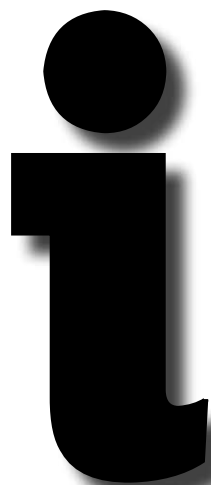


# **Information for Parents – Consent in the Neonatal Unit** (page 1 of 4)



## **Introduction**

This leaflet provides information for parents and carers of babies admitted to the Neonatal Unit (NNU). It covers consent for treatment and for the procedures which might be undertaken.

Your baby has been admitted to the Neonatal Unit because he or she requires extra nursing and medical care which cannot be provided on the post-natal ward. Some babies will require full intensive care; whilst others need 'Special Care' mainly involving help with feeding.

'Routine' care on the Neonatal Unit involves many procedures and treatments, necessary for your baby at this time. We will always try to keep you informed of what we propose for your baby and will seek your agreement (consent) for that.

The fact that you accept that your baby is being looked after on the unit, is taken most of the time as a sign that you also agree to routine procedures such as taking blood for basic tests, or X-rays.

Occasionally, it is necessary to carry out emergency procedures and treatments for which we would usually seek your consent first. At all times, we will consider what is best for your baby and will always contact you as soon as possible once your baby is more stable.

## **What is parental responsibility?**

Parental responsibility means the legal rights, duties, powers, responsibilities and authority a parent has for a child and the child's property. A person who has parental responsibility for a child has the right to make decisions about their care and upbringing. Important decisions in a child's life must be agreed with anyone else who has parental responsibility.

## **Who has parental responsibility?**

If unmarried the mother has parental responsibility until the baby is registered with the father on the birth certificate. If married the mother and father have joint responsibility.

(Unless this is removed by the courts – this is not usually the case in the early postnatal days).

## **Neonatal Unit**

**01722 425180 or 01722 336262 ext 2180**

If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: [customer care@salisbury.nhs.uk](mailto:customer care@salisbury.nhs.uk)

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: [www.salisbury.nhs.uk/FriendsFamily](http://www.salisbury.nhs.uk/FriendsFamily) or download our App from the Apple App store or Google Play Store.

The evidence used in the preparation of this leaflet is available on request. Please email: [patient.information@salisbury.nhs.uk](mailto:patient.information@salisbury.nhs.uk) if you would like a reference list.

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## Consent

There are some treatments and investigations for which we will specifically seek consent. Some of these require your signature on a form. This does not necessarily mean that these are more important, but simply reflects a different consent process.

At all times, you should feel well informed about the proposed treatment to be able to make a decision as to whether you agree to it or not. Do ask if you are in doubt. If there is disagreement about what is planned, we will respect your opinion, but will always want to act in your baby's best interests. Occasionally, a second opinion may be sought by either party.

A list of some of the more common procedures and treatments which your baby may undergo follows, to ensure that you are aware of them.

We hope that this helps you to understand the care that your baby is receiving. Please remember that you can always ask if anything is unclear to you.

## Common procedures in the Neonatal Unit

- Taking blood for:
  - **full blood count (FBC)**. This gives us the haemoglobin level, (which tells us if your baby is anaemic or not), white cell count (the cells which fight infections) and platelet count (cell fragments which help clotting)
  - **biochemistry**. We measure the salts in the body; kidney and liver function
  - **glucose level**
  - **C-reactive protein (CRP)**. A marker of infection and/or inflammation, found in the blood.
  - **gases**. These measure the carbon dioxide, oxygen and acidity of the blood.
  - **drug levels**. Checking the amount of a medicine in the blood.
- **Neonatal screening**. Nationwide tests for a variety of congenital conditions
- **Head ultrasound scan**. We check the brain structure and look for bleeds or signs of infection.
- **Intubation**. Inserting a tube into the baby's trachea (wind-pipe), for administration of surfactant (see later) or connection to a ventilator.
- **Extubation**. Removal of the breathing tube.
- **Sending blood, urine or other samples for culture** (to see whether there is an infection)
- **A lumbar puncture (LP)**. Inserting a needle into the lower back to remove cerebrospinal fluid (CSF) the fluid around the spinal cord, to test for meningitis.
- **Inserting a gastric tube** (through the nose or mouth into the stomach) - usually to allow feeding, but sometimes to keep the stomach empty.

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- **Examination of the eyes** for retinopathy of prematurity (ROP). In babies less than 1.5 kg and/or less than 32 weeks gestation at birth, to assess development of the back of the eye (the retina).
- Insertion of:
  - **a drip/cannula/line** - allowing us to take blood and give drugs and fluids directly into a vein.
  - **an arterial line** - inserted into an artery to allow accurate measurement of blood gases and blood pressure.
  - **umbilical lines** – those placed in the umbilical artery or vein. Usually only in the smallest babies in the first few days, to allow blood sampling and giving of drugs and fluids.
  - **long lines** - a very fine intravenous line for giving parenteral nutrition (PN) and sometimes antibiotics.

## Common treatments

**Antibiotics** - we start antibiotics if we feel there is any risk of infection. In the first 48 hours, we use cefotaxime. Antibiotics are safely used in many neonatal units (and also for adults). The antibiotics may be changed if your baby remains unwell, or we have extra information from the Microbiology Department, such as culture results that indicate the use of a particular antibiotic, these antibiotics may include gentamicin.

If gentamicin is commenced we always measure the level of gentamicin in the blood, as high levels can affect hearing and kidney function. In this hospital, babies who received gentamicin are automatically offered a hearing test, regardless of drug levels. You will be asked to sign a consent form for this test.

**Vitamin K** - you will be offered an injection of vitamin K for your baby. Vitamin K is a vitamin which helps the blood to clot. All babies are born with low levels of vitamin K, by giving this injection we supplement the baby's vitamin K levels. Evidence shows that it helps to prevent a rare bleeding disorder called Haemorrhagic Disease of the Newborn.

Your midwife may have discussed the injection with you while you were pregnant.

If you prefer your baby not to have an injection, they can have vitamin K orally instead, but they will need 2 further doses. Generally the paediatricians recommend that babies born preterm are given the injection, you may wish to discuss this with the doctor.

**Surfactant** - a substance which is made in the lungs, except in preterm babies. It is therefore given soon after birth directly into the lungs of a preterm baby to help the baby to breathe more easily.

**Ventilation** - taking over or assisting breathing with a ventilator.

**CPAP (Continuous positive airway pressure)** – this is a treatment that aids breathing by delivering oxygen or air at continuous pressure to the lungs, this helps keep the airways expanded. It is delivered using a mask or short prongs in the nose.

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**High-flow** - warm, humid oxygen or air at a higher rate than via normal oxygen tubing (3 to 8 litres per minute), it is delivered via short prongs in the nose. It is another method to support breathing.

**Low flow oxygen** - given via prongs in the nose at rates of 0.01 to 1 litre/minute. Supplied directly from the oxygen cylinder or wall supply.

**Parenteral nutrition (PN)** - an intravenous form of feeding for babies which gives them all the nourishment they need to grow until they have built up to full milk feeds.

**Use of donor expressed milk** - donor milk may sometimes be used whilst waiting for mother's own milk to come in. If your baby is very small or born very early we would prefer to use donor milk rather than a cow's milk formula. You will be given information about donor milk if we think your baby will benefit from this. The decision to use this is yours.

**Use of formula milk** - formula milk is sometimes needed until mother's own breast milk supply has established. There are some special formulas used for preterm infants.

**Vitamins and iron** - for any baby born at less than 35 weeks gestation and for smaller term babies. Multivitamins are started when your baby is on full milk feeds. Iron is started on day 28. These are needed for optimal growth and development.

**Immunisations** - as preterm babies may remain in hospital for a number of weeks, the routine vaccination programme may be commenced whilst still in hospital. You will be asked to sign a consent form for these, which are given at the same age as for all babies, ( 2, 3 and 4 months) Your health visitor and GP will ensure that the course is completed following discharge home. We offer certain babies immunisation against respiratory syncytial virus (RSV), the virus which can cause a chest infection called bronchiolitis. Your nurse or paediatrician will discuss these in full with you.

**Morphine** - used for sedation and pain relief in babies receiving intensive care. This is commenced to ensure that the baby remains comfortable and pain free throughout the treatment.

**Caffeine** - a drug given to premature babies to help keep their breathing regular.