

# Neonatal Transitional Care at St Mary's Hospital



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## Information pack for parents



Charlotte Ashton, Simone  
Mason  
Neonatal Inreach Sister

## Congratulations on the birth of your new baby

From all of us at St Mary's Hospital we would like to congratulate you on the birth of your new baby. There is a lot of support for you and your baby, and we will ensure this is readily available to you.

This leaflet contains information regarding support from the Neonatal Transitional Care Team that are here for you and your baby.



# Introduction to the Neonatal Transitional Care Team

- **The Neonatal Transitional Care Team**

- are a team of experienced registered nurses, nursery nurses and assistant practitioners based at St Mary's Hospital, here to support parents and the midwifery team in caring for your baby, who may be preterm or requiring extra support. A team of Resident doctors and Advanced Neonatal Nurse Practitioners provide medical cover for Transitional Care babies, overseen by a Neonatal Consultant. Babies are reviewed daily and examined at admission and prior to discharge but can be reviewed at any time if needed.

- **Why does my baby need this?**

Your baby will receive support from the Neonatal Transitional Care team if they are...

- Born less than 36+0 weeks gestation.
- Born less than 2.0kg.
- Babies with antenatal/postnatal diagnoses that may require additional support.
- Or if the medical team decide your baby would benefit from Neonatal Transitional Care support.



## What is Transitional Care (TC)?

Transitional care is for babies that need a little more care and nursing support bridging the gap between the neonatal unit and the routine care that all babies receive on the maternity ward.

It means babies can stay with parents and avoid admission to the neonatal unit.



## What can I expect?

- **The Neonatal Transitional Care team** will visit you in the morning as part of their daily review of each baby. This will involve examining your baby with your consent and conducting a feeding review. This is a good opportunity to ask questions or share any concerns you may have with your baby with your nurse.
- Your Neonatal Transitional Care nurse will then produce a plan of care for your baby for that day – your nurse will discuss this with you and ensure you are always informed. We work closely with the medical team who will oversee all plans of care. This plan will be reviewed, and regular welfare checks throughout the day will be performed.
- As your baby requires this additional support you may have an extended hospital stay depending on your baby's needs. Most babies on TC will remain inpatient for between 5-10 days, however due to individual circumstances this stay may be longer.



## Keeping you together

- Sometimes it may be that your baby needs to be admitted to the neonatal unit for closer observation and support, but the Neonatal Transitional Care team will aim to keep you together (with close observation and support) where possible.
- We will ensure regular observations for your baby, particularly in the first 24 hours. These may continue for longer depending on your baby's needs.
- We will need to perform two pre-feed blood sugars and possibly more. This will be discussed with you. This is to ensure your baby maintains their blood sugars between feeds. It is best for your baby to feed within the first hour of life.
- **Keeping your baby warm.** We will be regularly monitoring your baby's temperature. Please ensure your baby is dressed in an appropriately sized vest, baby grow, cardigan and hat after your skin to skin contact together after birth. Place blankets over baby and below their shoulders. We do not advise swaddling. If your baby's temperature drops, a heated mattress can be provided to support this.



- We do have a stock of premature baby clothes which are washed on the premises which you can use if you prefer.
- We will support you with skin to skin to encourage bonding and attachment needs and temperature control.

## Caring for you

- Make sure you take care of yourself as well as your baby by eating regularly with the meals provided. You can access cold and hot meals on the ward. Please ask your midwife if you want anything to eat.
- Also, make sure you have pain relief when needed and rest well while your baby sleeps.
- Looking after yourself will help you to meet the needs of your baby and recover from the birth.





## Feeding your baby

- The Neonatal Transitional Care team are here to support you with feeding your baby. Feeding a smaller and/or preterm baby can feel different to feeding a larger, term baby, but do not worry - the team are here to offer help, support and guidance. Your feeding plans may differ from initial expectations, but we will support your feeding journey.
- If your baby struggles or tires when feeding, the Neonatal Transitional Care team can provide support with nasogastric tube feeding. This is not as scary as it sounds and involves a feeding tube being inserted through the nostril into the stomach. This can be very common with preterm babies and the team have lots of experience with tube feeding.
- We can also refer to inpatient and community breastfeeding support teams to ensure good



support is in place for breastfeeding. Please ask your Neonatal Transitional Care nurse or midwife for information.



## Infection

If your baby is being treated for a suspected infection, they will be given antibiotics twice a day. A small, fine plastic cannula will be inserted into their hand or foot and blood tests taken to look for what is causing the infection. The cannula will be used to give intravenous antibiotics. If there are no signs of infection, antibiotics will be stopped between 36 and 48 hours later. Treatment length depends on the presence of severity of infection. Your baby will be reviewed every day by the medical team at this time. The decision to discharge your baby home will depend on your baby's progress and wellbeing and will be discussed with you.



The picture above shows a cannula placed in a baby's hand

## Jaundice

- If your baby is preterm, they are more at risk of becoming jaundiced. Jaundice is usually harmless in newborn babies and only becomes harmful if left untreated for a prolonged period or if levels are very high.
- The Neonatal Transitional Care team will monitor your baby's jaundice on their daily review. Jaundice levels may continue to increase in the first week of your baby's life.
- If your baby's jaundice levels rise, they may need treatment. Your baby can be treated for jaundice on the postnatal ward with you. If jaundice levels rise very high, your baby may need to be admitted to the neonatal unit to receive further treatment, but this is not common.
- Your Neonatal Transitional Care nurse will advise you of signs of worsening jaundice on discharge and what to do if this happens.





## What is jaundice?

Jaundice refers to the yellowing of the skin, whites of the eyes and gums caused by **bilirubin**. Bilirubin is a normal body chemical, which is produced when red blood cells are broken down and replaced by fresh cells. Bilirubin is then processed by the liver and leaves the body in urine and stools.

Jaundice is common in newborn babies because the baby's liver is not developed enough in the first few days to process all the bilirubin that is produced. Bilirubin then builds up in the blood, which causes jaundice. (Bliss, 2024)



## INFECTION CONTROL

Any visitors (including the Neonatal Transitional Care team) must wash and gel their hands on coming into your room and before and after touching baby

## Going Home...

Taking your baby home may feel exciting and daunting at the same time.

Before going home your baby will need to be:

- Feeding well
- Gaining weight
- Staying warm in the cot

In addition, your baby should:

- Have no infection concerns
- Have jaundice levels more than 50 below the treatment line and on a downward trend



Baby will have a hearing test, usually on the day of discharge; this is part of the national screening program. You will also need to register your baby's birth and **register your baby with your GP before discharge home**. Almost all GP surgeries facilitate this online. Please inform the Neonatal Transitional Care staff if you have changed your address and/or GP's details.

The TC team will advise, support and discuss the following topics:

- Breast feeding
- Bottle feeding (making feeds, sterilisation)
- Safety at home
- Giving any necessary medication
- Basic resuscitation
- Safe sleeping

We will ensure that you have follow-up support by the community midwives. If your baby needs continued support from a neonatal nurse, you may be referred to *the Manchester Neonatal Outreach Team*.

We will give you lots of information on how to safely take care of your baby at home. If you have any worries or queries regarding any of this information, please ask a



member of the team.

Before you leave, please make sure you have all your discharge paperwork.

