

Discharge from the Neonatal Unit

 **Information for parents**
Neonatology



PROUD TO MAKE A DIFFERENCE

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



Congratulations!

Your baby is ready or nearly ready to be discharged home from the neonatal unit. This leaflet explains what happens next.

During your baby's stay on the neonatal unit, staff will have been working through the Family Matters checklist with you. Prior to discharge, we will complete the last section with you, "Preparing for home and discharge".

You will have been given a Discharge Pack full of information on the following topics. Sometimes there is too much to take in or something doesn't make sense. Please ask a member of the nursing or medical staff to answer any questions you have or to read it through with you.

In the discharge pack is:

- 'Your special care baby: a guide for families'
- 'A guide to immunisations up to one year of age'
- 'Seat belts and child restraints'
- 'Safer sleep for babies'
- 'Weaning your premature baby'

Also available are:

- 'Going home on oxygen'
- 'Early discharge from the neonatal unit'
- 'Nasogastric tube feeding at home'
- 'Community neonatal nursing service'
- 'Neonatal outpatients clinic' - this will be sent to you by post with your clinic appointment.

Will my baby need to come to the neonatal follow up clinic?

Most babies who need some care on the neonatal unit will also need to be seen in the neonatal follow-up clinic. This is because babies who need extra care in the first few days of life often have extra needs after they go home, for example regarding their feeding, growth, development or ongoing medical problems. Some babies only need to come once and then are discharged to the care of their GP and health visitor; other babies need to come many times.

The neonatal follow-up clinic is on level 2 of the Jessop Wing on the same corridor as the door to the neonatal unit.

Some babies will also need to see specialists at Sheffield Children's Hospital or Ryegate Children's Centre. These clinics are in addition to the neonatal follow-up clinics at the Jessop Wing.

If you think that your baby needs a general or specialist follow-up appointment and it hasn't already been mentioned, please ask one of our nursing or medical staff. We will make sure that your baby receives the follow-up care that they need.

Below is a list of babies who are routinely offered a general neonatal follow up clinic appointment. Other babies may also be offered an appointment following discussion with a neonatal consultant.

Any baby who:

- Was less than 35 weeks' gestation at birth
- Was less than 2kg at birth
- Was on a ventilator
- Was admitted to the neonatal unit for 5 days or more
- Had a definite infection (bacteria detected in the blood) or needed 14 days of antibiotics
- Was extremely jaundiced (above the exchange transfusion level)

What is developmental surveillance?

When we assess a baby's or child's development, we are looking at their movements, their ability to use their hands, their eyesight, their speech or sounds that they make, their understanding and their interaction. Every baby and child is unique but we expect them all to learn (develop) in the same general sequence and in the same broad time frames (often known as milestones). It is important to note that there is a wide range of normal development and there is information in your baby's red book about this.

Why does my baby need developmental surveillance?

All children have their development monitored throughout infancy and childhood as part of the UK Government's Healthy Child Programme. This includes reviews of your baby by your health visitor at 6-8 weeks of age, and before 2½ years of age. Then there are school reviews from 4 years of age.

Developmental surveillance is important because it may pick up problems early, when there are only subtle signs. This means that extra help can be offered early, which helps to maximise your child's potential.

Some babies are at higher risk of having developmental problems and these babies are offered enhanced developmental surveillance by the neonatal team. The neonatal team includes a consultant, a physiotherapist, a speech and language therapist, an occupational therapist and a dietitian, though most babies don't need to see everyone.

Does my baby need enhanced developmental surveillance?

The more premature a baby is born, the higher the risk of having developmental difficulties in infancy or later in childhood. This risk is further increased if we have seen abnormalities on their head scans. Some term babies are also at higher risk of having developmental difficulties.

Below is a list of babies who are offered enhanced developmental surveillance in either a general or specialist neonatal follow-up clinic. The first appointment will be approximately six to eight weeks after your baby leaves hospital. Your baby will have at least one more appointment within the first year.

Any baby who:

- Was less than 32 weeks' gestation at birth
- Was less than 1.5 kg at birth
- Had significant abnormalities on a head scan
- Was cooled due to concerns about low blood flow or oxygen levels at birth (known as HIE or hypoxic-ischaemic encephalopathy)
- Had meningitis or encephalitis (inflammation of the brain)
- Has a specific neurological problem (e.g. seizures)

You should already have been told about any of the above problems and your baby's head scan results. Please ask if you are unsure or would like it explained again.

How long will my baby be followed up for?

All babies needing enhanced developmental surveillance will have a formal developmental assessment at two years corrected age. This might mean that you are transferred from a general neonatal follow-up clinic to the developmental clinic with a different consultant for this appointment. You should bring your child to this appointment even if you are happy that their development is normal.

After that, your child will usually be discharged from the neonatal follow-up team. Many children will then be seen until at least four years of age by either Ryegate Children's Centre or the Community Paediatrics Team.

What does the corrected age mean?

For babies who have been born prematurely (less than 37 weeks' gestation) we use their corrected age in the first one to two years. This is how old they would be if they had been born on their due date.

For example, a baby born at 25 weeks' gestation is already 15 weeks old when they reach their due date, but their corrected age is 0 weeks.

When do you use my baby's corrected age?

We use the corrected age for:

- Growth
- Development
- Commencing weaning foods

For example, we should expect a baby to be smiling in response to you at 6 weeks corrected age, which is 6 weeks after their due date.

When do you use my baby's actual age?

We use the actual age for:

- Immunisations
- Growth and development after the age of 1 year (for babies born at 32-36 weeks' gestation)
- Growth and development after the age of 2 years (for babies born at less than 32 weeks' gestation)

Will my baby be seen by the community neonatal nursing team?

Below is a list of babies who are offered home visits by our community neonatal nursing team.

Any baby who:

- Was less than 34 weeks' gestation at birth and is more than 21 days old
- Goes home with nasogastric feeds or oxygen therapy
- Lives in Sheffield

If you live in a different area, we will liaise with your local hospital about follow-up.

What does the community neonatal nursing team offer?

The community nursing team offers:

- Advice for you on parenting skills
- Practical and emotional support
- Nursing care for your baby if this is needed
- Monitoring of your baby's weight and growth
- Liaison with other health care professionals such as your GP, health visitor and neonatal consultant to ensure that they receive quality information about your baby's health and well-being.

The service is currently available Monday to Friday, 8.00am - 5.00pm.

Keeping us informed

If you move house or change your telephone number please let us know so we can keep your baby's records up to date. If you can't bring your baby to his/her appointment, please let us know so that we can rearrange it. If you do not attend unexpectedly, we would normally contact your GP or Health Visitor to find out if they have any concerns.

How do I ask for advice after my baby has left hospital?

If you think your baby is unwell at any time, please contact your GP in the first instance or NHS 111. If you have serious concerns, then please take your baby to the Emergency Department or call 999.

For all non-urgent advice, please contact us. We are here to help.

If your baby is being seen by the community neonatal nursing team, then please contact them.

- The community nursing team office number is: **0114 226 8101**

If your baby is not being seen by the community neonatal nursing team, then please contact your health visitor or your consultant's secretary.

- My neonatal consultant's name is:
 - The contact details for my neonatal consultant's secretary are:
 - Stacy Smith **0114 226 5787** stacy.smith5@nhs.net
for Drs Bustani, Clark, Dyson, Mackay, Blythe and Smith
 - Michelle Ahmed **0114 226 5788** michelle.ahmed1@nhs.net
for Drs Cargio, Kirkbride, Pilling, Sharma, Vas, Musson and Williams

What follow up does my baby need?

When? (Date or number of weeks)	Which clinic?	What for?



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