

## Newborn Care Family Integrated Care

Royal Hospital for Women

October 2021

### Family Integrated Care

We are a Family Integrated Care (FICare) unit. This means that you, the parents, are the most valuable members of your baby's health care team. We encourage you to be as involved in your baby's care as you can.

To improve communication about times that you wish to spend with your baby, we have a parent care plan that you can fill out which will help us plan care for your baby around times that you can be present. We want to make sure that you are informed about your baby's condition and comfortable to work with us in making the best possible plan of care for your baby.

You will be offered opportunities to attend education sessions and learn how to provide bedside cares for your baby. We also encourage you to be present and participate in medical rounds. We are here to partner with you and your family in the care of your baby.

### Who's Who?

As a parent it can be extremely confusing and overwhelming trying to understand who everyone is. This is not an exhaustive list, but should help you to identify some of the key figures:

- **Neonatologists / Consultants** – Specialist doctors who have advanced training and are certified in the care of premature and sick newborn infants.
- **Fellows** – Doctors that have completed their advanced training in the care of infants and children and are training to become specialists
- **Registrars** – Doctors who are undertaking advanced training in the care of infants and children.
- **Medical Students** – Training doctors still in university (RHW is a training hospital).
- **Registered Nurses and/or Midwives** – Nurses who are specially trained in the care of premature and critically ill infants. Each shift there is an in-charge nurse.
- **Pharmacists** – Individuals with special training in the dosing and management of infant medications.
- **Social Workers** – If needed or requested, a NCC family is assigned a social worker who is specially trained to assist parents in coping with the stress and emotions of having a premature or sick newborn infant.
- **Lactation Consultant** – An International Board Certified Lactation Consultant® is available to support mothers in their goal to initiate and maintain their milk supply and to establish breastfeeding before their baby/ies are discharged.
- **Research Nurses** – We participate in several research projects aimed at improving outcomes for babies in NCC everywhere. You may be approached by nurses and doctors about

enrolling your baby in these studies, but should never feel pressured to do so. If you do not feel comfortable participating, please do let the nurses know.

- **Chaplains** – The chaplain’s role is to meet your spiritual and emotional needs and to offer support to you, your family and your child. You can request a visit from a chaplain by asking a nurse or the NCC reception team.
- **Others** – You may also encounter x-ray and ultrasound technicians, NCCU educators, administration staff, NCC managers, nursing students, porters, and medical teams from Sydney Children’s Hospital including surgeons, endocrine, neurology and many other specialties.

## Medical Rounds

Medical rounds occur daily from **9:00am to 10.30am** on weekdays, and can extend to **11.30am** on weekends. The exact time that your baby is reviewed may differ day by day. Rounds are conducted at each baby’s bedside, and each baby is typically allocated 5-10 minutes.

### What is the Role of Parents at Ward Round?

As a member of the health care team, you are invited to be an active participant in the round. As parents, you are welcome to:

- Write down questions and notes before and during rounds.
- Present your baby - with guidance from the nurse caring for your baby.
- Listen to and add to the medical information that is presented to the group.
- Ask questions to clearly understand the information and decisions being made.
- Tell the team what you think will help your child.

You decide how comfortable you feel about talking during rounds, just listening is okay too.

### What is discussed at rounds?

The discussion during Rounds will be about your baby’s current progress. This will include:

- A presentation of health history and current condition.
- Overnight issues and changes in the last 12 hours.
- New lab and study/test results.
- The plan of care for the day and relevant discharge considerations.

The Neonatologist will make the final decision for the plan of care and ensure that you understand.

### Why are there so many doctors at rounds?

The Royal Hospital for Women is a principal teaching hospital of the University of NSW. The Newborn Care Centre provides teaching opportunities to training medical staff. Our Neonatologists are responsible for teaching and supervising junior doctors as they use the knowledge and skills to care for babies and their families. During Rounds the Neonatologist teaches the Fellows, Registrars, Residents and Medical Students about:

- Diagnosing and treating medical conditions.
- Working together with other health professionals and specialists to meet the needs of babies and their families.
- Speaking with families about their baby’s health care.

### Privacy / Confidentiality

Keeping information about your baby confidential is very important to us. We are committed to protecting the privacy of each baby and their family. Only parents are permitted in the NCC during

Rounds and nursing handovers / shift changes. We ask that you help maintain the privacy of every baby and their family:

- Please refrain from listening to conversations that are not about your baby.
- If you hear something about another baby or family, please keep the information private.
- Please don't share information you have overheard about another baby with anyone, including the baby's family. It is important that families receive information about their baby's condition from their own doctors and nurses.
- Please do not ask staff questions about another baby or family. We know that you are asking because you care. However, we cannot share this information with you as we are required by law to maintain the privacy of each baby and family.

## Family Meetings

Family Meetings are meetings between a baby's parents and the medical team, separate from rounds. This is an opportunity for parents and members of the medical team to discuss concerns, answer questions and review the plan of care. Parents can request a family meeting at any time during their baby's hospitalisation, but these meetings are particularly advised if there is a change in the baby's status or if specialists are involved in the care plan.

Talk to your social worker, bedside nurse, team leader or doctor if you would like a family meeting.

## Bedside Nurse

The nurse taking care of your baby on any shift is your best resource for questions regarding your baby. They will answer questions or direct you to the best person or place to find answers. They will be happy to work with you in planning care, setting goals for your baby, teaching you bedside cares and how to be involved in your baby's care. The nurse is also an advocate for your infant when you are not in the hospital, and tries to provide continuity of care between shifts.

A **Skills Checklist** is available [*see other linked documents*] for you to work through with your baby's bedside nurse. They will be able to teach you all the things you need to know to provide bedside care for your baby.

## Monitors and Alarms

Infants in NCC have monitors that continuously track their heart rate, respiratory rate and the amount of oxygen in their blood. The probes on these monitors are very sensitive and may alarm with movement. They will also alarm if the infant's heart rate, respiratory rate or saturation briefly fall outside the normal limits. These alarms are different from the alarm sound of a true emergency. Your baby's nurse is very familiar with the different alarms and will know when it is necessary to go to the bedside and check on the infant.

- **ECG monitor** – This monitor records your baby's heart rate and respiratory rate by using three wires with probes that are placed on the skin. If an infant's heart rate or respiratory rate is too fast or too slow, an alarm will sound to alert the staff.
- **Oxygen Saturation monitor** – This equipment measures the level of oxygen in the blood, also referred to as oxygen saturation. A probe (similar to a bandage) is placed on the infant's hand or foot. A red glow lets you know its working. The heart rate is also monitored with the oxygen saturation. As with the ECG monitor, an alarm will sound if the infant's oxygen saturation falls outside the normal limits.

Remember, if the nurse doesn't look worried, you needn't worry. Staff will make every effort to silence alarms promptly. We ask that parents do not touch or adjust the monitors or other equipment. As your baby gets older and closer to going home, we will typically cease monitoring.

## Care Times / “Doing Cares”

When you and your baby are ready, your nurse will invite you to participate in “Cares”. This is a very special time when you get to interact with your baby and participate in their bedside care.

Cares are completed immediately before a feed. Cares typically happen twice within the 12 hour daytime nursing shift. If you haven't already been advised, please ask your nurse what your baby's care times are. Be sure to confirm whether that time is the FEED time or the CARE time – Cares usually take 10-20 minutes and must be completed in time for the next scheduled feed.

Cares includes:

- **Cleaning your baby** – This is usually a delicate ‘bed bath’ with damp cotton wool balls and cloths. Once your baby is stable enough, they may be ready for their first proper bath - ask your nurse when this might be possible. Baths are usually done twice a week.
- **Changing their nappy** – A skill we promise you will have mastered by the time you take your baby home!
- **Outfit change** – Once your baby is in an open crib and the skin is less delicate, they can start wearing clothes. The NCC has a large selection of donated premature and small sized baby clothing. You are welcome to bring in your own clothing for your baby, but please be sure to leave a note on the crib to advise the nursing staff to keep soiled outfits in a bag for you to launder at home.



*Cares being performed on a baby in the NCC*

After Cares, the feed will be administered. This may be a tube feed, bottle feed or breastfeed, depending upon your baby's care plan. Once the feed is complete, or during a tube feed, you are welcome to enjoy skin to skin time / Kangaroo Care with your baby.

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