

Family Integrated Care (Fi-Care) Booklet



Baby's Name: _____

Parents Name: _____





Contents	Page Number
Communicating with your Baby	4
Baby's Comfort and Development	5
Infant Crying and How to Cope	6-8
Breastfeeding Advice and Support	9
Expressing	10
Storage of Breastmilk	11
Bottle feeding	12-15
Nasogastric Tube Feeding	16-17
Parenting Skills	18
Mouth Care	19-20
Nappy Changing	21-22
'Top and Tail'	23
Swaddled Bathing	24-26
Baby Massage	27
Teaching Sessions for Parents	28
Shopping List and Factsheets	29
Parent Confidence Checklist	30-31
Expressing Log	32-35

Communicating with your baby

Infants, whether born prematurely, or term but unwell, have very different ways of expressing themselves than well term infants. There are a number of cues or signs that your baby may give you to tell you whether she/he is ready for play or other interactions, or whether he is being stimulated too much and she/he needs a break.

These may be signs your baby is ready to interact with you:

- Quiet, alert state. Eyes are opened and focused
- Relaxed posture and tone: Not too stiff or limp
- Arms and legs are tucked in. Hands are at mouth
- Stable heart rate, breathing rate and good temperature control
- Relaxed facial expression and extremities
- Alert but relaxed facial expression



These may be signs that your baby needs a break (time-out signals):

- Looking away, glassy-eyed, stressed look
- Limp body
- Stiffening (pushing body out straight)
- Yawning, sneezing, falling asleep
- Hiccups, spitting up
- Raised hand in the 'stop' position
- Colour changes

You may want to document in your baby's diary how your baby is when they are relaxed, uncomfortable, tired or need a position change.



Things you can do to comfort your baby and promote development

Pay close attention to your baby's behavioural cues

Try and see how your baby communicates that they are stressed or happy. For more information, check out: www.bliss.org.uk/

Talk to your baby

Your baby will love to hear your voice. Tell them about your day, read them stories or sing to them. Listening to your familiar voice will bring them comfort.

Books are available for your use in all nurseries.

Provide positive handling experiences when your baby is relaxed

For example: Calming touch (gentle but firm touch with a still hand is usually preferred) or cuddles. Place your finger in your baby's hand for her/him to grasp.

Skin-to-skin

Skin to skin contact for as long as you are both comfortable will benefit both you and your baby.

For more information, scan this QR code:



Imitate your baby's level of interest and follow his/her lead

If he/she looks at you, look at her/him, if she/he looks away to rest, you can rest too.

When your baby is ready he/she will look back again, you can respond by making eye contact. When your baby is a bit older you can start talking to her/him as well

Remember your baby will tire easily and may not tolerate this activity for long.

Useful reference: Caring for your baby in the neonatal unit, a parents handbook Inga Warren & Cherry Bond ISBN 978-1-78306-424-3

If you would like any more detailed information on this please speak to your nurse or physiotherapist

Infant Crying and How to Cope

BABIES CRY! Infant crying is normal and it will stop

A baby's cry can be upsetting and frustrating. It is designed to get your attention and you may be worried that something is wrong with your baby.

Your baby may start to cry more frequently at about 2 weeks of age. The crying may get more frequent and last longer during the next few weeks, hitting a peak at about 6 to 8 weeks.

Every baby is different, but after about 8 weeks, babies start to cry less and less each week.



Barr RG. The normal crying curve: what do we really know? Developmental Medicine and Child Neurology 1990;32(4):356-362.

What can I do to help my baby?

Comfort methods can sometimes soothe the baby and the crying will stop.

Babies can cry for reasons such as if they are hungry, tired, wet/dirty or if they are unwell.

Check these basic needs and try some simple calming techniques:

- Talk calmly, hum or sing to your baby
- Let them hear a repeating or soothing sound
- Hold them close – skin to skin
- Go for a walk outside with your baby
- Give them a warm bath

These techniques may not always work. It may take a combination or more than one attempt to soothe your baby.

If you think there is something wrong with your baby or the crying won't stop speak to your GP, Midwife or Health Visitor. If you are worried that your baby is unwell call NHS 111.

The crying won't stop, what can I do now?

Not every baby is easy to calm but that doesn't mean you are doing anything wrong.

Don't get angry with your baby or yourself. Instead, put your baby in a safe place and walk away so that you can calm yourself down by doing something that takes your mind off the crying. Try:

- Listening to music, doing some exercises or doing something that calms you.
- Call a relative or friend – they may be able to help you calm or may be able to watch your baby.



Remember – This phase will stop! Be an ICON for your baby and cope with their crying.

Babies Cry, You Can Cope!

- I** Infant crying is normal and it will stop
- C** Comfort methods can sometimes soothe the baby and the crying will stop
- O** It's OK to walk away if you have checked the baby is safe and the crying is getting to you
- N** Never ever shake or hurt a baby

After a few minutes when you are calm, go back and check on the baby.

It's normal for parents to get stressed, especially by crying. Put some time aside for yourself and take care of your needs as well as your baby's to help you cope.

What not to do...

Handling a baby roughly will make them more upset. Shouting or getting angry with your baby will make things worse.

Sometimes parents and people looking after babies get so angry and frustrated with a baby's cry they lose control.

They act on impulse and shake their baby.

Shaking or losing your temper with a baby is very dangerous and can cause:

- Blindness
- Learning disabilities
- Seizures
- Physical disabilities
- Death

**Remember:
Never ever
shake or
hurt a baby**

Share the ICON message!

It isn't just parents who get frustrated at a baby's cry. Think very carefully about who you ask to look after your baby.

Share the ICON message with anyone who may look after your baby.

Check that caregivers understand about how to cope with crying before you decide to leave your baby with them and share this ICON leaflet with them.

Reminder about Safe Sleeping:

- The safest place for your baby to sleep is a separate cot or Moses basket in the same room as you for the first 6 months, even during the day.
- When putting your baby down for a sleep, place them on their back, with their feet at the foot end of the cot.
- Don't let them get too hot – 16-20 degrees celsius is comfortable.
- It is dangerous to sleep with a baby on a sofa or in an armchair, never do this.
- Make sure that your baby is not exposed to cigarette smoke, as this increases their risk of cot death.

You can talk to your Midwife or Health Visitor about all aspects of crying and safe sleeping.

Further information and support:

Midwife _____

Health Visitor _____

GP _____

Who I can go to for help with crying?

What will I do if I need a few minutes to myself?
What makes me feel better?

CRY-SIS National Help Line: 08451 228669

Lines open 7 days a week, 9am-10pm

Remember – if you are concerned that your baby may be unwell, contact your GP or NHS 111 (go to 111.nhs.uk or call 111- the service is available 24 hours a day, 7 days a week).

In an emergency, ring **999**.

For a translation of this document,
an interpreter or a version in

large
print

or



or



Please send requests to ICON Website at:
iconcope.org



Website: iconcope.org



Facebook: [ICONCOPE](https://www.facebook.com/ICONCOPE)



Twitter: [ICON_COPE](https://twitter.com/ICON_COPE)

© Copyright reserved.

NHS West Hampshire Clinical Commissioning Group.
March 2020. Designed by NHS Creative – CS49907

Breast Feeding Advice & Support

Many parents find breastfeeding a rewarding, empowering experience. But establishing breastfeeding can be challenging at times. It can be tiring, especially when you are travelling to and from the unit, and some mothers experience discomfort when they are starting to breast-feed.

Most parents find that having lots of support helps them to get started and to continue to breastfeed.

Support can come from your partner, family and friends and from all medical professionals on the unit.

Support on the unit could come from our unit's Infant feeding team, a neonatal nurse, or a lactation consultant, who are trained to help parents who are having problems with breastfeeding and expressing.

Please see our Infant Feeding Board opposite the public/disabled toilet for more guidance, details, info & leaflets.

There are also help lines and organisations that can help:

Association of Breastfeeding Mothers have a group of trained volunteers who support breastfeeding mothers and their families. You can call them on 08444 122 949

The Breastfeeding Network have a helpline, online chat service, and information and support for families who are breastfeeding. You can call them on 0300 100 0212



La Leche League has a helpline service, and trained breastfeeding counsellors who can provide local and face-to-face support. You can call them on 0845 120 2918

NCT have a support line which can provide practical and emotional support with feeding your baby. You can call them on 0300 330 0700

The Lactation Consultants of Great Britain website have a search function to help you find a lactation consultant in your area

BreastFeeding-08.2021-F.Tott–Senior Neonatal Nursery-Nurse & Discharge Planner/CIMI

For more information, scan this QR code:



Expressing

It is important to start expressing milk as soon as possible after your baby is born – ideally within two hours. It is recommended you express frequently to keep your milk supply up.

- To begin with, this is around eight to ten times in 24 hours, including at least once at night. This is because breast milk is produced on a demand and supply system, so you are likely to produce less milk overall if long periods of time are left between expressing.
- You can express milk by hand or with a breast pump; electric or manual.
- We have electric pumps throughout our unit & expressing room.

Please speak to your midwife or a medical professional in NICU to not only begin expressing, but to learn how to use the equipment provided correctly & safely, including sterilising, with a full demonstration given.

A small amount of milk is produced in the first few days after a baby is born. This milk is called colostrum, and is often thicker and more yellow in colour than breastmilk. Colostrum is really important for your baby. It helps to boost your baby's immune system, protect them from infections and helps them grow.



Some parents are worried that they are not producing enough milk in these first few days. This is normal – most parents start by expressing less than 1ml of milk at a time. This will increase gradually the more times you express. Around two to four days after giving birth, you will notice your milk becoming whiter and your breasts might feel fuller. This is often referred to as your milk ‘coming in’.

After expressing your milk, the milk can be kept in the fridge or be frozen and stored in our unit until your baby is ready to have feeds.

Storage of Breast Milk

- Remember to label with Date & Time.
- If you will be using your breast milk within 48 hours of expressing, you should refrigerate it.
- If you are at home, breast milk that has recently been expressed will keep in a refrigerator for 48 hours (24 hours if it is defrosted).
- The breast milk should be stored at the back of the fridge and not in the fridge door - This is because the temperature in the door compartments goes up and down when the fridge is opened and closed.
- If you will not be using your breast milk within 48 hours of expressing, it should be frozen.
- Milk can be frozen for up to 6 months in a home freezer - If you are freezing your milk, always leave at least one centimetre of free space at the top of the milk container because milk will expand when frozen.
- Storing breast milk in small quantities will help avoid waste. If you're freezing it, make sure you label and date it first.

Defrosting frozen breast milk

- It's best to defrost frozen breast milk slowly in the fridge before giving it to your baby. If you need to use it straight away, you can defrost it by putting it in a jug of warm water or holding it under running warm water.
- Once it's defrosted use it straight away. Do not re-freeze milk that's been defrosted.
- Once your baby has drunk from a bottle of breast milk it should be used within 1 hour and anything left over should be thrown away.

Warming breast milk

- You can warm the milk to body temperature by putting the bottle in a jug of warm water or holding it under running warm water.
- Do not use a microwave to heat up or defrost breast milk. This can cause hot spots, which can burn your baby's mouth.

Please talk to the hospital staff looking after your baby for more guidance on expressing, breastfeeding, storing and defrosting breast milk.

Bottle Feeding

Sterilising Bottles & Teats

It's important to sterilise your entire baby's feeding equipment, including bottles and teats, until they are at least 12 months old - As this will protect your baby against infections, in particular diarrhoea and vomiting.

Before sterilising, you need to:

- Clean bottles, teats and other feeding equipment in hot, soapy water as soon as possible after feeds.
- Use a clean bottle brush to clean bottles (only use this brush for cleaning bottles), and a small teat brush to clean the inside of teats.
- You can also turn teats inside out then wash them in hot soapy water.
- Do not use salt to clean teats, as this can be dangerous for your baby.
- You can put your baby's feeding equipment in the dishwasher to clean it if you prefer. Putting feeding equipment through the dishwasher will clean it but it does not sterilise it.
- Make sure bottles, lids and teats are facing downwards.

- You may prefer to wash teats separately by hand to make sure they are completely clean.
- Rinse all your equipment in clean, cold running water before sterilising.
- The advice above applies to your entire baby's feeding equipment, and whether you are using expressed breast milk or formula milk.

How to sterilise baby feeding equipment

- There are several ways you can sterilise your baby's feeding equipment.
- These include: cold water sterilising solution, steam sterilising, boiling.

Cold water sterilising solution

- Follow the manufacturer's instructions.
- Leave feeding equipment in the sterilising solution for at least 30 minutes.
- Change the sterilising solution every 24 hours.
- Make sure there is no air bubbles trapped in the bottles or teats when putting them in the sterilising solution.
- Your steriliser should have a floating cover or a plunger to keep all the equipment under the solution.
- Steam sterilising (electric steriliser or microwave)
- It's important to follow the manufacturer's instructions, as there are several different types of sterilisers.
- Make sure the openings of the bottles and teats are facing downwards in the steriliser.
- Manufacturers will give guidelines on how long you can leave equipment in the steriliser before it needs to be sterilised again.

Sterilising by boiling

- Make sure the items you want to sterilise in this way are safe to boil.
- Boil the feeding equipment in a large pan of water for at least 10 minutes, making sure it all stays under the surface.

- Set a timer so you do not forget to turn the heat off.
- Remember that teats tend to get damaged faster with this method. Regularly check that teats and bottles are not torn, cracked or damaged.
- After you've finished sterilising
- It's best to leave bottles and teats in the steriliser or pan until you need them.
- If you do take them out, put the teats and lids on the bottles straightaway.
- Wash and dry your hands before handling sterilised equipment. Better still, use some sterile tongs.
- Assemble the bottles on a clean, disinfected surface or the upturned lid of the steriliser.

Step-by-Step Guide to Preparing a Formula Feed

1. Fill the kettle with at least 1 litre of fresh tap water (do not use water that has been boiled before).
2. Boil the water. Then leave the water to cool for no more than 30 minutes, so that it remains at a temperature of at least 70C.
3. Clean and disinfect the surface you are going to use.
4. It's important that you wash your hands.
5. If you are using a cold-water steriliser, shake off any excess solution from the bottle and the teat, or rinse them with cooled boiled water from the kettle (not tap water).
6. Stand the bottle on the cleaned, disinfected surface.
7. Follow the manufacturer's instructions and pour the amount of water you need into the bottle. Double check that the water level is correct & always put the water in the bottle first, while it is still hot, before adding the powdered formula.
8. Loosely fill the scoop provided with the formula powder, according to the manufacturer's instructions, and then level it using either the flat edge of a clean, dry knife or the leveller provided.
9. Holding the edge of the teat, put it into the retaining ring, check it is secure, then screw the ring onto the bottle.

10. Cover the teat with the cap and shake the bottle until the powder is dissolved.
11. It's important to cool the formula so it's not too hot to drink. Do this by holding the bottle (with the lid on) under cold running water.
12. Test the temperature of the formula on the inside of your wrist before giving it to your baby. It should be body temperature, which means it should feel warm or cool, but not hot.

Safe & Correct Bottle Feeding Position (BLISS)

Like other types of feeding, it is important to recognise the signs that your baby is hungry (feeding cues) before bottle feeding. Your baby may demonstrate early feeding cues by putting their fingers into their mouth, making sucking motions (rooting) and becoming restless.

Let's Begin!

- Firstly, make sure you are close to your baby and hold them in the best position suited to your baby, with their head supported. This may be upright or elevated on their side. Your nurse may advise you to try different positions.
- Offer the bottle when your baby shows feeding cues.
- Gently invite your baby to take the teat.
- Avoid forcing your baby to take the teat or finish the feed. If the milk comes too quickly, it can be difficult for your baby to coordinate their sucking, swallowing and breathing. A nurse or feeding specialist on the unit will show you teats, bottles and positions that can help your baby to do this more effectively.
- Some babies have periods of low oxygen (desaturations) and/or low heart rate (bradycardia) when they are starting to bottle feed or breastfeed. This is normal in some cases and will improve with time, but can be a sign that your baby is not ready for feeding yet. If this happens, it may need to be looked at by a doctor or a speech and language therapist who specialises in swallowing.



- Low oxygen and heart rate while feeding can also be a sign of reflux. Reflux happens when some of the partly digested milk or food in the stomach comes back up the tube from the mouth to the stomach (oesophagus). This is common in all babies, but is more common in babies born premature or sick.

Nasogastric tube feeding Guidelines for parents

During tube feeding, breast milk or formula is given through a tube passed into your baby's nose or mouth to their stomach. Types of tube feeding include the following:

- Nasogastric tube feeding (also called an NG tube or NGT) - This is when a baby is fed through a small soft tube, which is placed in the nose and runs down the back of the throat, through the food pipe (oesophagus) and into the stomach.
- Orogastric tube feeding - This is when a baby is fed through a small soft tube, which is placed in the mouth and runs down the back of the throat, through the food pipe (oesophagus) and into the stomach.

Tube feeding is often used to feed premature and sick babies as: They can be too small and sick to breastfeed or bottle feed at first. They have a low supply of energy and nutrients, so it is important that they are able to have small nutritional feeds often, without lowering their energy level.

Their coordination of sucking, swallowing and breathing needed for effective feeding is usually not fully established until about 32 to 34 weeks' gestation (although this is different for different babies) This will help your baby receive enough nutrition to grow and develop.



Staff in our NICU will encourage you to be as involved as possible in the care of your baby on the neonatal unit. If you feel comfortable doing so, they should show you and your partner how to give tube feeds.

Your Nurse caring for your baby will explain how tube feeding works and will teach you how to:

- Check the tube is in the correct position before feeding
- Prepare the milk and fill the syringe that is connected to the feeding tube
- Position your baby correctly for tube feeds
- Give the milk slowly to support comfortable digestion
- Know what to look for during a feed.

This can feel quite scary at first, but with practice you should gain confidence.



Moving from nasogastric tube feeds to oral feeds



Most babies on the neonatal unit will require a feeding tube to help them rest and grow. As your baby gets older, they will start to show signs of readiness for feeding by mouth. If you plan to breastfeed, the NHS recommends waiting until around 4-6 weeks after establishing breastfeeding before introducing bottles at home if you wish to. This is because young babies can develop a bottle preference and be less likely to breastfeed. We have the option of offering cup feeds if babies are looking for a feed and mother is not on the unit. If babies are bottle feeding we ask that you bring in their own bottle so that they can get used to it before discharge

We encourage all parents to be involved with feeding your baby via the tube and we understand that this can be a bit overwhelming. A guideline to help you is available on pages 17-20. Please speak to your nurse about this.

Parenting skills

The NICU Team are committed to family-centred care. Staff will help you to adapt to being a parent with a baby on NICU and start to focus on developing your own role in supporting your baby's care. The aim of the parent guide at the end of this booklet is to help you become confident in looking after your baby as appropriate, based on their individual needs. This gives you an idea of what skills you can learn and how quickly these can be achieved during your baby's journey through NICU.

We will teach you to tube feed your baby as soon as you feel comfortable, this will help you to get more involved in your baby's care and may help to get your baby home more quickly. If your baby goes

home still requiring some tube feeds you will have support from the Neonatal Community Team. We would be grateful if you could provide nappies, cotton wool and muslins while your baby is in NICU.

We have clothes that you can use, however, if you wish to provide clothes please do so. It is helpful if you label them with your baby's name and ensure that there is a note on the cot to say you are using your own clothes/bedding.



Mouth Care

Your baby's mouth is important for eating, drinking, communicating, tasting, breathing and keeping out infection.

You will be encouraged to offer mouth care to your baby;

- When they are awake
- When they are stable
- When you feel comfortable

Mouth care will help your baby to;

- Have clean, soft, moist and intact mouth lining and tongue
- Have clean, soft, moist and intact lips
- Feel comfortable
- Feel fresh
- Enjoy the taste and smell of colostrum, breast milk, formula milk or water- depending how you wish to feed your baby. This will give a positive experience to your baby

If your baby is able to have colostrum or fresh breast milk they should benefit from their special properties, which promote health. These include:

- Antibodies (anti-viral and bactericidal)
- Anti-inflammatory substances

- Immuno-modulatory protection

If you do not plan to breast feed, you can still choose to express for a short time and give your baby your milk/colostrum. Please ask your baby's nurse if you would like more information or help to do this.

How to do Mouth Care

You will be shown how to do mouth care for your baby, and then when you feel comfortable you can do mouth care for your baby whenever you feel your baby needs it.

- Start with clean hands.
- Take a cotton bud and dip it into the bottle of sterile water/expressed breast milk.
- Wipe your baby's lips to remove any dry skin or debris.
- Gently dab and roll the cotton bud along your baby's lips, and if possible around the gum line and over the tongue.
- The idea is to coat the mouth in a layer of milk.
- Discard all used items, including any remaining milk and wash your hands.
- Try to be aware of how your baby's lips, tongue and mouth appear, and let the baby's nurse know if they appear dry, sore, swollen, red, cracked or bleeding, so they can help to make this better.
- Feel free to ask for help at any time.



Nappy Changing in NICU

Changing your baby's nappy can seem like a difficult task especially if your baby is in an incubator or attached to equipment. You might like to begin by watching the nurse change your baby's nappy but you can be involved in helping by comforting your baby during the nappy change. It is important for you to be involved in changing your baby's nappy or comforting your baby as soon as you feel able to as this allows you to have a positive role in supporting your baby and to become confident parents.

Your baby may show cues that they are feeling uncomfortable and need a nappy change or if your baby is sick it may be that a scheduled time is allocated but the nurse helping you to care for your baby will make sure that you are aware of the time so that you can be involved.

Equipment

- Sterile Water
- Cotton wool
- Clean nappy
- Nappy bag
- Barrier cream

How to change your baby's nappy

- Wash your hands.
- Prepare everything you need for the nappy change.
- Keep lighting, noise and activity levels as low as possible.
- Let your baby know you are about to change his/her nappy by talking to them softly and touching gently.
- If your baby has clothes on loosen the clothes around the nappy area

- Undo the nappy with tabs, and fold away to avoid sticking to your baby's skin.
- Remove any excess stool by sliding the nappy down their bottom area gently and tuck under bottom.
- Keep nappy in place for any unexpected surprises!
- Gently clean his/her genitals and bottom - Avoid lifting your baby up by the legs instead hold your baby's feet together and just gently flex the baby's legs up towards their tummy.
- Dry your baby's bottom by gently patting
- Apply barrier cream or nappy cream if required or prescribed.
- Secure the nappy in place and redress your baby.
- Provide comfort for your baby until he/she has settled into a calm state.
- Dispose of the nappy as per hospital policy.
- Wash your hands.

Changing your baby boy's nappy:

Boys can sometimes pass urine when their nappy is removed so be ready as they may pass urine over you, their clothes and the bed linen. Gently clean the area but be careful not to pull the foreskin back.

Changing your baby girl's nappy:

Always wipe from the front to the back towards her bottom as this is important to avoid bacterial infection.

Things to Remember

Nappies are usually changed every 3-6 hours, prior to feeding or when your baby has had a bowel action but sick or premature babies will be left for longer periods of time, as they will find it stressful to be handled

too often. Your baby's first poo action will be a blackish-green colour and this is called meconium. Once feeding starts his/her poo will change to a yellowish-orange colour if breastfed, or pale brown colour if bottle fed.

Umbilical Cord

The umbilical cord will dry up and drop off in about 7-21 days & needs to be kept clean and dry and for this reason the nappy is usually folded down under the tummy button.

Your baby may have lines into their umbilical cord so it is important to keep the area clean and dry. The nappy will be folded down under it or the nappy left open to allow for observation of the area.

A Guide to Topping & Tailing in NICU

Make sure the room is warm and you have everything you need. You will need: two bowls/jugs of warm water with no products in them, cotton wool, towel, a clean nappy and clothes for your baby.

- Wash your baby's face using cotton wool. Wet each piece in a bowl of warm water, and then squeeze it out so it's just damp when you use it. Reassure your baby as you go along.
- Start by wiping each of your little one's eyes with a separate piece of cotton wool, working from the inner corner out.
- Use another piece to wipe around their mouth and nose.
- Never put anything like a cotton bud in your baby's ears or nose. Just wipe what you can see.
- Take another piece of cotton wool and use it to clean your baby's ears, neck and face. Pay attention to their neck creases – where milk and fluff can get trapped.
- Now wash your little one's hands and feet, looking out for sharp fingernails. Babies often scratch themselves with their nails, so they need trimming regularly. You can use special baby nail clippers or small round-ended baby scissors. If you don't want to cut them, you could file them with a fine emery board.
- Keep talking to your baby as you're topping and tailing them and explain what you are doing. This will help them relax and they will begin to understand you.

- Take off your baby's nappy and gently wash their bottom and genital area with fresh cotton wool and water. This is the tailing. Make sure you dry your little one carefully – in particular their skin folds.
- Now put a clean nappy on and dress your baby in some clean clothes. Give them a cuddle and some more reassurance.
- Your little one might not like being washed to begin with, but as it becomes more familiar they will hopefully start to enjoy it.
- As you become more familiar with washing your baby, it can also be a lovely bonding experience, encouraged by us all.

REMEMBER! When home - It's a good idea to top and tail your baby on a changing mat that is on the floor – if you can cope with kneeling. This means you won't need to worry about your baby rolling off anything as they get bigger and more mobile.

Bathing

Giving your baby a bath can be fun and a great bonding experience. But it can also make you feel nervous, especially if you're bathing your baby for the first time, and in NICU. For this reason, you will be offered a show bath via Parent Teaching Sessions with a doll, or staff in the unit prior to completing alone under close supervision, guidance and support by staff in our NICU.

In NICU your baby will need to be able to maintain their own body temperature - so they would need to be in an open cot, with no heated mattress. Our staff will speak with you when this time approaches, but if you think your baby is ready for a bath and matches the criteria then mention it to them and I'm sure they will facilitate this exciting experience.



Swaddled Bathing in NICU

Swaddling, or wrapping an infant, is known to have beneficial effects on preterm babies by improving the stability of physiological parameters and reducing behavioural stress signs. This is also true during bathing.

You will be shown how to bath your baby, and then when you feel comfortable you can do it with supervision before going home.

- Ensure that the room is warm. The water should be warm, not hot. Mix it well and check with your wrist/ elbow before starting.
- Gently undress your baby, clean nappy area and swaddle baby in triangular, soft sheet ensuring hands to face/mouth
- Submerge baby to shoulder depth swaddled in the cloth, ensuring infant's feet are touching the bottom of the bath to provide foot brace
- Wipe eyes with fresh water, from the inner corner to the outer corner. Clean face with additional clean water
- Support baby's head, slowly unswaddle one arm at a time to wash, using hand or a wash cloth and re-swaddle limb once cleaned.
- Repeat for other arm
- Slowly expose one leg to wash and clean genital area and re-swaddle
- Repeat for other leg
- Rock the infant forward supporting under the neck. Wash the back through the wash cloth, so as not to disorganise the infant
- Gently wash the baby's head and hair
- Gently un-swaddle your baby, removed from the tub leaving the cloth in the bath, maintaining a contained, flexed position for securi-

ty and comfort

- Quickly place your baby onto your chest and wrap in the fetal position in a towel, ensuring that the head is covered and pat/gently rub the head dry.
- If your baby is calm and tolerated the transition well, place into cot wrapped in towel to dry thoroughly
- Put on clean nappy and redress baby
- After bathing, your baby should be alert and eager to feed orally (if appropriate)

If your baby demonstrates any signs of stress, allow time for recovery, pause the procedure and offer time out with containment/comfort holding until calm.



Baby Massage for Babies Born Prematurely

The International Association of Infant Massage is the world leader in nurturing touch, primarily due to their focus on observing cues that are in alignment with a baby's ability to receive touch.

You are vital in the care of your baby while they are in the neonatal unit. Time spent watching and caring for your baby will help you learn about your baby's unique way of responding to the world. Through their cues, your baby let you know what kind of touch they are able to receive and what works for them as individuals at that particular time. Faye, our Certified Infant Massage Instructor in NICU will facilitate a cue-based dialogue of nurturing touch between parent and baby. As your baby can sense and feel your touch and recognize your voice and scent. This creates an opportunity for bonding and attachment that lasts a lifetime.

While it can be tempting to massage a baby who is still in the hospital, it may not be what is best for the baby. In the late 1980s while documenting the effects of infant massage in a neonatal unit, it was observed that babies were showing cues of overstimulation. Plus days in NICU can be filled with medical interventions and other types of stimulation by various people. Your baby's sleep is also important for growth and sensory development, and because the brain is rapidly growing at this time, there may only be brief opportunities for the baby to have the energy it takes to receive any extra stimulation; a massage.

For this reason, 'The 5-Step Dialogue' is designed to help the family grow together through positive and nurturing touch while in NICU. Faye, as an IAIM Instructor, with experience, knowledge and education working in NICU, will lead you through these steps and guide you to be receptive and responsive to the subtleties of your baby's cues.

With loving and sensitive touch, you can make all the difference to your baby's future.

Teaching Sessions for Parents

In addition to one to one Baby Massage sessions for babies preparing to be discharged, group teaching sessions are available for all parents, in a non-clinical environment just outside of NICU, with the opportunity to meet other parents and enjoy a sweet treat with our Discharge Planner Faye who covers:

- Infant hygiene; including a demonstration of bathing your baby.
- Breast feeding; advice & support, cleaning & sterilising of equipment and correct storage.
- Gastric tube feeding; correct procedure to testing & safe feeding techniques.
- Bottle feeding; Cleaning & sterilising, feeding positions, plus a full demonstration & participation in preparing a formula feed.
- Health promotional advice; handling & behavioural cues, sleep positions, room temperature, importance of a car seat, plus lots more.

To attend, please speak to a member of staff - thank you.

Accessing your Baby's Notes

If you would like to access your baby's notes, please approach a staff member and we would direct you on how to proceed.



Shopping List

Cotton Wool

Cotton Buds

Nappies

Nappy Sacks/ Bags

Sunflower Oil/ Coconut Oil (optional)

Factsheets

To download the following Factsheets, scan the QR code alongside it:

- Car Seat



- Safer Sleep for Babies



- Temperature



Parent confidence and proficiency (To be signed by parent)		
	Date	Signed
Ward Information		
Introduction & tour of NICU		
Advice on visiting NICU		
Infection control measures		
Safety/security/confidentiality		
Developmental Care		
Comfort holding/recognising stress cues		
Kangaroo care/skin-to-skin holding		
Protected time: noise & light		
Sucrose/pain relief		
Feeding cues		
Using a dummy (non-nutritive sucking)		
Benefits of talking/reading/singing softly to your baby (Social interaction)		
Positioning your baby		
Baby cares		
Mouth care		
Nappy change		
Top and tail		
Temperature control/changing site of probe		
Bathing		
Changing site of saturation probes		

Parent confidence and proficiency (To be signed by parent)		
	Date	Signed
Feeding		
Hand expressing effectively		
Safe use of breast pump		
Cleaning and sterilising breast pump equipment		
Defrosting/warming of breast milk		
Cup feeding if appropriate		
Bottle feeding		
Making up formula feeds		
Cleaning and sterilising bottles/teats		
Naso-gastric tube feeding		
Preparing for home		
How and when to give medications		
Resuscitation (if appropriate)		
Follow up appointments		
Taking temperature/temperature management		
Car Safety		
Immunisations		
Registered with GP		

Personal expressing log for:

.....

Baby's name

Baby's date of birth.....

Place a picture of your baby here

Expressed Breastmilk Record

- ✓ If your baby is not yet breastfeeding, aim for 8 – 10 expressions in 24 hours.
- ✓ Let the staff know if you notice your milk supply is decreasing or if you have any discomfort in your breasts.
- ✓ Show this log to your baby's nurse regularly so you can work together to ensure you receive the support you need for expressing.

Please record the amount of milk you expressed next to the day and time you did this expression.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date:							
Midnight							
1:00 am							
2:00 am							
3:00 am							
4:00 am							
5:00 am							
6:00 am							
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
Noon							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							
8:00 pm							
9:00 pm							
10:00 pm							
11:00 pm							
TOTAL:							

Time spent doing positive touch/ skin-to-skin holding as appropriate

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Total:							

Please record the amount of milk you expressed next to the day and time you did this expression.

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Date:							
Midnight							
1:00 am							
2:00 am							
3:00 am							
4:00 am							
5:00 am							
6:00 am							
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
Noon							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							
8:00 pm							
9:00 pm							
10:00 pm							
11:00 pm							
TOTAL:							

Time spent doing positive touch/ skin-to-skin holding as appropriate

	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Total:							

Top tips to promote successful milk volumes and breastfeeding.

- √ Expressing is best started within the first 6 hours of delivery.
- √ Hand expressing is the most effective way of collecting colostrum.
- √ Once you have more milk coming in move to an electric pump.
- √ Early and frequent expressing leads to greater long term milk production.
- √ Express 8-10 times in a 24 hour period until your milk supply has been established.
- √ It is very important you express at least once between midnight and 6am when milk hormone levels are highest to help boost your milk supply.
- √ Avoid gaps of longer than 6 hours between expressing.
- √ Consider double pumping where possible as this increases your milk supply.
- √ Pumping for 2 minutes after the last drop of milk has been expressed promotes milk production.
- √ Kangaroo care undertaken before and when expressing can boost the "let down reflex."

Personal notes:

