Welcome to the Special Care Baby Unit (SCBU). Your baby may be with us for a variety of reasons; he may have been born too early or is too small, or is poorly or needs help feeding. Whatever the reason the staff in SCBU are here to give your baby the special care he needs to enable his return to you as soon as possible. We appreciate that this is a very stressful time for you and this booklet aims to answer some of the questions you may have, however staff will always be available to answer any questions you have in person. If you need to contact the unit for any reason we have a direct telephone line so you don’t need to go through the hospital switchboard it is -

0191 4041036

STAFF
You will soon become familiar with the staff caring for your baby. Nursing and medical staff work as a team in partnership with parents to provide optimum care. The medical team is lead by Dr. Gabriel Okugbeni (Consultant Paediatrician). The nursing team is lead by ANNP (nurse practitioner) Lillian Malcolm. The nurses in charge of the unit at any time have a certificate in Neonatal Nursing which qualifies them all to give your baby the care they need and they are ably supported by the auxiliary nursing staff.
VISITING

Visiting time for parents on the unit is unlimited. If mum hasn’t seen her baby we would suggest that other visitors wait until she has. Other visitors are asked to visit with mum or dad and because we are a small unit we allow only two people at the cot side at any time. Other visitors may wait in the parents’ room and rotate into the unit.

Apart from the baby’s brothers and sisters, children under sixteen are not allowed. Only mums and dads are able to handle the babies. All visitors must wash their hands on entering the unit. There are tea and coffee making facilities available in the parents’ room for mums and dads.

WARD ROUND

You are welcome to attend the ward round which happens every morning when the staff will discuss your baby’s care and progress.

Whilst baby is on the unit, blood will be taken regularly for investigations and to ensure the most appropriate treatment.

CARING FOR YOUR BABY

Both mums and dads are actively encouraged to participate in baby’s cares, changing nappies etc., while on the unit. We can arrange the times to fit in with your visiting; you can also cuddle your baby at this time if he is well enough. We try not to disturb the babies between care times as they need plenty of sleep and rest to grow. While you are getting to know your baby and learning to feed them we ask that you keep visitors to a minimum at this time.
FEEDING

At first some babies are too immature to breast or bottle feed or to take milk at all. They may receive an intravenous (I.V) infusion, or drip, of a salt and sugar solution. As they grow stronger feeds will be introduced but through a tube which goes through the nose into the stomach until they are able to suck and take a full feed. The benefits of a nasogastric (NG) tube are that they allow us to assess if the baby is absorbing feeds and also allow the baby to be fed while resting. If you had decided to breast feed your baby this is still possible, you can express your breast milk using a breast pump, we advise that you express 6 – 8 times a day including once at night time, and the milk can be frozen and used later or given as a tube feed until your baby can feed for himself. If you wish to bottle feed formula milk is available. If your baby is premature or small they may need milk made especially for them that contains more calories to help them grow this is a low birth weight formula and this is made available until their weight gain is improving. Once a baby begins to feed themselves you may feel impatient, each baby will progress differently and at their own pace, despite our, or your encouragement, but be reassured we don’t keep babies any longer than we need to.
PHOTOTHERAPY

This is a blue/white light treatment to help reduce jaundice. Jaundice is common in pre-term babies, usually appearing a few days after birth. It appears as a yellowish colouring of the skin and the whites of the eyes, and is due to the fact that the liver of a newborn baby is not mature enough to cope with the natural breakdown of red blood cells. Whilst under these lights, the baby's eyes will be protected by an eye shield.

GOING HOME

Babies will only be discharged when breast/bottle feeding is fully established and baby is well enough; mum will have the opportunity to room in with baby on the postnatal ward before discharge to ensure she is prepared before taking baby home.