



University Hospitals Bristol
NHS Foundation Trust

Patient Information Service
St Michael's Hospital

Welcome to the Neonatal Intensive Care Unit at St Michael's Hospital a practical guide for families



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Dear Parents,

Congratulations on the birth of your baby and welcome to St Michael's Neonatal Intensive Care Unit (NICU).

Some parents have the opportunity to visit NICU before the birth of their baby, and so may have some idea of what the environment is like. For other parents, coming to NICU is unplanned and can be a very challenging time. We hope this leaflet will help in giving you some important information that might help while you are here with us on NICU.

We aim to keep you informed about all aspects of your baby's care and want to include you as much as possible in meeting your baby's needs. We encourage you to talk to us as early as possible about any worries you may have, so we can support you and your family through this difficult time.

The St Michael's regional neonatal unit admits babies that need extra care from neonatal specialists, from birth to approximately four weeks post term, although this differs from baby to baby, depending on need. We care for all babies, some of whom are born extremely prematurely, some born at home, some born at St Michaels and some from other hospitals.

Our neonatal unit is a specialist referral centre for neonatal surgery and cardiology, and admits many babies from all over the South West and South Wales, and occasionally further afield.

Our NICU has 31 cots providing a mix of intensive care, high dependency and special care facilities with additional transitional care beds / cots on ward 76.

Unit philosophy

St Michael's and families: partners in care for the best possible outcomes.

Admission process for your baby

This is an outline of what may happen to your baby:

- On admission, your baby will be placed on a heated mattress or in an incubator to stay warm (in most instances).
- Leads (small sticky patches attached to thin wires) will be placed on your baby's chest and abdomen to monitor heart and respiratory rates.
- A saturation probe will be placed on your baby's foot or hand to monitor the amount of oxygen in the body.
- Some babies need help breathing. There are several kinds of respiratory support. Your baby's nurse or care provider will explain them to you.
- Some babies need intravenous (IV) fluid. This may be provided by placing a thin plastic catheter in a hand, arm or foot. Babies have very small and fragile veins, so it may be necessary to place the IV in the scalp. We may need to shave an area on your baby's head to do this. We will save the hair from your baby's "first haircut" for you.
- Some babies may also need to have catheters placed in their umbilical cord. This may be used for monitoring vital signs, giving more concentrated nutrition or to draw blood for laboratory tests.
- Although communication and working closely with parents is key to the unit's philosophy, it is worth being aware that the first 24 hours on the unit can be a time of consistent assessment of the babies needs and health condition, and many parents struggle with this period as there is sometimes not much information for them during this time.

Who's who on NICU?

All medical and nursing staff (at every grade) work a shift system, so you may meet all or some of them during your baby's stay on NICU.

Doctors

At St Michael's we have a team of consultant neonatologists (doctors specialising in the care of newborn babies) who will be responsible for the medical care of your baby during their stay at St Michael's.

They will be responsible for the overall care of your baby and will meet you at regular intervals, sometimes even after your baby has gone home in an outpatient clinic. All the neonatologists are supported by a team of doctors called specialist registrars, clinical fellows and senior house officers (SHOs) who will provide the daily medical care.

Advanced neonatal nurse practitioners

In addition to the medical staff, there is a team of highly trained neonatal nurses called advanced neonatal nurse practitioners (ANNPs). They have completed additional training to become competent in what were traditionally doctors' roles, including prescribing medication. They also facilitate and run NEST (the St Michael's Neonatal Transport Team) with consultant guidance.

Neonatal nurses

There is a large team of specially trained nurses to care for your baby 24 hours a day, led by our matron Kay Pullen. On most days, the day to day running of the unit will be coordinated by a senior sister or charge nurse.

In their absence, a senior staff nurse will be in charge. There are many different levels of staff on our neonatal unit, all of whom have undergone enhanced training to enable them to care for your baby and use the equipment required on the unit. Each wears a slightly different uniform.

- Matron – grey tunic with red piping
- Medical staff – blue scrub suit
- ANNPs – navy scrub suits
- Senior sister / charge nurse – navy
- Community neonatal team – purple polo shirts
- Senior staff nurse – grey stripe with royal blue epaulets or royal blue scrubs
- Staff nurses – grey stripe with pale blue epaulets
- Nursery nurses – grey stripe with lilac epaulets
- Associate practitioners – grey stripe with green epaulets
- Healthcare assistants – grey stripe with beige epaulets
- Housekeepers – yellow and white
- Equipment technician – green and white.

Neonatal community team

We are fortunate to have a community neonatal team working alongside the staff on NICU, and these specially trained nurses work and visit some families (depending on criteria) at home in the Bristol area after they have left NICU. This team provide specialist help in the community, and help to bridge the gap for families who have been in hospital for a period of time. If your local area does not provide community support or your baby does not fit the community team criteria, then your health visitor will provide on-going care.

Levels of care

On NICU at St Michael's we can offer four levels of care to our babies and their families:

1. **Intensive care** – provides care and assessment for the most premature or sickest babies. Most of our cardiac and surgical babies will be nursed in here at some stage during their treatment. These rooms can be busy, noisy and brightly lit, although we try to reduce light and noise during “quiet time” and at night.
2. **High dependency** – For vulnerable babies who require close observation, but who don't require intensive care.
3. **Low dependency / nursery** – For babies who are growing, learning to feed and require less help.
4. **Transitional care** on ward 76, level E – For babies who are approaching going home and can be looked after by their mum day and night with some input from specially trained staff. Mums are required to be resident with their babies.

Occasionally, babies are moved into different rooms without much notice depending on the level of care they and others require. We will endeavour to inform you prior to your visit, if this occurs.

Visiting

Visiting for parents and siblings is allowed at all times every day, but there will be occasions during consultant ward rounds and specialised procedures when you may be asked not to visit.

Other adult visitors are welcome at the times locally specified every day but occasionally there may be times when this is restricted for infection control or procedural purposes.

Unfortunately, we cannot allow children under the age of 16 to visit unless they are siblings of the baby or there are exceptional circumstances.

Our policy is only to have up to three visitors at the cot side at any time, with one being a parent unless previously discussed and arranged with nursing staff. You will be informed of up-to-date arrangements on admission and advised of any changes.

Hand washing

We ask that you and your visitors remove outside coats, jackets, wrist watches and all jewellery except plain wedding bands before entering the unit. We comply with the Trust's 'bare to the elbow' policy. We ask that you strictly adhere to hand washing guidelines and use alcohol hand gel when moving around the unit and before and after touching your baby.

If you are unwell (or may have been in contact with a contagious illness or disease) that could affect your baby, please ask or telephone the nurse in charge for advice.

Security and fire alarms

All hospital staff are issued with photographic ID badges that should be visible at all times. Please feel free to ask to see their ID if anything concerns you.

Entry to NICU and other wards and departments is controlled by a secure entry system. This is for the protection of patients, staff and visitors. Please use the entry call system to get access to the unit and for safety and security, do not allow anyone to follow you through the door. Please be patient when calling for access, as staff may be busy attending to the needs of the babies.

Please ensure you keep your valuables with you at all times, as the Trust cannot be held liable if any item is lost or missing. If you have concerns about security, please speak to the nurse in charge.

Our fire and smoke alarms are tested weekly (on Thursday mornings) but if they sound at other times, the staff will instruct you what to do. If there is an immediate risk with obvious smoke or fire, please leave the unit immediately via the nearest fire exit. Your baby will be looked after by unit staff. The Fire Brigade and the Trust's fire team will attend and take appropriate action.

Research studies and teaching hospital

We have had many babies who have been part of research studies. Research has led to dramatic improvements in the quality of life, and care for babies and children born preterm. Research continues to be vitally important to advance medical and nursing care, and you may meet people on the unit who are doing new studies. You may be asked if your baby could become involved. Your baby will only be entered into research studies after discussion with you and after consent is obtained. Refusing to join a research trial, or leaving a trial at any point (if you change your mind), will never affect the quality of care given to your baby.

Ward rounds

Ward rounds usually occur three times a day in the intensive care unit, and daily in high dependency and in special care. An integrated care meeting occurs on a Tuesday at 10am in high dependency and special care, where all members of the multidisciplinary team attend. This is often an opportunity to discuss more social and psychological needs of families, alongside medical, developmental, and nutritional input. On other days, times may vary so please ask the nurse looking after your baby for more information.

In order to maintain confidentiality, you will normally be asked to step outside of the room during these ward rounds. We can call you back in if you wish to listen to the discussion about your baby when appropriate.

Car parking

Unfortunately, there is great demand on city centre spaces but the Trust offers a number of pay and display car parks within the Trust site for your use. They are card and coin operated machines, but for families whose baby is on NICU we can help by offering a parking voucher. Please ask for details. There are numerous other public car parks nearby, but on street parking is limited.

Resources

BLISS is the premature baby charity and offers a wide range of information booklets and support for families. The unit has access to several of their publications and information leaflets, and you will be given the BLISS handbook and The Small Wonders DVD when you first come to the unit. All of the information can be found on their website, but staff can access information for you from BLISS if you feel it would be helpful.

Facilities and amenities

We are fortunate to have newly upgraded facilities on NICU, and within this we can now offer a new seating and eating area for families (children must be supervised at all times) and their guests, an expressing room for mothers, and new toilet facilities for all visitors, near to the reception desk. All areas are checked regularly during the day for cleanliness. If you notice that the facilities need cleaning, please tell a member of staff.

There is a cafe selling hot drinks and snacks, an RVS shop (both open Monday to Friday and occasional weekends) and vending machines. Close to the hospital are numerous cafés and bars (open seven days a week) and a variety of shops including a small supermarket.

Bristol City Centre is within a 15 minute walk (very steep hills involved), but a free hospital shuttle bus operates Monday to Friday from the front of the hospital and provides transport around the city including to the bus and train stations. Timetables are available from the reception desk.

Also available is our sanctuary room on level C, which is open daily for you to sit, reflect and have some quiet time.

Accommodation

We aim to provide accommodation to parents who live away from the local area and wish to be near their baby. We currently have 12 rooms in our recently-refurbished Cots for Tots House, which is situated in the grounds of the hospital. Some rooms have en-suite facilities and there are communal living, kitchen, bathroom and laundry facilities (small charge). Each room has a TV with DVD player, a fridge and an internal telephone system so you can easily contact the unit for an update on your baby. It also offers free Wi-Fi. There are registration forms to complete and criteria to fulfil and we ask for a £20 fully refundable deposit on arrival. Although we aim to provide this accommodation for everyone, availability is limited. Please ask if you wish to be considered.

Family support

We are fortunate to have two specific family support sisters on the unit who will try and introduce themselves to you. They are more than happy to discuss any issues that you may have

about how you are feeling or about practical issues you are experiencing.

We also have access to qualified psychologists who can talk and guide you to further services should the need arise. They are based in the hospital and will spend time on the unit each day.

We also have strong links with our chaplaincy department who visit the unit regularly and The Grand Appeal family support workers. They are available to offer support and also seek to meet social, spiritual, pastoral and religious needs.

If you wish to discuss a particular issue, please ask your baby's nurse to contact them for you.

Financial support

The safeguarding team in the hospital has a limited charity fund for families who experience financial difficulties due to their baby being in hospital. This can assist with travelling and living expenses while you and your baby are away from home. If this is the case, please ask your baby's nurse for a referral to the safeguarding team. The Grand Appeal may also be able to offer financial assistance. Please ask to be referred to them if this may be helpful.

Toys on the unit

Recent studies have shown that soft toys become rapidly contaminated with bacteria when placed inside babies' incubators. These bacteria can be harmful to vulnerable babies. We therefore ask you not to bring soft toys on to the unit. If you have any further questions please don't hesitate to ask a member of staff.

Some of our older babies benefit from sitting in chairs and looking at toy mobiles to promote their development. If this is

something you wish to provide for your baby, please discuss the possibility with your baby's nurse.

Breastfeeding

Breastfeeding is the healthiest way to feed your baby. Your milk is perfect and uniquely made for your growing baby's needs and we advocate this for nearly every baby.

On NICU, we have a team of key workers led by Louise, whose aim is to facilitate breastfeeding and expressing in the neonatal intensive care environment. We understand the multiple complexities and challenges faced by parents whose babies are in the neonatal unit with regard to feeding their newborns.

On NICU, many babies are not able to have milk straight away (perhaps due to prematurity or a surgical condition) but it is really important that, if you are planning to breastfeed, mums start to express their milk as soon as possible after delivery and then at least eight times a day afterwards (including once in the night between 2am and 4am) to ensure maximum lactation. Midwives on the post-natal ward can help initially.

We have a dedicated expressing room for mums who are either resident or living at home, which is open 24 hours a day. We provide all the equipment needed and can even loan out some pumps to be taken home or to Cots for Tots if requested (£10 refundable deposit required). There are fridges and freezers for storage of some of your breast milk.

If you choose not to express milk and wish to formula feed, we will support this decision. We aim to empower you to make an informed choice regarding feeding and will respect your views.

Developmental care

The process of developmental care involves creating an environment for the infant that reduces stress, while providing developmentally-appropriate experiences for the infant and family. On our NICU, we recognise this and endeavour to minimise stress.

One of the essential principles is that each baby's care will be individualised and every effort will be made not to disturb your baby excessively. We try to reduce noise and light, which are both major stresses to premature infants, and try to have a quiet time on the unit daily between 12pm and 2pm.

Practices that support developmental care include: skin to skin kangaroo care (from either parent), containment holding, positive touch, non-nutritive sucking, positioning and learning to recognise your baby's cues. We have a team of specially-trained developmental care nurses, who are happy to offer help and support to you if you require further information on this subject.

Transfer to another hospital

This network has a dedicated neonatal transport team comprising specialist doctors and nurses who move babies into and out of Bristol, as well as other hospitals as required.

The NICU at St Michael's is the lead centre for the South West network, covering areas such as Bristol, Gloucestershire, Wiltshire and Somerset. The unit also provides a service to babies from Devon, Cornwall and South Wales. Being a regional unit means that we care for the smallest and sickest babies from around the region. Should your baby be stable and well enough, it may be necessary to transfer him or her to another hospital in the region to ensure we have space to admit babies who need our specialist care. If your baby was transferred to us from

another hospital, our aim will be to get your baby back to your own hospital as soon as he or she is well enough to do so.

The team involved in the care of your baby will keep you up to date with your baby's progress while on the unit. As well as thinking about short-term goals, the team like to begin thinking about long-term aims, such as going home, or whether your baby's healthcare needs can be met by another hospital. In these cases, he or she may be transferred to another hospital, or to one of the paediatric wards at the children's hospital.

Communication and speaking up for your baby

We aim to keep you informed about all aspects of your baby's care and want to include you in as much as possible in meeting your baby's needs. During your NICU stay, you may be concerned about procedures, events, or caring for your baby. We encourage you to talk to us as early as possible about any worries you may have, so we can support you and your family at this difficult time.

Parents are equal members of the baby's healthcare team, and we want to work in partnership with you. You will be a constant presence in your baby's life, so we encourage you to share information you have learned or observed about your baby's care with the team. Over time, you will develop working relationships with your baby's doctors, nurses and other members of the care team that are based on trust and mutual respect.

Regional Neonatal Intensive Care Unit
Level D
St Michaels Hospital
Southwell Street
Bristol BS2 8EG
Telephone: 0117 342 1735 / 1736

Feedback

The unit welcomes your feedback on issues large or small. This feedback will allow us to make improvements to the service.

If you have any compliments or complaints regarding your experiences at the Trust, please make these known to a member of staff, so that they can be addressed by the nurse in charge that day, or by the unit matron.

If your compliment or complaint is not addressed to your satisfaction, you can access further support from the patient support and complaints team (PSCT). They can provide:

- Non clinical information and advice
- A contact point for patients who wish to feedback a compliment or general information about our services
- Support for families with additional needs
- Complaints management.

You can contact this team:

By phone: 0117 342 1050

By email: psct@uhbristol.nhs.uk

By post: Patient Support & Complaints Team Trust
Headquarters
University Hospitals Bristol
Marlborough Street
Bristol, BS1 3NU

As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While your child is under our care, you may be approached about them taking part in research. To find out more please visit: www.uhbristol.nhs.uk/research-innovation or call the research and innovation team on **0117 342 0233**.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact **Smokefree Bristol** on **0117 922 2255**.

For access to other patient leaflets and information please go to the following address:

www.uhbristol.nhs.uk/patients-and-visitors/information-for-patients/

Hospital Switchboard: 0117 923 0000



Minicom: 0117 934 9869



www.uhbristol.nhs.uk



For an Interpreter or Signer please contact the telephone number on your appointment letter.



For this leaflet in large print, audio or PDF format, please email patientleaflets@uhbristol.nhs.uk.

