



Chelsea and Westminster Hospital  
NHS Foundation Trust

# Your neonatal unit guide

Created by parents  
for parents



This booklet has been funded by donations to the Chelsea and Westminster Neonatal Intensive Care Unit fund—you can view it online by scanning the QR code below with your smartphone's camera app:



# Your neonatal unit guide

This booklet has been designed with parents whose babies, like yours, required neonatal care. It includes information parents found helpful to know when their baby was on a neonatal unit. Its design was co-led by Sophia Kotzamanis, a parent whose premature twin boys were cared for on the Chelsea and Westminster neonatal unit.

This work is part of an Imperial College London PhD project, BUDS (Better Use of Data to improve parent Satisfaction). The project is supported by Bliss (the National Charity for the Newborn UK) and funded by the National Institute for Health Research (NIHR) Applied Research Collaboration (ARC).

This booklet's design and printing has been made possible thanks to donations to the Chelsea and Westminster Neonatal Intensive Care Unit fund. If you would like to get involved with fundraising or make a donation, please contact our neonatal matron on 020 3315 7883 or our hospital charity CW+ at [charity@cwplus.org.uk](mailto:charity@cwplus.org.uk).

We are constantly trying to improve the way we communicate with parents and involve them in their baby's care. If there is anything else you think we should include in this booklet please let us know.

## Contact information

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## Welcome to the neonatal unit

We would like to welcome you and your baby to the neonatal unit at Chelsea and Westminster Hospital. We understand this is a difficult and stressful time for you. We are here to help and support you as best we can.

You will be given a lot of information over the first 24 hours (including this booklet) so please ask any questions you have. It can be an overwhelming time and some parents find it easier to wait a few days before reading through all the information they receive.

To begin with, our priority will be to assess your baby and get them set up on any monitoring equipment they require, start any medicines, feeds or fluids and get them settled in the unit. A named nurse will be allocated to look after your baby. The clinical team, including the doctors and nurses will make an initial plan of care for your baby. You will be shown around the unit and given information about the daily routines including ward rounds and what is going to happen over the next 24 hours.

The following information has been put together to give you an overview of how the unit works, who we are, how we care for your baby and how you can be involved in your baby's care. This booklet is intended to supplement information and support you will receive from us during face-to-face and/or telephone conversations (not replace them). Please feel free to ask us anything else you need to know or do not understand about your baby's care.

**Please note:** Common neonatal terms, equipment and conditions (marked 'G' throughout this booklet) are explained in the *Glossary of neonatal terms* on page 27.

Best wishes  
The Chelsea and Westminster neonatal team



# Some ground rules to reduce the risk of infection

## For the attention of all parents and visitors

To reduce the risk of infection for babies, please:

- Remove all coats and jackets before entering the unit. There are lockers available for your valuables at NICU reception—you will need a £1 coin which is returned when you replace the key. The hospital does not accept responsibility for any lost or stolen items placed in the lockers.
- Wash your hands with soap and water and use the gel provided on entering the unit, and when entering and exiting the nurseries (clinical rooms). Please use a face covering—if you are exempt please inform the nurse-in-charge.
- If you are a parent and feeling unwell please telephone the unit and speak with your baby's named nurse about visiting your baby. Other visitors should not visit if they are unwell.
- For general information about visiting and measures due to COVID-19, please see the hospital website [www.chelwest.nhs.uk](http://www.chelwest.nhs.uk).



## Neonatal Intensive Care Unit

A neonatal intensive care unit (NICU) is a ward that provides care to 'neonates' (newborn babies under 28 days old). Many babies may need to stay on the NICU for longer than 28 days, especially babies born very premature.

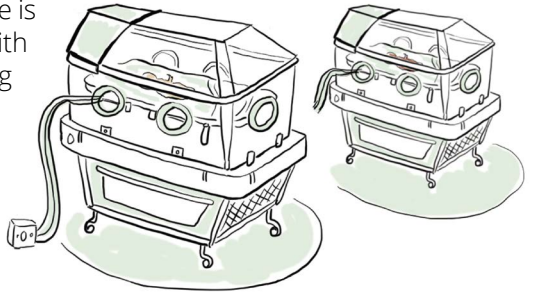
Our NICU provides the highest level of care available for babies ('tertiary neonatal unit' or 'level 3 neonatal unit', the highest of 3 levels). We look after the most premature babies, babies who are very sick and babies who require surgery. We care for babies local to the area and we also have babies transferred to us from other hospitals for specialist care. We are part of a 'neonatal network of hospitals' and we work closely with each hospital to ensure babies receive the right level of care, in the right place, at the right time.

## Where in the neonatal unit will your baby be?

There are 3 different levels of care provided within the NICU. Your baby will be admitted to the level that is most appropriate to their needs.

- **Special care:** This level of care is for babies who need their breathing and heart rate monitored. Your baby may need oxygen, fluid through the vein through a *cannula*<sup>G</sup>, help with feeding through a *nasogastric tube*<sup>G</sup> and/or medication. We provide special care in nurseries SC1 and SC2 on the 3rd Floor (see floor maps on pages 7 and 9).

- **High dependency:** This level of care is for babies who need more help with their breathing—for example, using a *CPAP mask*<sup>6</sup>. Your baby may need fluid and specialised feeding through the vein, *Total Parenteral Nutrition (TPN)*<sup>6</sup> and/or medication. We provide high dependency care in rooms **HD1** and **HD2** on the 3rd Floor (see *Floor maps* on pages 7 and 9).



- **Intensive care:** This level of care is for babies who need the highest level of support, for example, babies who are very premature, who need emergency surgery, or who are very unwell. Your baby may need a breathing tube and breathing support via a *ventilator*<sup>6</sup>, fluid through a vein and/or TPN and medication. We provide intensive care in rooms **IC1** and **IC2** on the 3rd Floor (see *Floor maps* on pages 7 and 9).

Your baby will be moved between rooms depending on the level of support they need. Babies tend to move from intensive care to high dependency and then to special care as they improve and are prepared for going home.

**Please note:** Your baby may also be moved to a different room **at any time**, due to the availability of cot spaces.

We have not listed every possible type of support provided in our unit. Equally, your baby will not necessarily need all of the above. We will discuss your baby's care and everything he/she needs with you at the time. Please ask us any questions at any time to better understand your baby's care.

## Critical care project



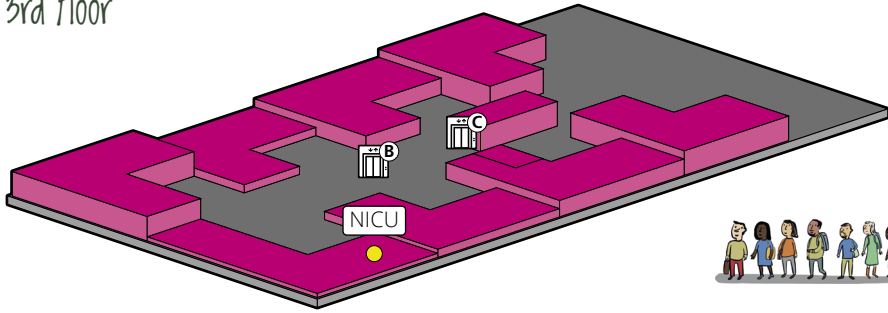
The Critical Care Project is a state-of-the-art expansion and redevelopment of our adult and neonatal intensive care facilities (ICU and NICU) at Chelsea and Westminster Hospital. We are able to treat an extra 650 critically ill adults and babies every year in a world-class environment with improved facilities for patients and their families.

The redevelopment was completed on a **£25 million** budget and was funded 50/50 by Chelsea and Westminster Hospital NHS Foundation Trust and our charity CW+.

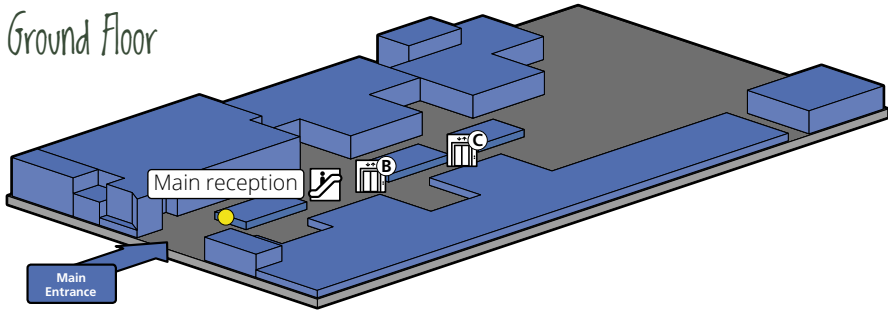
Construction work began in July 2018 and ended in 2021. Works were carried out in several phases to minimise disruption throughout the hospital and local area.

# Floor maps

## 3rd Floor



## Ground Floor



# Your baby's care



- Parents are welcome on the NICU at any time. You will be asked to wear sound-isolating headphones during handovers and during ward rounds when other babies are being seen. This is to preserve the confidentiality of each baby's case. Handovers and ward rounds usually occur between 7:45am and 12 noon, and between 7:45pm and 9pm.
- If you want to be updated first-hand by the doctors, a good time for you to be present would be during ward round times (see *Ward rounds* on page 14).
- Visiting for other family members is, unfortunately, currently restricted due to the COVID-19 pandemic. Further details or changes to current restrictions will be provided by NICU staff.

**Please be aware:** Food and hot beverages cannot be consumed in the nurseries. There is a parents' room, which you can access from NICU reception (see unit map).

## Neonatal unit map

- The **intensive care (IC1/IC2)** and **high dependency (HD1/HD2)** clinic rooms and **special care (SC1/SC2)** nurseries are on the 3rd Floor.

In addition to the **clinical rooms** where we care for babies, our unit has:

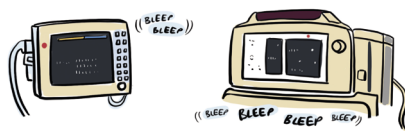
- **Parents' room:** This is where you can meet with other parents who have babies in the unit. Please note this room is only for parents of babies in the unit.
- **Expressing room:** This is where you can express milk for your baby. Please see *Feeding your baby* on page 17. The new expressing room is being built in the current phase of the redevelopment, so we ask that mothers express at the cotside during this time.
- **Milk kitchen:** This is where you can wash your expressing equipment and collect bottles for your expressed milk.
- **Rooming-in room:** This is for parents to have a short stay with their babies while establishing breastfeeding or preparing for discharge.
- **Staff base:** This is where doctors and nurses do daily paperwork and order tests.
- **Consulting room:** This is where the neonatal team can have private discussions with you about your baby.
- **Treatment room:** This is where we perform procedures on babies from NICU or the postnatal ward. It is also sometimes used for babies who need to be looked after separately from the other NICU babies for infection control reasons.
- **Toilets:** There are 3 toilets in the unit.







# Monitors, machines and alarms on the neonatal unit



Your baby may need to be connected to monitors and/or other machines by tubes or wires. This is to monitor his or her breathing/heart rate/oxygen levels, or for example deliver necessary treatments.



Monitors and machines may alarm (bleep) for different reasons, many of which are common and normal. An alarm does not necessarily mean something has gone wrong with your baby. Our nurses are trained to respond to each alarm appropriately. They will give you more information face-to-face and answer any questions you may have.



**Monitor:** This displays your baby's heart rate, oxygen levels ('saturations' or 'sats') and how fast your baby is breathing. A little fabric piece (probe) attached to your baby's hand or foot sends this information to the monitor via a small tube.

A monitor may alarm (bleep) when your baby moves and the signal from the probe is momentarily interrupted. **This is normal.**

**Pump:** This 'pushes' the fluid and medication your baby needs through a plastic tube (*cannula*<sup>®</sup>) to reach your baby's vein or artery. A pump will alarm (bleep) when the fluid/medication has finished and it needs refilling. **This is normal.**

**Ventilator:** This is a machine that helps control a baby's breathing. By adjusting the ventilator's settings the medical team can control how much and how quickly air and oxygen go in and out of the baby's lungs.

**Incubator:** In here your baby is kept warm without needing clothes so they can be monitored very closely. Oxygen can be put through the incubator if needed.

Please speak with your baby's named nurse for more information about the monitors and machines your baby may require.

# Neonatal team

Our team includes highly trained and experienced staff members that will be looking after your baby.

These include doctors, nurses, healthcare assistants and other specialists, including dietitians, speech and language therapists, physiotherapists, psychologists and neonatal researchers.

Doctors and nurses work a shift system, 'handing over' your baby's care at 8am to the day team and at 8pm to the night team.



Every member of staff wears an ID badge with their specific role. You can also identify them by the colours of their uniforms.

- **Neonatal matron:** This is a senior neonatal nurse who has overall responsibility for the nursing staff in the unit. The matron wears a navy uniform with red trim.

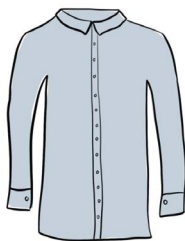


- **Nurse-in-charge:** This is a senior neonatal nurse who is charge of how the unit runs. The nurse-in-charge is allocated daily and wears a pink uniform.
- **Consultant in charge:** A named consultant is allocated to each clinical room every day. The consultant leads the medical team ward rounds and has overall responsibility for the babies in his/her allocated room. They may not be constantly on the neonatal unit throughout the day as they have a number of commitments (including running outpatient clinics), but they are always available to consult over the phone and will always come to the unit when needed. Consultants wear normal clothes or a purple uniform.

Consultant in charge



Consultant in charge - normal clothes



- **Nurses:** There are more than 80 nurses working in the neonatal unit (in a shift pattern). A named nurse will look after your baby every day. Your nurse will introduce herself/himself to you every day and at every shift change. We have different level nurses who can provide the 3 different levels of care babies need. Nurses wear a blue uniform.

Nurses



registrars



SHOs



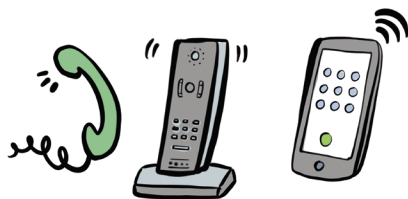
- **Registrars:** Registrars are the doctors in charge of your baby throughout the day and report to the consultant. Registrars lead the ward rounds (with or without the consultant) and are always in the unit. They perform the more complex procedures for babies, as well as teach and supervise junior doctors. Registrars usually wear blue uniforms.
- **SHOs (Senior House Officers):** These are more junior doctors who perform most of the tests and procedures for babies (supervised by registrars when required). They join the ward rounds and are always in the unit. SHOs usually wear blue uniforms.
- **Neonatal receptionists, administration staff and healthcare assistants:** These members of staff take on a range of administrative and other support roles to help ensure the smooth running of the unit.

## Telephoning the unit

You can call the unit at any time and ask to speak to your baby's named nurse. Your baby's nurse will be happy to speak to you, update you about your baby and answer any questions about your baby's care. Please be aware that your baby's named nurse might be busy with your baby or another baby when you call. You might be asked to wait on the phone or call back after a short while. Your baby's named nurse will always aim to speak to you as soon as possible.

**You can call the unit reception desk on 020 3315 7883/4.** The neonatal unit receptionist will divert your call to the room your baby is in, so that you can speak to your baby's named nurse. You can also call your baby's room directly on:

- **Intensive Care 1:** 020 3315 7831
- **Intensive Care 2:** 020 3315 3297
- **High Dependency 1:** 020 3315 7194
- **High Dependency 2:** 020 3315 2717
- **Special Care 1:** 020 3315 8772
- **Special Care 2:** 020 3315 2768



## Travelling to the unit

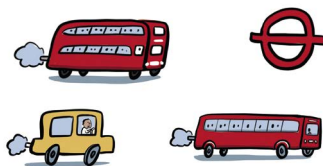
**Please note:** Chelsea and Westminster Hospital is near Chelsea Football Club stadium. During sporting events, transport and parking can be particularly challenging so please allow extra time for your journey and check event times in advance.



## Car parking

The hospital has an underground car park. When you come to the neonatal unit you can park free of charge. Please speak to the neonatal receptionist who will take your car registration. It will be registered so the barrier will open automatically when you exit the car park.

**Please note:** The car park can get very busy and you may have to queue at times (car height restriction 1.9m).



## Public transport

- **Nearest rail:** Imperial Wharf/West Brompton (15-min walk)
- **Nearest tube:** South Kensington/Earl's Court/Fulham Broadway (all 15-min walk)
- **Buses:** The 14/414/211 all stop outside the hospital, and there are other stops within a 5-minute walk—345/49 exiting right from the hospital, and C3/328 exiting left from the hospital

## Travel costs

If you claim income support and your baby is on the neonatal unit, you may be able to claim back the cost of travelling to the unit. This applies to bus/train fares or petrol if you are driving. Please retain your travel receipts and ask your baby's named nurse for a pink claim form. Your baby's nurse will sign against the dates and amounts for which you are claiming.

In order to make the claim, take the form, receipts and proof of support (for example, income support book) to the cashier's office located on the Lower Ground Floor between lift banks C and D. The office is open Mon–Fri, 10am–4:30pm.

## Daily routine on the neonatal unit



- **7:15–8:15am:** Protected time for night shift nurses to complete medical record and hand over babies' care to day shift nurses ('Golden Safety Hour')
- **8:30–9am:** Doctors' handover
- **9am:** Ward round with doctors. Parents are encouraged to join the ward round for their baby (see *Ward rounds* below)
- **1–3pm:** Quiet time for babies (rest period, minimal handling)—this is an opportunity to connect with your baby and rest together, having skin-to-skin and cuddles
- **7:15–8:15pm:** Protected time for day shift nurses to complete medical records and hand over babies' care to night shift nurses ('Golden Safety Hour')
- **8:30–9pm:** Doctors' handover

In addition, your baby will be looked after according to his/her specific needs. This means your baby will have his/her own additional daily routine, including feeding at specific times, specific monitoring equipment and machines, tests, treatments and procedures (see *Glossary of neonatal terms* on page 27).

Everything your baby requires will be explained to you at the time. Please ask your baby's named nurse for further information about any of the above.

## Ward rounds

A team of doctors, nurses and other specialists relevant to your baby's care will do a ward round every day. **Ward rounds start at 9am.** The length of the ward round varies and, at times, may run until midday. **Please note:** Ward round times may differ at weekends. Please ask your nurse if you want to know more about ward round times.



You are encouraged to attend the ward round for your baby—this is where you will be given an update on your baby's condition and be involved in decisions and planning of your baby's care. If you are unable to attend and would like an update, please ask your baby's named nurse to arrange a meeting with your baby's doctor.



To maintain confidentiality for all babies and families, parents will be asked to wear headphones while other babies are being discussed.

If you would like to have a more detailed discussion with the consultant, please speak to your baby's named nurse who can arrange an appropriate time.



## Parent supported ward rounds

We encourage you to be present with your baby on ward rounds every day. Specifically, every Tuesday at 9am during ward rounds in High Dependency and Special Care, we are keen for you to present your baby to the medical team, including their background, an update of their current medical care, and planned next steps. This is to support you to take the lead in your baby's care. To help you with presenting your baby's information, please ask the nurse looking after your baby to help you fill out the 'parent supported ward rounds pro forma' on Monday evenings, the day before the ward round.

It is entirely voluntary for you to present your baby on the ward round. If you choose not to or you are not able to attend these ward rounds, this will not affect your baby's care in any way. Please ask your baby's nurse for further information.

## Being with your baby

There are many ways of being involved in your baby's care. Different parents prefer to do different things and some need more time than others to feel ready. We are here to support you to build your confidence and care for your baby.

Please speak to your baby's named nurse at any time about how we can support you to care for your baby.



# What you can bring for your baby

## Feeding—breast milk and expressing

We are here to support you with breastfeeding your baby and expressing your milk (for your baby to have through a tube).



We will give you an 'expressing kit' and provide you with a breast pump for you to express milk in the unit (see *Feeding your baby* on page 17).

If you would like to express at home you will need to buy or rent your own pump and have a means of transporting your milk when you travel to the hospital, such as a cool bag or ice packs.

## Nappies and cotton wool

We ask you to provide basic care items such as nappies and cotton wool for your baby. Nappies for small babies ('micro') are best sourced online as they are generally cheaper—'micro' is size '0'.

If your baby requires even smaller nappies, the hospital will supply these, as they are not available for purchase in the community.



We do not use baby wipes for premature skin.

## Toys and mobiles



We do not allow soft toys to be brought into the unit, as part of our infection control policy. We provide each baby with a knitted soft toy in the shape of an octopus<sup>6</sup>.

The octopus arms make babies calmer and feel more secure. We ask that you do not use any octopus supplied by an alternative source.

For older babies, a mobile can be placed above the cot for stimulation, and you may bring a small bouncy chair (please ask your nurse for details).



## Baby clothes

The hospital has a small supply of clothing for babies of all sizes. We encourage you to bring clothes as this can help you feel connected to your baby. Purchasing baby clothes is part of the experience of having a new baby. Please write your baby's full name on the inside label to minimise the possibility of items getting mixed up with the unit washing.

The unit laundry service only washes unit clothes. Clothes that you purchase yourself will be left at the cot-side for you to take home to wash.



You are welcome to bring your own selection of cuddle blankets and blankets to use as incubator covers if you wish. Premature/ small baby clothes are best sourced online—clothing from high street stores are often too big, even in their smallest sizes. A website we recommend having a look at is [www.little-mouse.co.uk](http://www.little-mouse.co.uk).



## Feeding your baby

### Your breast milk

Research has shown that your breast milk is very beneficial for your baby in many different ways—even more so in the case of premature and very small babies.



Breast milk is 'kinder' to your baby's gut, more easily digested, and helps your baby's immune system fight infections better. For this reason our team strongly encourages mothers to express milk and/or breastfeed.

However, we understand breastfeeding is a very personal choice and the decision whether to breastfeed or not is the mother's. We also know some mothers find it more difficult to breastfeed than others and some might not feel ready to breastfeed straight away. Please come and talk to us about any of the above—we are here to give you the best information we can and support both you and your baby.

We are here to support you with anything you need when breastfeeding your baby. We have dedicated breastfeeding volunteers who are very happy to see you.

## Feeding your baby by tube

We can still give your baby your milk, even if you are not directly breastfeeding. Once you express your milk, some babies can be fed by tube. Your named nurse will teach you how to feed your baby by tube when your baby is ready.

If you are unable or choose not to express, your baby can have formula (once your baby is ready to take milk). We have formula specially made for premature babies. Please speak to your baby's named nurse for more information.

Your breast milk can be used in your baby's mouth for mouth care, which helps support their immune system while they are growing. Your baby's named nurse can teach you how to carry out mouth care.

## Expressing milk

We use breast expressing pumps on our unit. We will provide you with an 'expressing kit' and you are welcome to use the breast pumps in the unit, if needed. Pumps available on the unit can only be used on the neonatal unit due to infection control regulations. You will need to source your own pump to have at home—please talk to us about options, including hiring one.

The nurses and breastfeeding neonatal volunteers will show you how to express milk and support you. Please ask your baby's named nurse if you have any questions regarding how to bring expressed milk into the hospital or how we store breast milk in the milk kitchen (see *Neonatal unit map* on page 9).

## Further information

You can find information on breastfeeding and expressing milk in the expressing room (see *Neonatal unit map* on page 8) and online on the Neonatal Padlet (see inside back cover for a QR code).

If you have any questions about feeding, please ask your baby's nurse. Our breastfeeding specialist and breastfeeding neonatal volunteers are also available to help and answer any questions.

## How we can support you

Having a baby on the neonatal unit can be overwhelming and stressful. Please look after yourself, drink plenty of water and eat regular meals. A range of groups, classes, and services are available to help support you while your baby is here.

Below is a list of different types of support we can offer you. Please speak to the nurse looking after your baby if you need more information.

## Parent group

Every Tuesday at 2pm the parent group meets in the parents' room (see *Neonatal unit map* on page 9) for approximately one hour.

All parents are welcome and this is an opportunity to meet other parents, ask questions, and get more support while your baby is with us.



Our psychologist Daniel Wood facilitates the group. The chaplaincy team also hosts an informal coffee morning/afternoon twice a month in the parents' room.

## Resuscitation class

We offer baby resuscitation classes led by the community outreach team—this does not mean it is common for a baby to require resuscitation after going home, but we offer these classes for parental reassurance.

There is a poster on the information board in the parents' room with the date of the next class. Space is limited so please sign up for a class as soon as you feel able. You do not need to wait until discharge.

## CW+ MediCinema

Hospital charity CW+ joined forces with MediCinema to build a state-of-the-art cinema in the hospital, showing the latest releases for free to patients and their families/carers. The cinema is located on the 3rd Floor near Lift Bank D and has digital projection, surround sound, 40 luxury cinema seats, and capacity for 4 wheelchairs and 4 beds.

Parents/siblings are welcome to watch a film while your baby is with us—please ask your baby's nurse or see [www.chelwest.nhs.uk/medicinema](http://www.chelwest.nhs.uk/medicinema) for more details.

## Rainbow Trust Children's Charity

This charity provides support for families of babies in the neonatal unit. The charity's neonatal support workers can offer emotional and practical support for parents, and for the siblings of your baby. They can spend time with your children while you visit your baby, or visit your baby in hospital while you are spending time at home with your other children or partner.

The Rainbow Trust may be able to help you with transport to and from the hospital, or help your children access activities while you are visiting your baby. This can be particularly helpful during school holidays or in winter months when visits may be restricted.

## Clinical psychology

For many parents the experience of having a baby on the neonatal unit can be extremely stressful. In recognition of this, Chelsea and Westminster Hospital employs a clinical psychologist who can offer support to parents. Besides the parent group described in *Parent group* on page 19, support is also offered to parents in the form of individual appointments. These appointments are private and confidential and can take place in the unit or in the paediatric psychology department on the 1st Floor.

If you would like to arrange an appointment you can speak to your baby's nurse, one of the neonatal community (outreach) nurses, the nurse-in-charge, or contact Daniel Wood (Clinical Psychologist) directly on 020 3315 8972.

## Social care

The neonatal unit has strong links with the health link team, a children's social work team based on the Lower Ground Floor of the hospital. The health link team has an allocated social worker for the unit who supports families with emotional and practical problems and issues regarding disabilities and illness. They can also offer general advice on benefits, homelessness, fostering, adoption, and alcohol and drug use. The health link team has a duty to protect and promote the welfare of children and will explore further if they have concerns about a child's wellbeing.

The health link team is primarily for families living within Kensington and Chelsea but can help other families with any immediate problems and will help to put you in touch with your local children's social care office if necessary. They can be contacted through your baby's nurse or directly on 020 3315 7992.

## Multifaith chaplaincy

To oversee the spiritual and religious care of families on the neonatal unit, the hospital provides a multifaith chaplaincy team that includes Jewish, Muslim, Christian and Humanist chaplains. Hindu and Buddhist support can also be accessed as needed.

The chaplains are available for people of all faiths and also those not attached to a faith community. They aim to visit the neonatal unit twice a week and can be contacted through your baby's nurse or directly on 020 3315 8083. The chaplaincy is a 24-hour service and the neonatal nurses are able to contact them urgently if necessary. The chapel and sanctuary are open 24 hours a day for quiet reflection and peace.

## Accommodation for parents

We want to help you be near your baby as much as possible. This section will give you information about the facilities we have. However, you will not be able to stay in the hospital for the whole time your baby is in the neonatal unit (so that we can try to ensure all parents have access to the facilities at key times during their baby's stay).

We have:

- **Rooming-in rooms:** Two double rooms on the neonatal unit with ensuite facilities. These rooms are primarily for parents to stay with their babies while preparing for discharge. While you are rooming in, you are welcome to request a snack pack each day—please discuss this at reception or with your baby’s nurse.
- **Patient hotel:** Two single bedrooms in the patient hotel in Doughty House, situated next to the hospital. These rooms are for mothers to be near their baby overnight to establish breastfeeding, for parents to be close to the unit if their baby is very unwell, and for parents who live far away or who are unable to travel to/from the hospital. The hotel requires a £25 deposit, which is refunded by the security team at the hospital main reception upon return of the hotel room key.
- **Postnatal ward beds:** Beds on the postnatal wards may be available for mothers who are themselves not ready for discharge and whose babies need to stay on the neonatal unit for only a few days. These beds are managed by maternity.



If you wish to stay in any of the facilities above **please speak to your baby’s nurse or the nurse-in-charge in the neonatal unit**. They will be able to tell you when a room is available.

## Priority for rooms

As we do not have a large facility for parents, we need to prioritise the use of ‘rooming-in’ rooms to ensure those who need the facilities most are able to access them when needed. As a result, you may be asked to vacate a room if a parent with a more urgent need requires it.

## How long can you stay in the patient hotel rooms

We have a system of maximum 2 night bookings. Please vacate the room by midday after the second night. You may be able to stay longer if the room is not already booked, but we try to ensure all parents who need to stay have fair access to our facilities. **This is free of charge** but requires a refundable £25 deposit.

## Other accommodation facilities

Sometimes other rooms in the patient hotel are available. These can be booked through the main hospital reception and there is usually a charge per night. This is separate from the unit facilities and all enquiries should be made via the reception desk at the main hospital entrance. Patients in other areas of the hospital also book these rooms in advance, so long stays are not usually possible.

## Room keys

Please return patient hotel keys to the hospital main reception if you are leaving the hospital at any time, and on vacating the room after your stay. Keys for the 'rooming-in' rooms should be handed over to your baby's nurse.

## Unicef Baby Friendly Initiative (BFI)

We have committed to increasing breastfeeding rates and improving care for all families by undertaking Unicef Baby Friendly Accreditation. Research shows breastfeeding protects babies against a wide range of serious illnesses and we set out to support parents have a close and loving relationship with their baby—whatever the feeding method—to give the best start for every baby.

The BFI is a global programme to transform healthcare for babies, their mothers and families as part of a wider global partnership between Unicef and the World Health Organization (WHO).

## Transferring your baby closer to home

Chelsea and Westminster is a tertiary neonatal unit. This means we care for the most premature and most unwell neonates requiring medical or surgical care within the North West London region.

As well as babies delivered at Chelsea and Westminster Hospital and the local area, we care for babies transferred to us from other neonatal units who have increased medical or surgical needs, and babies who may have been born unexpectedly. Occasionally we receive babies from other areas if there are no available spaces closer.

On admission, the **local hospital for your baby**—usually the hospital geographically closest to your home address—is identified by the NHS. If Chelsea and Westminster is not your local hospital, we will contact your local hospital to inform and update their neonatal team on your baby's admission. As your baby progresses and no longer requires tertiary care we will work towards transferring him/her closer to your home address.

**This is a necessary and important step.** For your baby it is a sign of progression. For you it is closer to home. For the local team it enables them to get to know you and your baby, involve local services and support, and facilitate a smooth transition to discharge and follow-up care. Follow-up for your baby will be undertaken by your local hospital paediatric/neonatal team. For us it allows us to continue offering tertiary level care to the babies requiring it most, and special care to babies for whom we are the local hospital.

We will discuss with you when your baby is ready to be transferred. You will be given information about the hospital and you may have the opportunity to visit the unit to see where your baby will be going if there is time to do so. It is not possible to give a time frame for transfer. From the point when your baby is ready to be moved, it could take 24 hours or a few weeks, depending on cot availability at your local hospital and specialist transport for your baby.



## Going home

### When will my baby/babies be ready for home?

This is a difficult question to answer, as every baby is different. For premature babies, some may be ready for home at 34 weeks gestation, some take longer. You may be told several different dates as your baby progresses, and we typically aim for a baby's due date. However, the average for most premature babies to go home is around 36 weeks gestation.

For babies who were born on time (term babies) it is entirely dependent on the reason for admission and the interventions required, so this is discussed on an individual basis. For all babies, the priority is that they are medically well enough to go home and do not have needs which can only be provided in hospital.

Most babies are ready for home when:

- They are able to maintain their own temperature
- They can feed independently
- They are maintaining/gaining weight
- You are able to give all your baby's care, including medications
- Your home is safe and ready for your baby

## What must you do as a minimum before discharge?

- Register your baby's birth within 42 days of delivery
- Register your baby with your GP
- Have a suitable means for transporting your baby home (such as a car seat/buggy) and familiarise yourself with the fitting and operation
- Collect any prescription milk supply required from your GP



More information is supplied in the neonatal unit discharge pack, which will be given to you towards the end of your baby's stay.

## Neonatal audit and research to improve newborn care (and how you can be involved)

We are constantly trying to improve the care we provide for babies. There are several ways we do this, including audit and research.

- **Audit** involves checking whether we are providing care according to national standards
- **Research** is about reducing uncertainties in care and developing new treatments



## National Neonatal Audit Programme (NNAP)

The NNAP is an audit programme funded by the Healthcare Quality Improvement Partnership. The programme collects data entered on a daily basis by the staff caring for your baby—for example, gestation, birth weight and feeding. This is used to assess whether babies receive consistent, high-quality care in neonatal units throughout the country.

All information collected remains anonymous and confidential, and operates on an opt-out basis. This means if you do not wish for your baby's data to be used for the purposes of research and quality improvement, you must notify your baby's consultant or the nurse-in-charge.

A leaflet is included in your admission pack. You can also visit [www.rcpch.ac.uk/nnap](http://www.rcpch.ac.uk/nnap) for more information.



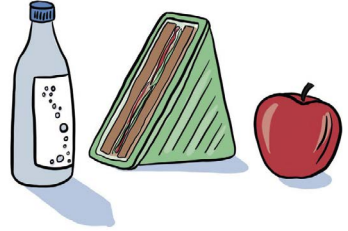
## Neonatal research projects on our unit

The neonatal research unit at Chelsea and Westminster Hospital is led by Professor Neena Modi from Imperial College London. We have a number of neonatal research studies in progress on the neonatal unit and opportunities for you and your baby to be involved. Please look out for any research posters in the parents' room.

We may approach you during your baby's stay to discuss a research project. Please talk to your baby's nurse if you would be interested in participating in neonatal research on our unit.

## Local amenities and services

### Food and drink



We have a small sitting room in the unit for parents (parents' room—see *Neonatal unit map* on page 9), which has tea- and coffee-making facilities, a microwave and a fridge where you can store prepared food. The parents' room is a space to relax and refresh and is for parents only. **Please do not allow visitors to occupy this space.**

There is a coffee bar on the Ground Floor offering a selection of drinks, sandwiches and cakes. Boots (also on the Ground Floor) sells sandwiches, salads, drinks and snacks. There is also a hospital newsagent just to the left of the main hospital entrance. The restaurant on the Lower Ground Floor serves hot and cold food and includes a deli offering made-to-order sandwiches. Tesco opposite the hospital is open 24/7.

## Patient Advice and Liaison Services (PALS) advice

The service is located on the Ground Floor behind main reception and can be reached on 020 3315 6727.

## Interpreting

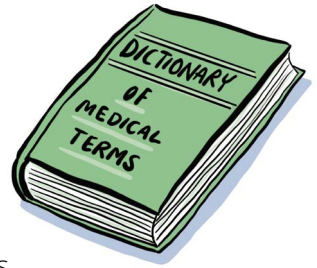
We have access to interpreting services if English is not your first language. If you would like to use an interpreter, please speak with the nurse-in-charge.

## Cash machines

There is a cash machine outside, exiting right from the hospital, and at Tesco over the road. There is a Post Office counter in the newsagent next door, exiting left from the hospital, where cash can also be withdrawn.



# Glossary of neonatal terms



You will hear a lot of words being used on the neonatal unit that you might not be familiar with. This may include types of equipment, tests, treatments, procedures and medical/surgical conditions. We are here to help and explain anything you don't understand or want more information about. Bliss (the National Charity for the Newborn UK) has compiled alphabetical lists of very useful explanations for:

- **Medical terms:** See [www.bliss.org.uk](http://www.bliss.org.uk) and search 'words'
- **Tests and procedures:** See [www.bliss.org.uk](http://www.bliss.org.uk) and search 'tests'
- **Medical conditions:** See [www.bliss.org.uk](http://www.bliss.org.uk) and search 'conditions'

The following list includes a selection of the most commonly-used terms that parents usually encounter and is in no way exhaustive. Please ask us if there is anything you want more information about or anything you do not understand.

## Blood gas

A small amount of blood is taken from your baby to measure the amount of oxygen and 'acid' in the blood and several other important elements which help determine how well a baby is coping—or if adjustments need to be made to their breathing support or fluids. It also measures your baby's sugar level.

## Blood spots

As part of national guidelines all babies have one tiny spot of blood taken on admission, followed by a 4 spots of blood taken around days 5–8. This checks for a range of conditions, which are rare but can be serious if not identified early. All babies born in the UK are routinely screened. A screening programme booklet is included in your admission pack that contains more detailed information.

## Blood transfusion

This is when extra blood is given to sick or premature babies. Blood transfusions may be needed for a variety of reasons and are relatively common in neonatal care. If your baby needs a blood transfusion, our team will explain to you why it is needed and how it can be given to your baby.

## Cannula

If your baby is unable to take milk orally, they may have a cannula inserted. This is a small tube inserted into a vein and is usually in your baby's hand or foot, but may be inserted in their arm or leg. In very sick babies, or babies who have been in hospital a very long time, it may be necessary to use a vein in the scalp.

## Continuous positive airway pressure (CPAP)

CPAP is a form of breathing support that provides pressure into your baby's lungs via small plastic tubes placed in the nostrils. The pressure is created by airflow and helps open your baby's lungs. Babies on CPAP still breathe for themselves but do not need to use as much effort or energy to breathe.

## Cranial ultrasound scan

A baby's brain is very fragile and the trauma of birth can cause difficulties for some babies, especially for those born very small and/or premature. Doctors routinely do a 'head scan' on all babies admitted to the neonatal unit. For some babies regular head scans are needed. The scanning machine is similar to the ones used at antenatal appointments during pregnancy. A small 'scanning probe' with some jelly will be placed on your baby's head to look at the brain structures and for any evidence of bleeding. This does not involve any radiation and is very safe. It is usually done by your baby's cot.

## Heel pricks

A small needle is used to prick the heel of your baby's foot for obtaining blood samples. This is required to perform a range of tests including blood sugar and oxygen levels. All babies will have a heel prick test at some point during their stay, and some babies will need to have several each day.

## Jaundice and phototherapy

Newborn babies have a high level of red blood cells, which produces a by-product called bilirubin. The liver breaks this down so it can be passed out through your baby's urine/stool. In some babies, the liver is unable to manage this and the bilirubin builds up in the body causing a yellowing of the skin called *jaundice*. A small amount of jaundice is common and does not require treatment. If your baby does need treatment, this is in the form of a light therapy called *phototherapy*. This involves exposing your baby's skin to a specific wavelength of blue light, which helps break down the bilirubin. The machine looks similar to a sun bed but has no harmful effects. Your baby's eyes will be protected and they will have their bilirubin level checked regularly. Your baby may need to stay under this light for a few days, and they may need it more than once in the first few weeks.

## Kangaroo care

This is a way of holding your baby skin-to-skin against your chest. It has been shown to improve the process of establishing breastfeeding, your baby's weight gain, feeling close to your baby and feeling more confident in caring for your baby. Learn more at [www.bliss.org.uk/parents/in-hospital/looking-after-your-baby-on-the-neonatal-unit/skin-to-skin-and-kangaroo-care](http://www.bliss.org.uk/parents/in-hospital/looking-after-your-baby-on-the-neonatal-unit/skin-to-skin-and-kangaroo-care).

## **Nasogastric tube (NG tube or NGT)**

If your baby is unable to take milk orally they will have a nasogastric tube. This is a small tube passed through your baby's nose and directly down to the stomach. Milk given via the tube moves down the tube by gravity. This is a way to feed babies until they are ready to take milk by mouth. The nurses will show you how to use the tube so you are still able to feed your baby yourself. If this tube is placed in the mouth it is called an "orogastric" tube (OGT).

## **Octopus**

This is an idea that started in Denmark, where people started knitting octopuses for premature babies. It is said that the arms of the knitted octopuses remind the little babies of the umbilical cord in the womb and make them feel safer. You may only use an octopus supplied by our neonatal unit.

## **Swabs**

All babies have swabs taken on admission and during their stay in the unit. This is to see what bacteria are present on the baby's skin, which may be helpful information if we need to treat your baby with antibiotics for a suspected infection. This involves wiping a cotton bud around the inside of the baby's nostril, under the armpit, and in the groin area. We also take a swab of the rectal area. If a swab comes back positive, it may be necessary to keep your baby in a room without any other babies to avoid cross infection to other vulnerable babies. A positive swab does not usually cause a problem, but it is important to know about it if babies become unwell.

## **Total parenteral nutrition (TPN)**

This is the process of giving a baby that cannot yet take milk feeds full nutrition in liquid form. TPN includes sugars, protein, fats and vitamins and is given directly into the blood stream (usually via a type of specialised cannula, known as a central line or long line).

## **Ventilator**

When a baby is unable to breathe by itself, a tube is inserted into his or her windpipe (medical term: trachea) to help the baby breathe (the baby is "intubated"). Inside the windpipe, this tube pushes air and oxygen in and out of the baby's lungs, inflating and deflating them like a balloon. On the other end, the tube is attached to a machine called a ventilator. By adjusting the ventilator's settings the doctors and nurses can control how much and how quickly air and oxygen go in and out of the baby's lungs.

## useful links

- **Chelsea and Westminster neonatal unit:** [www.chelwest.nhs.uk/nicu](http://www.chelwest.nhs.uk/nicu)
- **CW+ (hospital charity):** [www.cwplus.org.uk](http://www.cwplus.org.uk)
- **Bliss (the National Charity for the Newborn UK):** [www.bliss.org.uk](http://www.bliss.org.uk)
- **Breastfeeding Network:** [www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)
- **Breast pumps (independent reviews):** [www.expressyourselfmums.co.uk](http://www.expressyourselfmums.co.uk)
- **Cry-sis (excessive crying/sleepless/demanding babies):** [www.cry-sis.org.uk](http://www.cry-sis.org.uk)
- **Gingerbread (for single parent families):** [www.gingerbread.org.uk](http://www.gingerbread.org.uk)
- **Home Start:** [www.home-start.org.uk](http://www.home-start.org.uk)
- **The Lullaby Trust (support for safer sleeping):** [www.thelullabytrust.org.uk](http://www.thelullabytrust.org.uk)
- **Multiple Birth Foundation:** [www.multiplebirths.org.uk](http://www.multiplebirths.org.uk)
- **Peeps:** [www.peeps-hie.org](http://www.peeps-hie.org)
- **Rainbow Trust Children's Charity:** [www.rainbowtrust.org.uk](http://www.rainbowtrust.org.uk)
- **Sands (charity for neonatal bereavement):** [www.uk-sands.org](http://www.uk-sands.org)
- **TAMBA (charity for twins and multiple births):** [www.tamba.org.uk](http://www.tamba.org.uk)
- **Teddy and Me (premature baby clothes):** [www.teddyandme.co.uk](http://www.teddyandme.co.uk)
- **Tommy's (support for families who have lost a baby):** [www.tommys.org](http://www.tommys.org)
- **Twins Trust:** [www.twinstrust.org](http://www.twinstrust.org)
- **Unicef:** [www.unicef.org.uk/babyfriendly](http://www.unicef.org.uk/babyfriendly)
- **WellChild organisation:** [www.wellchild.org.uk](http://www.wellchild.org.uk)

## For further enquiries

If you would like further information or have any questions, you can contact the neonatal unit on 020 3315 7883/4.

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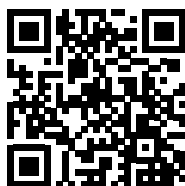
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Help us to improve our service

Please give us your feedback via  
the NHS Friends and Family test



[www.nhs.uk/friendsandfamily](http://www.nhs.uk/friendsandfamily)

## Parent Information Padlet



PLEASE ACCESS BY SCANNING THE QR CODE.

YOU WILL FIND INFORMATION ON THE NEONATAL  
UNIT, EXPRESSING, FEEDING, PREPARING FOR  
HOME AND MUCH MORE.

*Baby Friendly Initiative Team*



### Chelsea and Westminster Hospital

NHS Foundation Trust

369 Fulham Road  
London  
SW10 9NH

#### Main Switchboard

020 3315 8000

#### Website

[www.chelwest.nhs.uk](http://www.chelwest.nhs.uk)