AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Compiled by
Newborn Services
National Women's Health
Auckland City Hospital
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Going Home

Information for parents

Neonatal Homecare Service

Provides practical mothercrafting advice and assessment of growth and development to some babies and their families in the home following baby's discharge from National Women's.

If your baby is small or has been unwell in the NICU/PIN you may have been referred to the Homecare Service for that extra support and advice the Homecare Nurses will be able to give you when you finally get to go home with your baby.

The Homecare Nurse will visit you in your home soon after baby's discharge from the hospital. She will be able to give you advice on feeding, routines, care of the small baby and be someone ready to listen to your concerns.

Frequency of visits is something the Nurse will discuss with you on her visits. Usually it is every two or three days for the first week and most families will only be visited up to 10 days from arriving home but this too can vary from family to family.

If at all possible, your Homecare Nurse will try to meet you and your family before you take your baby home..

Feeding your Baby

Transitioning the Breastfed Baby to Demand Breastfeeding

Breastfeeding may not be fully established when you take your baby home. It may take several weeks for your baby to be more consistent with feeds. Try to make this time for you and your baby. You may need to rest when baby sleeps.

Demand Feeding

Breastfed babies feed frequently. Aim for a minimum of 7-8 feed per 24 hours – the baby may take more. Do not let your baby sleep longer than 4 hours. Breastfeeding pattern will dictate how long the baby feeds. As a guide:

- If >20 sucks per burst with occasional short pauses – baby may only feed for 10 – 15 minutes.

If 10 – 20 sucks per burst with frequent long pauses – baby may need 30 – 40 minutes at the breast.

Routine use of formula, water or bottle EBM is not necessary. Your Homecare Nurse or Midwife will guide you.

One Breast or Two

Offer one side until baby falls asleep or comes off.
If baby has had a long feed from first side and comes off but still wants more, offer second breast.
As baby matures, you may notice changes in the sucking pattern.
As baby increased in weight he / she may require both breasts per feed.

Signs of Milk Transfer

Baby attached well at the breast (see assessment tool).
Long, slow rhythmical sucking with audible swallowing.
Stays on breast with relaxed posture.
Passes frequent pale urine – at least 6 times a day.
Passes frequent yellow, curd-like stools.
Baby gaining weight. The initial gain may be static or slow, but if baby latches and feeds well it should quickly improve.

When to Express

If baby has had a poor feed and a supplement is given, express both sides.
If baby misses a breastfeed all together.
If breasts feel full and uncomfortable.
If breasts are full and tight and it is difficult for the baby to latch on, express a small amount first – approximately 20ml or until breast is softer.
If the baby is only feeding from one side each feed, express the other side. Gradually decrease expressing over a period of 1-2 weeks until breasts remain comfortable.

When to Get Help or Signs Intervention May be Needed

Urine volume small and dark in colour or dry nappies (may appear dark or orange).
Infrequent stools – may become green.
Baby lethargic (sleepy) and difficult to wake.
Baby extremely fretful and never content between feeds.
No swallowing felt or heard during breastfeed.
Nipples become sore or cracked.

Assessment Tool

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Latch					
☐ ☐	Too sleepy No latch	☐ ☐ ☐	Repeated attempts Holds nipple in mouth Stimulate to suck	☐ ☐ ☐ ☐ ☐	Grasps breast Tongue down and forward Lips flanged outward Chin on breast Long slow rhythmic sucking
Audible Swallow					
☐	None	☐	A few with stimulation	☐ ☐	Spontaneous Frequent
Type of Nipple					
☐	Inverted	☐	Flat	☐	Everted
Comfort					
☐ ☐ ☐	Engorged Severe discomfort Cracked bleeding nipples	☐ ☐ ☐	Filling Mild / mod discomfort Painful	☐ ☐ ☐	Soft Tender Minimal discomfort
Hold					
☐ ☐ ☐	Baby anxious at breast Baby wrapped if excessive arm movement Required pillow for extra support	☐ ☐ ☐	Baby anxious before let down only Pillow required at times Baby wrapped occasionally	☐ ☐	Mother and baby relaxed and comfortable No accessories required to assist breastfeeding

This tool is a guide to assist you. Everything in Column 2 should be happening with breastfeeding. If you consistently score <9 you will need to get breastfeeding advice. Contact the following:
Most services are free while others may incur a charge.
Homecare Nurses 6307 4949 ext. 25472
Plunket Local Family Centre 0800
Private Lactation Consultants 0800 452 282
La Leche League (09) 846 0752
Birthcare Breastfeeding Clinic (09) 374 0800
B4 Baby 0800 242 229

‘Back to Sleep’

All babies should be placed on their backs unless your doctor has advised otherwise because of a medical condition.

- The side is not so safe for babies because they can roll onto their tummies.
- If babies vomit or spill they will swallow anything in their mouths just as if they were feeding.
- Babies should sleep in their own beds if you smoke or smoked in pregnancy. Put the bassinet beside your bed and make sure the covers cannot cover the baby’s face.

Bedding Recommendations:

- Clean, firm fitting mattress.
- Use natural fabrics such as cotton sheets (flannelette sheets) and wool blankets.
- Air bedding 2-3 times a week.
- Sheepskins wash regularly, air regularly 2-3 times weekly.
- Use a cover over sheepskins.

Caring for Your Baby

Reduce the risk of cot death by:

- Placing your baby to sleep on his/her back.
- Breastfeed your baby.
- **Do not smoke.**
    - *If you or anyone in the household smokes, make sure baby sleeps in his/her own bed.*

Vaccinations

The vaccination schedule starts from six weeks from birth. See your family doctor.

Car Seat

Always use a car seat when the baby is in the car.

This should be a carseat suitable for a 0-6 month old baby.

It should be rear facing, in the back seat of the car.

Use the carseat for car transport only. Place baby in a safe sleeping position on arrival at destination.

Temperature Control

Keep your baby nice and warm.

Warm babies use the energy from their food to grow.

Small and early babies cannot regulate their body temperature as well as we can.

- Keeping the room warm (18 - 20°C).
- Dressing baby warmly and having at least one layer of wool. Your baby should have one more layer of clothing than you are wearing.

Providing warm bedding such as wool under blanket and wool blankets.

Get used to feeling your baby's temperature by putting 2 fingers down the back of your baby's neck. The baby should feel very warm. If baby feels too hot or too cold take baby's temperature using a thermometer under the arm. The normal temperature for a baby is 36.6 - 37.2°C. If baby is too cold add more clothes and kangaroo cuddle. If baby is too hot take some layers of clothing off. Remember a sick baby can be either too hot or too cold.

Winter babies need special attention. Hats may also need to be worn day and night. An unsettled baby may mean a baby who needs more warm clothing.

Summer babies who are too hot will fuss and use up energy to keep themselves cool. Auckland summers and the humidity means that woollen cardigans and hats may not be the best clothing on our really hot days.

Keeping your Baby Healthy

Is My Baby Well?

A Healthy Baby:

- Feels warm - you may need to adjust clothing/blankets/room temperature if your baby feels cold.
- Colour pink round lips and tongue.
- Has a regular breathing pattern.
- Is alert with regular feeding and sleeping patterns.
- Has frequent wet nappies, approximately 6-8 cloth nappies or 5-6 disposables in 24 hours.
- Has regular bowel motions - a baby should have a soft abdomen. It should not be tight or distended. Anything from several motions a day to a clean out every 10 days is normal.

Is my Baby Unwell?

A Sick Baby:

- Feels hot or cool to touch. You may need to adjust clothing/bedding. When taking a baby's temperature, place the thermometer in the armpit for 3 minutes, or recommended time for digital thermometer. A normal temperature is 36.6 – 37.2°C.
- May look pale and dusky (blue) especially round the lips and tongue. If still concerned take your baby's temperature.
- Is lethargic and listless.
- Feels cool especially the hands and feet and extra clothing doesn't make a difference.
- May not want to feed or may be vomiting.
- Is often fussy and irritable (more than usual).
- May have a decrease in wet nappies (that is two dry nappies in 6 hours).
- May have diarrhoea.

If in Doubt

CALL YOUR HOMECARE NURSE/MIDWIFE OR FAMILY DOCTOR FOR HELP

If Your Baby Stops Breathing

Ensure safety

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Determine responsiveness

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Send for help (if 2 people)

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Open Airway (head tilt / chin lift)

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Check breathing (10 seconds only)

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Place baby on back if no breathing.
Remove any visible objects from babys mouth

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Make a seal over babys mouth and
nose and give five breaths

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Check for signs of life

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If no signs of life, commence cycles of
chest compressions and 1 effective breath

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After one minute, go for help if
no help is immediately available

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Reassess for signs of life every 3 minutes

Please attend a CPR class before you go home to learn this life saving skill – it may save your baby's life!

CPR classes are provided in NICU on Tuesday at 2pm, on Thursday at 10:30am and on the last Saturday of every month at 2pm

Your Homecare Nurses

Neonatal Homecare, National Women's Hospital is a six day service from 8.00am - 4.30pm. Please ring Neonatal Homecare 307 4949 ext. 25472.

If no one is there to take your call please leave a detailed message on the answerphone and a Nurse will ring you as soon as possible on return to the office.

For urgent advice after 4.30pm please phone NICU and ask for the senior Nurse in Charge. The Senior Nurse will be able to assist and refer you to a senior doctor if necessary.

NICU 307 4949 ext. 25472

For emergencies phone 111 or take your baby to a Medical Centre or to STARSHIP or Kidz First if you live in South or East Auckland.

This leaflet provides a guide only. If you have concerns or want more information about your baby, ask the doctor or nurse providing your baby's care.