

YOUR BABY REQUIRES TRANSITIONAL CARE

Congratulations on the birth of your baby!



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What is transitional care and where does this happen?

Transitional Care is care provided to babies who need additional support following their birth. This care is delivered by parents and specially trained healthcare professionals. It is designed to enable babies to stay with their mothers, and is supported by Midwives, Neonatal Nurses, Maternity Care Assistants and the Paediatric Medical team.

Transitional Care is provided in one of two places:

1. Beatrice Maternity Ward
2. Neonatal Unit in designated mother and baby rooms (Kangaroo care rooms).

This may be for a variety of reasons:

- Your baby is born between 34 weeks and less than 37 weeks.
- Your baby is small and weighs less than 2kgs.
- Your baby needs help to maintain their temperature.
- Your baby needs additional feeding support via nasogastric tube (NGT).
- Your baby requires additional observations due to side effects of some maternal drugs.
- Your baby requires additional observations due to possibility of infection.



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How long will we need to stay in hospital?

Every baby is different and there are lots of factors that will affect the length of your baby's stay. Depending on your baby's progress you could expect your baby to need the support of Transitional Care for between **3 and 14 days**. Your baby will need to be taking all feeds via breast or bottle, be gaining weight and be able to maintain their temperature without the use of a hot cot.

Your Baby's care will be assessed daily by a Paediatrician and a plan of care will be discussed with you, ensuring you are fully aware of any changes.

What will my baby require?

They may require all, a couple or none of these:

A **hot cot** to ensure they keep warm.

NGT feeding 2-3 hourly to ensure they can maintain their blood sugars.

Blood tests to ensure blood sugar and jaundice levels are within the normal ranges.

Observations, mainly temperatures to ensure they are maintaining a good stable temp. A 'good' temperature should **36.7°C-37.4°C**.



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What will I need?

- Clothes that fit your baby. If you think your clothes are too big for baby, please ask for smaller clothes as the neonatal unit will have some. It is important that the clothes fit the baby.
- Nappies and cotton wool for at least a 3-night stay.
- If you wish to formula feed, then you will require your own bottles and formula. You will have access to a kettle so if you have powder that is fine. We also have sterilisers so you can sterilise your own bottles. We can show you how and where to do this.
- We have breast pumps should you wish or need to express your milk.

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What is a hot cot?

How should my baby be cared for on a hot cot??



It is a water filled mattress that is heated to a specific temperature 36.5-37°C to help keep your baby warm.



Only a baby grow on the baby. **No vest.**



Only one sheet over the blue nest.



Hat on until good temperature.



2 x blankets over the baby. Can be less if good temperature.

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Coming off the hot cot

The hot cot will be weaned down from a temperature set at 37°C to 36.5°C. This will happen when your baby has maintained a good temperature for over 12-24 hours or is 'hot' on the hot cot.



Once weaned and your baby is ready to come off, you will need to dress baby in a **vest** and baby grow.



Initially have a hat on until good temperature is reached.



2 x blankets over the baby. Can be less if good temperature.

If your baby struggles with their temperature off the hot cot, they may not be ready to maintain their own temperature and will need to go back on the hot cot.

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Feeding



Your baby needs to be fed **at least 3 hourly**. This can be however you choose to feed your baby, breastfeed or bottle feed. We will support you.

Your baby's blood sugar may be monitored. If this happens your infant will have their first blood sugar at four hours of age. They will then have one prior to their next feed. Their blood sugar levels need to be **above 2.0mmols**.

If their blood sugar is low, then a feeding plan may need to be put into place. This will be discussed with you as additional milk may need to be given. This can be expressed breast milk, or it may be that some formula needs to be given. If this is the case formula can be provided by the neonatal unit as it can be seen as a 'medicine'.

This also may include baby having a Nasogastric tube inserted into their nose and down into their tummy so we can feed them that way.

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A feed chart should be kept so you can keep track of how well your baby is feeding.

Along with this chart you can document whether your baby is passing urine and having their bowels open.

On day 3 your baby will get weighed. Babies are expected lose weight, ideally, we like this to be less than 10%. If your baby has lost more than 10%, or close to it, we may need you and your baby to stay in hospital until a day 5 weight. If you go home and they lose more weight, then this may result in being referred into the hospital again which could result in a longer stay.



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NHS

Salisbury

NHS Foundation Trust

NEWBORN FEEDING CUES

EARLY CUES

Mouth Activity - I'm Hungry



Licking
Lips

Opening
Mouth

Turning
Head

MID CUES

Body Movement - I'm Really Hungry



Stretching

Wiggling

Hands
at Mouth

LATE CUES

Upset Baby - Calm Me, Then Feed Me



Fussing

Turning
Red

Crying

CALM ME

Calm Quickly with

- > Skin-to-skin
- > Cuddling
- > Talking
- > Stroking



STORK MAMA

HOW TO GET THE *perfect* BREASTFEEDING LATCH



HOLD YOUR BABY'S HEAD WITH ONE HAND AND SUPPORT BABY WITH OTHER. BRING BABY CLOSE ENOUGH SO THEY CAN EASILY GET YOUR AREOLA WITHOUT EFFORT.



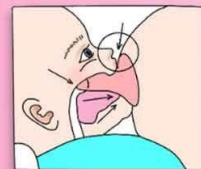
STIMULATE BABY'S UPPER LIP WITH YOUR NIPPLE UNTIL THEIR MOUTH OPENS VERY WIDE.



YOUR BABY'S CHIN SHOULD BE THE FIRST THING THAT MAKES CONTACT WITH YOUR BREAST. THEY MUST BE LATCHED DEEPER BELOW YOUR NIPPLE THAN ABOVE.



BABY'S LIP MUST BE COMPLETELY TURNED OUT AND WRAPPED FIRMLY AGAINST YOUR AREOLA.



MAKE SURE BABY'S NOSTRILS ARE CLEAR FROM OBSTRUCTIONS AND CAN BREATHE EASILY.

*learn more
inside >>>*

LoveOurLittles.com

BOTTLEFEED LIKE A BREASTFEEDER

Dr. Stephanie Libs, DC, CACCP

1 BABY IS HELD

Baby is held in the same position that they would normally breastfeed which allows for safer swallowing.



2 SKIN TO SKIN

Try to get baby's cheek against the feeder's chest or arm to get some of the benefits of skin to skin.

3 SWITCH SIDES

Baby's brain and nervous system will benefit from switching sides since one side is cuddled against the feeder and the other is exposed to sights and sounds.



4 FEEDINGS NOT RUSHED

Take your time. Paced bottle feeding is a great method of feeding to mimic breastfeeding flow giving baby a slow and controlled feed.

5 TALK AND INTERACT

Cuddle and coo with your baby as they feed. If they gaze into your eyes, gaze back. It can make meal time so fun!



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Person Centred & Safe

Professional

Responsive

Friendly

Progressive

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What does my baby need to do so we can go home?

- Feeding well by breast / bottle.
- Minimal weight loss, or weight gain.
- Maintaining their own temperature, off hot cot for greater than 24 hours.
- Finished all treatments and medical investigations.
- Parents/Carers feeling happy and confident to take baby home.



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Remember:

- Keep baby warm.
- Feed at least 3 hourly.
- Have skin to skin with baby.
- You will be in hospital for a minimum of 3 days.
- If you would like to speak with a member of staff about the care your baby is receiving, please ask.
- You can always ask for a member of the neonatal team to see you if you have any concerns with your baby.
- Midwives, care assistants, neonatal nurses and doctors work together to support you to care for your baby and their needs.

Enjoy your baby!