
Specialised care for your baby

Summary

- Neonatal Intensive Care Units (NICUs) provide care for babies who need special treatment for critical illnesses in the first few weeks and months of life.
 - Special Care Nurseries (SCNs) look after premature babies, babies who have a low birth weight or need care for neonatal health issues.
 - Your baby's healthcare team will be made up of different specialists with a lot of experience in looking after babies who need special care.
 - Parents are an important part of the healthcare team.
 - Breastfeeding is encouraged, but you may need to express milk or add formula feeds.
 - Community care services are available when your baby leaves the hospital.
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Newborn babies need close observation and care when they are sick at birth or born too early (premature). Neonatal Intensive Care Units (NICUs) and Special Care Nurseries (SCNs) provide extra care for these babies in the first weeks, and sometimes months, of their lives.

Learning that your baby needs to be admitted to a special care unit is stressful, especially after a difficult birth. It will be strange at first, but for a while this will be your newborn baby's home and you will be an important part of their healthcare team.

Your baby will be cared for by highly experienced medical and neonatal nursing staff with specialist skills to support feeding, breathing and early development.

Types of specialised care for babies

If your baby needs specialised care that cannot be provided in the maternity ward, or in the hospital where they were born, they may need to be transferred to a higher level of care, either in a Neonatal Intensive Care Unit or a Special Care Nursery.

Neonatal Intensive Care Units

Neonatal Intensive Care Units (NICUs) provide services to newborn babies who need special treatment for critical illnesses straight after birth. NICUs are in larger, metropolitan hospitals. In Victoria, these hospitals are:

- Mercy Hospital for Women, Heidelberg
- Monash Medical Centre, Clayton
- Royal Children's Hospital, Parkville
- Royal Women's Hospital, Parkville.

Special Care Nurseries

A Special Care Nursery (SCN) looks after babies who are healthier and stronger than the babies in the NICU, but still need extra care. They may be premature babies, or have a low birth weight or need specific care for neonatal health issues.

Emergency transfer to specialised care

If the level of care for your baby needs to change, this can sometimes mean moving hospitals. At such times, Paediatric Infant Perinatal Emergency Retrieval (PIPER) coordinates expert advice, referral and transport to specialised services in Victoria and interstate, 24 hours, 7 days a week. This includes both urgent transfer and non-urgent and 'back transfer' to special care nurseries.

The emergency transfer service for newborn babies in Victoria is known as NETS (Newborn Emergency Transport

Service).

Find more information about [NETS](#).

Equipment and monitoring in the NICU

You may be worried at first by the amount of equipment, cords and monitors on or near your baby when they are in the NICU.

It is very important to keep your baby warm and comfortable. To keep them at their ideal temperature they will either be in an incubator, which looks like a see-through plastic box on wheels, or in a heated open cot with overhead heaters or mattress heating.

Depending on what they need, your baby may have:

- leads on their chest to monitor their heart and lungs
- breathing support through a ventilator machine
- a narrow tube and needle in their hand or foot to provide intravenous (IV) fluids
- sensors on their foot or hand to monitor oxygen
- a catheter in the umbilical cord
- feeding tubes and a pump.

A nurse will explain the equipment, what it is doing and how you can help.

Your baby's healthcare team

Your baby and your family will be looked after by a team that could include:

- specialist doctors (neonatologists and paediatric specialists)
- specialist nurses
- technicians (laboratory, echocardiogram and x-ray)
- care managers
- physiotherapists, speech pathologists and occupational therapists
- lactation consultants
- social workers, mental health professionals and pastoral care workers.

Each member of the healthcare team will have different skills and expertise. A care manager will usually look after the 'big picture' and help coordinate the team.

You will meet your care manager soon after you arrive at the specialised care unit. They will help you to settle in, show you around and explain how things work.

Sharing information about your baby's health

You are an important member of your baby's healthcare team. You can usually call the ward at any time to check on your baby and ask questions.

Each hospital will have a different system for communication. Often there are whiteboards near your baby's cot for messages.

In the NICU, each baby will have an individual bedside nurse, who will know most things about your baby's medical condition and will be able to bring you up to date about recent test results, or any changes in your baby's care.

A neonatologist will also be on duty at all times.

Medical staff will share information during daily medical rounds where they discuss each baby's status and progress. You can ask questions and share information during these rounds. More complex discussions are better suited to a dedicated family meeting with a healthcare professional.

Visiting the specialised care unit

Parents can usually visit their baby at any time. Sometimes you will have a swipe card that will give 24-hour access. The space around your baby's cot is yours. You may like to bring in things like photos, toys and cards to

make the space more personal.

Overnight stays

Each hospital will have different arrangements for parents to stay overnight if needed. Sometimes there is accommodation nearby, or a family room where you can sleep for a night. Ask your care manager or nurse about the options.

Limits on visitors

Often there is a period every day where there are limits on visitors. This may be during ward rounds or during a 'baby rest time'.

Hospitals usually limit the number of visitors who can be near the baby's bed. Most hospitals allow a maximum of three (one parent and two others) at any one time. If you have a larger group to look after, ask the nurses if there is a family room nearby where you can meet.

Children under 12 years old, other than your own, are usually not allowed to visit.

Illness and risk

If someone is unwell or has an infection, they should not visit your baby in the special care nursery. This includes colds, fever, diarrhoea and vomiting. If you are not sure about the risks or symptoms, talk to your care manager or your baby's doctor.

Food and drink

Hospitals will usually not let you bring your own food and drink into a special care unit for hygiene and safety reasons. Often there is a family room nearby where you can eat, drink and store food.

Infection control

Infection control is especially important in neonatal and special care units. Hand washing is a good way to limit the spread of germs. Hospital staff will show you how to wash up to the elbows for best results.

Immunisation against common infectious diseases such as whooping cough, influenza, chicken pox and measles can also reduce the risk of infection to babies in a special care unit.

Immunisation of a premature baby

All of the routine immunisations are safe for immature and low birth weight babies and should be administered according to the Australian National Immunisation Program **Schedule**. Some preterm babies may require extra doses due to the immaturity of their immune system at birth but most babies develop full immune maturity in the third trimester. Reactions to immunisation may occur but the risk is similar for all infants regardless of their birth weight, their gestation or how old they are when they receive the immunisation. Premature babies are at higher risk of developing infections than babies born at term. They are also more likely to suffer serious complications from these illnesses.

Feeding your baby in specialised care

At first, your baby may not be able to breastfeed when they are in neonatal intensive care or special care. A tube may be used to feed your baby until they are stronger and can be fed by mouth.

Expressing milk after delivery

Breastmilk contains all the nutrients your baby needs, and can help to protect them from infection. For this reason, whether your baby is being tube-fed or can feed by mouth, you will be encouraged to provide breastmilk.

After your baby is delivered, your breasts produce colostrum. This first milk will be collected in syringes and fed to your baby. Even small amounts of colostrum have great benefits for your baby.

A nurse or lactation consultant will show you how to express by hand soon after your baby is born. They will also show you how to use a breast pump to express larger amounts. Expressing milk every few hours will not only provide food for your baby while in specialised care, but will help to keep up a good supply for when they are able to breastfeed directly.

Excess breastmilk can be stored and used later. This can be useful for times when you are not able to be at the specialised care unit.

Formula feeds

If you choose not to breastfeed your baby, the healthcare team will discuss artificial feeding using formula. Sometimes, even when you are breastfeeding, there is not enough milk available for your baby. A nurse or lactation consultant will talk to you about adding formula feeds and ways to increase your milk supply.

Emotional support for families with babies in specialised care

Extended time in hospital for your baby can place a great strain not only on parents but also on extended family. A social worker will talk to you and your family about what type of support can help while your baby is in hospital and after you return home.

Social workers can provide:

- counselling
- emotional support
- referrals to internal and external services
- information on topics such as parenting, bonding with your baby and coping strategies.

Leaving the specialised care unit

Finding out that your baby can move from intensive or special care is exciting news. Often this means you can take your baby home. Sometimes it will mean that your baby can be moved to a hospital closer to home because they are more stable and healthy.

Decisions about discharge

Leaving the security of the hospital can be daunting. The healthcare team will not arrange for discharge until they feel that your baby is well enough to stay healthy in a home environment and that you are capable of giving your baby the care they need.

Your baby's healthcare team will look at a range of issues before discharging your baby. Often, babies are ready when they:

- reach their original due date
- can maintain a normal temperature in an open cot
- have gained enough weight
- can take all or most feedings by breast or bottle
- no longer need intravenous medications.

Community and home support

The healthcare team will explain how to access services in your community that will help you to look after your baby when you return home. Your hospital may also have a home visiting service if you live within a certain distance.

Some babies will go home needing extra care and will require additional support. If you have to use any special equipment, you will get training and detailed instructions. If the unit has the facilities, they will also give you the chance to sleep in the hospital with your baby for a short period to get used to caring for them without the healthcare team.

Community support groups can help you to connect with other parents and families who have had similar experiences.

Where to get help

- Your baby's doctor (neonatologist)
- Neonatal intensive care and special care nurses
- Counsellor

- Social worker
- ParentLine, call 13 22 89
- Maternal and Child Health Line (24 hours) Tel. 13 22 29

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