** should have your **baby's name, date, time expressed** and be **initialled by a parent**. It is our policy to check the identification of the breastmilk with another nursing staff member or parent prior to giving it to your baby.
- You are welcome to use the breast pump in the nursery if you need to express during your visit.
- Depending on your milk supply and your baby's demand, you may be requested to freeze your milk if there is oversupply, but fresh is best.
- When your baby progresses to being able to be fully breastfeed, it is still advisable to express after one or two feeds per day until you know your baby is gaining weight well and is able to maintain your supply. This may be required for 1 - 2 weeks and can be followed up with a health professional as discussed at discharge.

Hand expressing

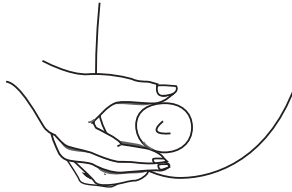
In the first few days it is helpful to hand express, as it is nearly always the gentlest way to express and closely simulates the baby's sucking action at the breast.

Always wash your hands well prior to handling your breasts. Have a clean towel ready to catch the drips and a wide mouthed container for collecting the breastmilk.

To stimulate your milk letdown, use a warm facewisher or heat pack on the breasts. Gentle massage of the breast towards the nipple is also helpful.

How to express:

1. Position the thumb and first two fingers in a straight line 2.5 - 5 cm either side of the nipple.
2. Push straight into the chest wall.



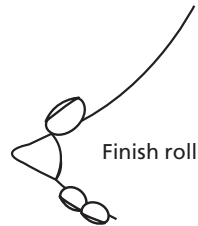
3. Roll thumb and fingers forward as if making thumb and fingerprints at the same time.



Push into the wall



Roll



Finish roll

4. Repeat rhythmically to drain the breast. Position, push, roll: position, push, roll.
5. Rotate the thumb and finger position to milk the other ducts. Use both hands on each breast.

Avoid:

- Squeezing the breast - may cause bruising.
- Pulling out the nipple - can cause tissue damage.
- Sliding on the breast - can cause skin burns.

Storage of breastmilk

Breastmilk may be kept:

1. At room temperature of less than 26°C for 6 - 8 hours.
2. Refrigerated at less than 4°C for 3 days providing it is kept at the back of the refrigerator where it is coldest.
3. In the freezer compartment of a 2-door refrigerator for 3 months.
4. In a deep freezer (separate unit) at less than minus 18°C for 6 - 12 months (depending on the frequency of opening the freezer).

More about storage:

1. Remember that breastmilk will always expand when frozen so only fill the container $\frac{3}{4}$ full. Label all containers with the date of freezing and use the oldest milk first.
2. Breastmilk can be refrigerated or frozen in glass or plastic baby bottles, cups with tightly fitting lids, jars, ice-cube trays covered in a plastic bag, or sterile breastmilk freezer bags (available from your pharmacy).

Thawing frozen breastmilk:

- Thaw in the refrigerator OR if wanting to thaw quickly, place milk container in warm water until the milk is liquid.
- Breastmilk thawed in the refrigerator may be stored in the refrigerator for 24 hours.

Using thawed breastmilk:

- Frozen breastmilk often freezes in 'layers'. Simply shake the bottle to mix the milk once thawed.
- Warm chilled or thawed milk in a jug of hot water until it is body temperature. NEVER heat breastmilk in a microwave oven.

Sterilisation & cleaning of equipment

In addition to thorough handwashing prior to expressing, it is essential that all containers for collection, storage and use of breastmilk be thoroughly cleaned.

Whilst in hospital, expressing kits are provided and replaced every 24 hours.

CLEANING:

- Rinse all equipment under cold running water then wash thoroughly in hot soapy water
- If used, wash teats thoroughly, forcing water through teat to ensure hole is patent. Store in basin provided until next use.

STERILISATION ONCE HOME OR IF USING FORMULA:

Boiling

Use a large covered saucepan. Bring water to boil and place equipment in boiling water for 5 minutes, ensuring all items are submerged. Leave saucepan covered and remove equipment once water has cooled.

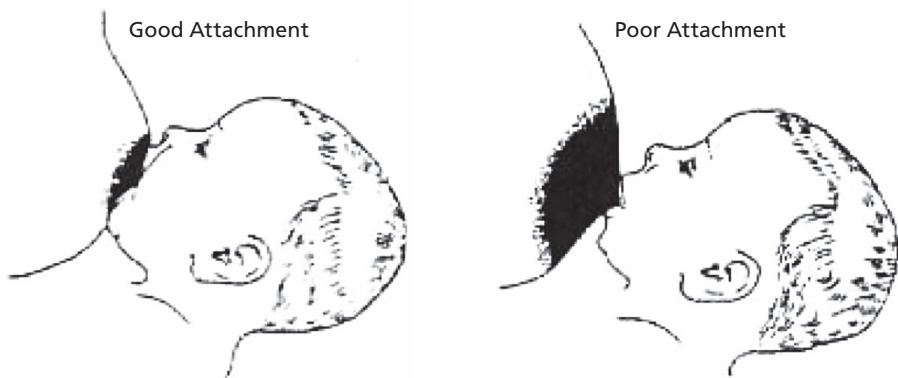
Steam Sterilisation

These may be electric or microwave. Follow manufacturers instructions ensuring steriliser is emptied after each use.

Equipment sterilised by boiling or steam method will remain sterile until required provided it is left undisturbed and dry.

Breastfeeding - attachment

The Nursing staff will assist you with breastfeeding when your baby is ready. Nipple tenderness and / or damage can be avoided with correct attachment:



STEPS TO CORRECT ATTACHMENT:

1. Position yourself comfortably, sitting as upright as possible.
2. Take your time. Rushing only causes stress for you and your baby.
3. Maximise skin-to-skin contact, ensuring your breast is free of clothing and your baby is unwrapped (completely undressing a preterm baby may lead to lower body temperature which is not best practice).
4. Hold your baby close with his/her chest facing your chest. Turn your baby's body towards you. He/she should NOT have to turn their head to grasp the breast.
5. Hold your baby with the opposite arm. If you are offering the right breast, hold your baby with your left arm. Use your forearm to hold baby close to you, taking your outstretched hand behind baby's shoulder and neck to help support the head, and guide him/her towards the nipple.
6. It may be necessary to support your breast with your thumb and fingers on either side of the breast, well back from the areolar.
7. Bring your baby to the breast.
8. Tease your baby with the nipple until the mouth is wide open like a yawn, and then guide him/her towards the nipple.
9. If correct attachment is achieved, you should not feel undue discomfort. Initial attachment may cause transient discomfort (due to 'nipple-stretch') but this should cease after 10-15 seconds of sucking. Detach baby immediately and seek midwife assistance if pain persists.
10. Check that your baby's mouth is wide open at the breast. When you baby sucks you will notice jaw movement and perhaps hear swallowing.
11. Your baby's chin should be against the breast and nose free. You should not have to press down on your breast to provide baby with nose clearance. If the nose is not clear, try tilting your baby's head so the chin moves closer into your breast.
12. If you are unsure if you have achieved correct attachment, ask a midwife for assistance.
13. Allow sucking to continue until your baby detaches him / herself.
14. If it becomes necessary to remove your baby from the breast, slip your little finger into the corner of your baby's mouth or pull down gently on baby's jaw to break the suction.

Going home information

Your midwife may discuss staying in hospital with your baby 1-2 nights, prior to taking baby home. This gives time to adjust so that you can address any concerns.

Babies can be discharged home when they can fully suck their feeds for a 48 hour period, maintain their temperature and are gaining weight.

You will be given your baby's 'Personal Health Record' book at discharge. Please take this book with you when returning to the paediatrician, or other doctor, Child Health Clinic or hospital. You will need to complete the questions relating to hearing and vision in this book. Your baby's immunisation schedule is in the back of this book. There is an 1800 Child Health information phone number on the back page of the 'Personal Health Record' which you may call for information and support.

Any X-rays belonging to you will be returned, as will any unused expressed breastmilk.

POSTNATAL FOLLOW-UP AND SUPPORT:

- See special care nursery staff regarding postnatal support & Child Health Clinics. John Flynn offers maternal and child health care follow ups, led by experienced maternal and child health nurses.

APPOINTMENTS:

- Most paediatricians will see your baby at around due date or 3- 6 weeks as requested on discharge day.
- Advise your paediatrician of any health problems / concerns with your baby. Your referral to the paediatrician lasts 3 months.
- If you choose not to return to John Flynn for maternal and child health follow up care, it is recommended you make an appointment at a Child Health Clinic near where you live, so that you can continue to take your baby for regular check-ups after discharge. It is advisable to make this appointment soon after taking your baby home or even while still in hospital as you may not get an appointment for a few weeks.

TEMPERATURE CONTROL:

- It is generally recommended to dress / wrap your baby in one more layer than you have on. Keep your baby's head covered with a bonnet when out (especially in winter) as babies lose most body heat through the head.
- You will not need to take your baby's temperature regularly anymore, but if your baby looks unwell you may need to take their temperature by placing a thermometer firmly under the baby's armpit. A temperature consistently above 37.5°C is not normal, especially if combined with an unwell baby; review by your baby's Doctor is recommended.

FEEDING:

- Continue feeding your baby on demand as per advice given by your midwife at time of discharge. Babies at this age may feed as many as 6 - 12 times in 24 hours, no less than 5 times per day.
- Your baby should have at least 6 - 8 wet nappies a day and frequent bowel motions. It is normal for a breastfed baby's bowel actions to vary in frequency from 6 per day to once every 7 - 10 days.

S.I.D.S. RECOMMENDATIONS:

- It is considered safest for your baby to sleep on his / her back and not to be over wrapped when sleeping. Make sure your baby's head remains uncovered when asleep. Position your baby's feet at the bottom of the cot and tuck in your baby's bedclothes securely.
- Quilts, doonas, pillows, soft toys and cot bumpers in the cot are NOT recommended, and you need to use a firm, clean, well-fitted mattress. Keep your baby in a smoke-free environment.

ENVIRONMENT:

- Remember that your baby has been in the nursery which is often a noisy environment with the noise of the radio, people speaking, monitors and continual use of lights. Your baby may be unsettled when first discharged and may need time for adjustment.

HERNIAS:

- Hernias can be common in premature male infants. You should notify your paediatrician of any visible swelling in the groin area, especially when crying.

CORRECTED AGE:

- Your baby's corrected age will be used when assessing developmental milestones, e.g. smiling, crawling, walking, etc.

INFECTION:

- Premature babies are at a higher risk of infection in the early weeks/months following discharge. Keep baby away from anyone with colds or viruses. Ensure vigilant hand washing even at home. It is acceptable to take your baby on outings, but avoid over handling of your baby.

IMMUNISATION:

- Immunisation of your baby against a number of childhood diseases is highly recommended and commences soon after birth with the first Hepatitis B vaccination given on day 1.
- The next vaccinations will be due at 6 - 8 weeks of age where you will need to take your baby to your family doctor or Immunisation Clinic for these injections.
- No correction of gestational age is needed. The vaccinations will be recorded in the back of your baby's 'Personal Health Record' book.

PLAYTIME:

There are actually a lot of things you and your baby can do, as newborns can see and hear.

- They haven't got much control of their body but they can move their eyes and like to look at things - lights, movements, colour and a face all attract their attention. They enjoy listening to your voice, music and all the sounds of their new world. They like to feel your kiss and your touch.
- You can lie your baby on a flat surface with their nappy off so they can kick freely.
- Hang toys or shapes from a chair or stand about 25cms from their eyes. To help develop your baby's shoulder and neck muscles, put them on their stomach for short periods during the day when they are awake and you are with them.
- Take them for a walk in the pram or give them a bath followed by a gentle massage.
- The length of playtime varies, but as a general guide try to keep your baby up for no longer than 1 - 1½ hours (including feed time) initially and increase this to about 2 hours by 3 months of age.

BREASTFEEDING - FOLLOWING DISCHARGE:

- It is normal for breasts to soften after the initial filling of breasts with milk, and does not mean the milk is diminishing. Ensure that your baby continues with good attachment, getting a large amount of breast into his / her mouth, keeping baby's chin against the breast, and keeping baby close to your body.
- Breastmilk contains all the nutrients and fluid needed for the first 6 months of your baby's life. No other fluids, e.g. water, are needed. Remember that your baby will be thriving if he / she is largely contented, has at least 6 clear wet nappies a day and is gaining weight.

DIET:

- A well balanced diet is good for your health. When breastfeeding, the recommendation is "everything in moderation", i.e. average servings or portions. In particular, intake of caffeine should be kept to a minimal level and if possible avoid use of nicotine and alcohol while breastfeeding.

GROWTH SPURT:

- It is normal for baby to have some unsettled periods that last for 2 - 3 days when they will want to feed very frequently. This is most often a 'growth spurt' and it is important for you to rest and feed the baby whenever they want during this time as this will help to increase your milk supply.

THRUSH:

- Occasionally it is possible to get thrush on the nipple causing pain, itching, redness or dryness of the nipple. Babies can also develop this in their mouths – seen as white spots that do not rub off, or on their buttocks as a spotty rash. Please contact a doctor or lactation consultant if concerned.

John Flynn Private Hospital has several experienced lactation consultants on staff.

Mastitis

Mastitis can result from an unresolved blocked duct or from a bacterial infection. The risk of developing mastitis in the early weeks of breastfeeding is about 10-20%. With immediate and appropriate management, Mastitis can often be resolved quickly. Below are some tips to help you prevent, identify and manage this problem should it occur.

IDENTIFICATION:

- Gently check your breast after feeds, especially the late night feed, or if baby drops a feed.
- You are looking for tender spots, lumps, firm areas not drained by the baby which may develop into a problem between feeds. Prompt treatment will help prevent this temporary blockage/ pooling from developing into a problem.

SIGNS AND SYMPTOMS:

- You may feel unwell and flu-like with a mild temperature or suddenly very sick with a high temperature.
- A tender or red, hot painful area may be noticed on the breast.

CAUSES:

The factors that may contribute to Mastitis are:

- Nipple damage (grazes, cracks).
- Oversupply in the early weeks while your milk supply is adjusting to baby's needs; reduced movement of milk through the breast may lead to stasis and blocked ducts.
- Sudden changes in feeding pattern - leaving the breasts to overfill.
- Being over tired, skipping meals and not caring for yourself.

PREVENTION:

Nipples - Correct Attachment

- When the baby comes off the breast, the shape of the nipple should look healthy and not distorted. Early nipple tenderness should be improving.
- If your nipples appear to be worsening, please seek professional help as soon as possible.
- Maintain good hygiene (wash your hands) after nappy changes and before you handle your breasts.

Breast Drainage

- Ensure you do not offer the second breast until baby's sucking slows down and swallowing occurs only occasionally on the first side, and the breast feels much softer.
- A sudden change in the feeding pattern (changing the length of time the baby feeds at the breast) can cause a temporary pooling of milk, which could develop into Mastitis.
- Avoid tight bras with underwire or undergarments that may cause localised obstruction to the breasts.

MANAGEMENT OF THE AFFECTED BREAST:

Heat

- Moist heat (shower, soak, hot pack) to the affected area for at least 10 minutes before you feed.

Massage

- Gently massage the area towards the nipple to try to clear the blocked area.
- Use the flats of your fingers to massage down the breast with a gentle vibrating motion; or use an electric body massager or the back of an electric toothbrush.

Empty the Breast

- Wake baby for a feed, or hand express under the shower as soon as you can.
- Feed baby in a position that directs baby's chin to the affected area if possible.
- Feed baby on this breast first for at least the next two feeds - do not limit sucking time on this breast. Express the second breast for comfort if necessary.
- Cold pack post feeding or expressing may help.

This is not the time to wean

- Continuing breastfeeding will resolve the problem quickly. If wanting to wean, it is important to try and delay it until the Mastitis has resolved. Then gradually reduce the number of feeds you give the baby, balancing this with your breast comfort.

Rest

You are developing an infection so give your body a chance to fight it by:

- Accepting any offers of help.
- Increasing your fluids.
- Eating healthy foods.
- Anti-inflammatories may also help (eg. Ibuprofen, Voltaren).

Consult

If there is no improvement after the feed contact:

- A lactation consultant or midwife at your hospital.
- **13 HEALTH Hotline** – (13 43 25 84).
- Australian Breastfeeding Association.
- Your obstetrician or family doctor if the problem does not resolve in 8 - 12 hours, or IMMEDIATELY if you feel very ill.

NB: Your doctor will order you antibiotics (that will not harm your baby) if your temperature becomes elevated. Research shows that to prevent recurrence, a broad-spectrum antibiotic needs to be taken for 10 days.

Postnatal support

- John Flynn Maternal and Child Health Clinic - (07) 5598 9040
- Paediatrician (check-up around 4 - 6 weeks post discharge)
- QLD Gov Child Health Clinic 13 Health Hotline 24/7 - 13 HEALTH (13 43 25 84)
- Preterm Infants' Parents' Association (P.I.P.A.) – 1300 773 672
- Australian Multiple Birth Association – 1300 886 499
- Private Lactation Consultant
- Australian Breastfeeding Association (ABA) – 1800 MUM 2 MUM (1800 68 62 68)
- GP (after paediatrician's check-up)
- Playgroup Queensland – 1800 171 882
- Antenatal Class Reunions



John Flynn Private Hospital

42 Inland Drive

Tugun Qld 4224

ph: 07 5598 9000 – fax: 07 5598 0173

www.johnflynnprivate.com.au