

Going home

your questions answered



Published by BLISS, the premature baby charity.
First edition: 2004
Second edition: 2005
Reprinted 2006
© BLISS – the premature baby charity

Originally compiled in conjunction with Community Neonatal Nursing Special Interest Group. Written and edited by Maria Porter and Shanit Marshall, BLISS – the premature baby charity.

Photography: Paula Glassman.

No part of this booklet may be reproduced in any form or for any purpose without the permission of the publisher.

We are grateful to the following people for reviewing this publication:

Caroline King, Chief Dietitian, Hammersmith Hospital
Heather Naylor, Clinical Nurse Specialist, Neonatal Community Service, Hammersmith Hospital
BLISS Medical Advisory Panel
BLISS Nursing Advisory Panel
Debbie and David Gibson, Emma Keeley, Anita O'Brien, Amanda and Ady Proffitt

BLISS – the premature baby charity
2nd Floor, 9 Holyrood Street
London SE1 2EL
t 020 73781122 f 020 7403 0673
information@bliss.org.uk www.bliss.org.uk
Family Support Helpline
FREEPHONE 0500 618140
BLISS Publications: 01933 318503 or order online at www.bliss.org.uk
Registered charity no. 1002973
Registered company no. 2609219

This publication has been made possible with financial support from Pampers.



Moving on

Taking your baby home is a really important milestone for you as parents and for your baby. Hospital and the environment of the neonatal unit are very different from home. Once in your own space, you can enjoy the privacy and easily available contact with family and friends that most parents need. You can begin to look forward and your baby too can start to adjust to the different pace and pattern of life at home.

At the same time, once home, it is common for parents to be anxious and to have questions they wished they had asked earlier and also some new ones. The information contained in this booklet and further sources of support listed here have been designed to help fill the gap at this important time.

Maggie Redshaw BA PhD (C.Health Psychol.)
and a member of the *Pampers Institute*.

About the *Pampers Institute*

The *Pampers Institute* is an international network of experts committed to understanding babies and all areas of their development and health. The members of the *Pampers Institute* provide advice, insights and information primarily via the website, www.pampers.com, which can be accessed by both health professionals and parents alike.



Useful contact details

	Name	Telephone
Consultant		
Neonatal unit		
Contact on neonatal unit		
Neonatal Outreach Team/ Community Nurse		
Health Visitor		
GP		
Chemist/Pharmacist		
Oxygen company		
Social Worker		
Other		
BLISS	Family Support Helpline	FREEPHONE 0500 618140

Contents

The right time to go home	6
Preparing to take your baby home	7
Transporting your baby home	9
Who will help once your baby's home	10
Adjusting to being at home	12
Your baby's health	12
Sleeping	16
Baby massage	19
Feeding	19
How you might be feeling	22
Financial help	24
Immunisation	26
Follow-up appointments and development	26
Useful organisations	27
BLISS publications	35



Going home

This guide has been written to help prepare you for when you bring your baby home from the neonatal unit. It is intended to complement the advice you receive from those involved in the care of your baby.

Over the weeks or months that your baby has been on the unit you will have grown used to a high level of support – always having people around to answer questions and give advice. At home you will be the main person caring for your baby. So as well as being a happy time, bringing your baby home can be worrying too.

But remember, your baby is only coming home because the staff on the unit believe that your baby is well enough to leave the hospital and that you are able to look after him/her or them.

You may have many questions about going home, both when your baby is still in hospital and after he/she is discharged. This booklet looks at the most frequently asked questions and the different stages that you might go through.

We hope you will find the information in this guide helpful. If you have any concerns or questions, you may wish to talk to the health professionals looking after your baby as they will be able to offer you further information and support.

The right time to go home

Will my baby have to stay in hospital until he/she reaches his/her due date?

Not always. If your baby is feeding well, gaining weight and has no other problems, he/she may be well enough to go home before the due date.

Babies may need to stay in hospital for longer if they need help with feeding, breathing or have other medical complications.

How will the hospital staff decide when my baby is ready to go home?

The staff involved in the care of your baby will decide when he/she no longer needs medical treatment or monitoring in the neonatal unit. They will assess if your baby is able to control his or her temperature, how well he/she is feeding, and whether these can be successfully carried on at home.

If your baby still has feeding or breathing difficulties or other special needs, he/she will be able to go home when you have been given enough information to confidently look after your baby and when follow-up support has been arranged.

It is important you feel it is the right time to bring your baby home too. If you have any concerns or worries, discuss them with the staff or discharge team.

Also see page 13 about home oxygen.

What if my baby is on medication or is very small when I am told he/she can go home? Is this dangerous?

Families will be given information on why medication is needed, how to give it and whether it has any side effects.

If your baby is very small, he/she will continue to be closely monitored by a specialist nurse, hospital consultant, dietitian or health visitor.

If your baby has had ongoing feeding problems, he/she will have been referred to a feeding specialist by the neonatal team before discharge. If your baby develops feeding problems after discharge, your GP will arrange a referral if necessary. The type of specialists available varies from area to area but could include a speech therapist or a paediatric dietitian.

Is my baby's age worked out according to when he/she was born or according to when he/she was supposed to be born?

(also known as 'corrected' age)

Your baby's prematurity will need to be taken into account when looking at his/her development. For example, if he/she was born four months ago, and was three months early, your baby's 'corrected' age is one month old. However, this does not mean that your baby will be at exactly the same stage of development as babies of the same corrected age. It is only a pointer and, like term babies, premature babies will have their own individual pace and abilities which may be faster or slower than other babies.

In all other situations, your baby's age will be worked out according to his or her actual birth date, not their corrected age.

I have twins – what if one baby is ready to go home before the other?

This does sometimes happen and can be very difficult for parents as they may feel upset taking one baby home while leaving another in hospital. It is also difficult visiting and caring for two or possibly more babies in different

places, sometimes several miles away from each other.

Parents may also have experienced a different set of concerns with each child which may continue after their babies have been discharged.

Preparing to take your baby home

The hospital should arrange a meeting with you before your baby goes home. If there is a community nurse or family care worker attached to the neonatal unit, it is likely that they will co-ordinate the discharge. This will include talking to you about the practical side of caring for your baby at home and what it means for the family.

If there isn't a community nurse or family care worker, someone from the neonatal unit (or possibly someone attached to it), will arrange the discharge instead.

It is important to make sure you can carry out all aspects of your baby's care. For example:

- do you know how to give your baby a bath?
- have you been shown how to give your baby medication?
- have you been shown how to use any specialist equipment?

- if you are expressing or bottle feeding, do you know how to sterilise bottles and make up your baby's feeds?

If you don't feel sure about any aspect of your baby's care, ask the neonatal staff who will be happy to help you.

Before going home, many hospitals offer the chance to 'room in'. This means you stay in a room in the hospital and care for your baby overnight. It is a good idea to make use of this opportunity if you can.



“ Rooming in at the hospital really boosted my confidence – before I didn't know how I would cope. ”

It will give you the chance to gain confidence in caring for your baby with the neonatal unit staff on hand to answer any questions you may have. It will also help you to discover the things you feel you need to know before taking your baby home.

If you will be expressing or bottle-feeding your baby at home, it is helpful to bring in the bottles and teats so that your baby can start to get used to them. You may also like to bring in a brightly coloured or musical toy for your baby's cot and something which smells of home, for example, a scarf or special blanket. Once your baby arrives home, he/she will then be comforted by familiar objects and smells.

Telephone

It is advisable to have easy access to a telephone. If you do not have one, ask your hospital social worker for help. Social services may pay for the installation of the line if your baby has any special needs. If you need to have the line repaired, tell your telephone company that repairing the line is urgent because of contact with the hospital and emergency services.

Transporting your baby home

Car safety

You must always use a suitable rear-facing baby car seat whenever possible, even on the shortest of journeys.

If you do not own a car, it is still advisable to borrow or hire a baby seat when taking your baby home from hospital by car or taxi. Some hospitals may be able to loan you a seat or there may be a local loan scheme – it's worth asking.

Some important points to remember when transporting your baby by car:

- It is always best to try your baby in the car seat before going home to make sure he/she is comfortable and safe.
- You can get 'head hugger' supports to fix into car seats – these are useful if you have a very small baby.
- Practice fitting the baby seat into your car.
- Only use a rear-facing baby seat for a newborn baby.
- Never use a baby seat in the front if a passenger seat airbag is fitted.
- Do not buy or use a second hand baby seat unless you are fully aware of its history.

It is a good idea to check with the staff on the unit if they consider it safe for your baby to travel in a car seat. Some hospitals will do this routinely.

The Royal Society for the Prevention of Accidents (RoSPA) has issued guidelines on the use of car seats with premature and low birthweight babies. Research in America has indicated that these babies can have breathing problems if they stay in a car seat for long periods.

A summary of RoSPA's guidelines are as follows:

- Avoid keeping your baby in the seat for any longer than is necessary.
- Recline the seat as much as possible when in the car (carefully following the manufacturer's instructions).
- Never leave your baby unattended in the car seat.
- Only use the baby seat in the car and not on an integrated travel system for feeding or sleeping.
- Keep car travel to a minimum for the first few months if possible.

Always ask for advice if you are unsure about any aspect of car safety.

For more information, contact the Child Accident Prevention Trust (CAPT) or RoSPA. See *useful organisations*, page 34.

Who will help once your baby's home?

When your baby is discharged from the neonatal unit, a group of health professionals will continue to be involved in supporting his/her development. Job titles and services vary from hospital to hospital and you may not come across all the different types of healthcare workers listed here. But you are likely to meet some of the following people.

Community neonatal nurse or family care worker

A growing number of hospitals have a nurse connected to the neonatal unit who make home visits to families who have had a baby recently discharged from hospital. This specialist nurse will be there to support you and to advise on areas such as feeding and ongoing medical needs, such as home oxygen. The community neonatal nurse or family care worker will be the point of contact between you, the hospital and other members of the healthcare team. Please remember, job titles may vary from area to area.

Health visitor

Every family in the UK is assigned a health visitor when there is a new baby in the family. Your health visitor will be involved in following your baby's

development from birth to school age. The health visitor will carry out basic health checks, such as hearing tests, growth, developmental assessments (milestones), hip checks, and may be involved in giving immunisations. Your health visitor is a source of information for promoting health, home safety and parenting skills. Health visitors are available at baby clinics as well as visiting families at home.

General Practitioner (GP)

This is the family doctor that you have registered your baby with. Your doctor is there for any type of health related problem and to make referrals to other specialised health professionals.

Practice nurse

You may see a nurse at your GP's surgery or if you go to your local health centre. Practice nurses may be involved in your baby's immunisation.

Other health professionals involved in your baby's care

These may include physiotherapists, child development specialists and dietitians. Before discharge, you will be given information on who will be involved in supporting you and your baby once you go home.



“ When we got home, I spent as much time as I could just holding Callum – I felt we had both missed out on so many cuddles when he was in NICU. I think it really helped him get used to being in his own home after all the noise and activity at the hospital. ”

The Homecare Team

If your baby has on-going medical needs, there may be a Homecare Team or Neonatal Outreach Team involved in the care of your baby on discharge.

The team would usually include a community neonatal nurse and other specialists, depending on your baby's needs. Who makes up the team will also depend on the type of services available at that particular hospital.

Adjusting to being at home

What if I still don't feel confident with my baby by the time he/she leaves hospital?

You would be a very unusual parent if you didn't feel nervous and unsure about being able to cope. It takes time but eventually you will become the expert. You will be able to read the signs and know exactly what your baby needs and what is best for him/her.

In the neonatal unit, you will have been encouraged to get involved in feeding and handling your baby with medical and nursing back up available. It is important that you and your baby to get to know

each other so that when you leave the unit you feel confident to care for him/her on your own. Don't be afraid to ask as many questions as you feel necessary.

Your baby will need to get used to a new environment after they come home from the unit and this may take some time and getting used to.

Your baby's sleeping position may need to change as they grow stronger (sleeping on their back or side). You mustn't place a baby on his/her front to sleep unless a health professional advises you to do so. Front sleeping will only be advised in exceptional cases – for example, if your baby has obstruction of the upper airways.

Also see [Sleeping](#) on p16.

Relationships within the family can often change when a new baby comes home. Everyone has to adjust to the new situation and this may take a bit of getting used to.

My baby's health

Since coming home my baby sounds snuffly. Could he/she have caught a cold?

Most houses have carpets and lots of fabrics. This will make the environment a little dustier than

the hospital and some babies may become a little snuffly as a result. Don't worry, particularly if your baby seems well and is able to feed. This will settle down, but may take a few weeks. If your baby is unwell or is not feeding, seek medical advice.

Is it safe to take my baby out?

Yes it is, although you may like to wait a couple of days to allow your baby to get used to his/her new home first. Remember to protect your baby from the sun or rain and to dress him/her according to the weather/temperature. Take extra layers in case it becomes colder.

Is it safe to take my baby on an aeroplane?

Advice on this will vary depending on when your baby was discharged and any medical complications your baby has or had. Check this with your baby's hospital consultant.

What if my baby is on home oxygen?

Some babies who need extra help with breathing will go home 'on oxygen'. This means that the baby needs to have a supply of oxygen to support his/her breathing. This may need to carry on for a few

months or longer. If your baby needs home oxygen, you will be advised as to the levels of oxygen he/she needs as well as being shown how to tell if your baby needs more.

If there is a community outreach worker attached to the unit, she or he will co-ordinate the discharge and provide you with all the information you need to prepare your home and any other practicalities.

Oxygen comes in three forms:

- oxygen cylinders (which can be moved around the house)
- oxygen concentrators (which are installed in one place within your home)
- portable oxygen cylinders (which mean you can leave the house with your baby).

If you transport oxygen cylinders in your car, don't forget to tell your car insurers that you will be doing this.

You are also entitled to a warning sticker for your car alerting people to the fact you have oxygen on board.

BLISS has produced a free booklet, [Going home on oxygen](#). See page 35 for details.

How can I protect my baby from the risk of infection?

If your baby was ventilated, needed oxygen or was very premature, he/she may be more at risk from infections which affect their breathing. It is not possible to completely protect your baby, but there are steps you can take.

Reducing the risk of infection

- Avoid places where there are large groups of young children.
- Avoid crowded public places.
- Avoid large air-conditioned buildings eg shopping centres.
- Ensure everyone coming into contact with your baby washes their hands thoroughly with soap and warm water.
- Reduce contact if someone has a cold or fever.

If you are worried that your baby is unwell, seek medical advice.

What is RSV?

RSV (Respiratory Syncytial Virus) affects around two-thirds of all babies and children. It causes cold-like symptoms and can cause breathing difficulties if the lungs are affected. Most babies and children show symptoms between October and March. Often a parent won't know that the colds or sniffles their children suffer

from during autumn and winter have been caused by this particular virus. New research suggests the virus may be carried, without symptoms, for several weeks or months.

If your baby was born prematurely, is prone to getting lung infections or was born with a congenital heart problem, he/she could be at greater risk of becoming more seriously ill if they were to come into contact with RSV. To reduce the risk of getting RSV, follow the advice given in the box on the left (*Reducing the risk of infection*).

Treatment will vary depending on how badly your baby is affected but usually they will need plenty of fluid and paracetamol suspension for a fever.

BLISS has produced a free booklet *RSV*. See page 35 for details.

Vitamin supplements

Many premature babies are discharged from hospital taking vitamins and iron. This is because babies store up vitamins in the last month of pregnancy. Any baby born before 36 weeks may have missed out on this.

Checking your baby's health

Signs that you may notice if your baby is becoming unwell:

- more fretful than usual
- raised temperature
- change in feeding – usually not interested or reluctant to feed
- vomiting – when this has not been a particular problem before
- change in stools – more frequent, loose, watery or 'explosive' than usual
- less aware of you – not as responsive to you as usual, doesn't wake up as easily
- more floppy than usual
- breathing more rapid, noisy, or there may be long pauses between some breaths
- more pale than usual
- blotchy skin or rash that doesn't become much lighter when a glass tumbler is pressed against it – **this is possibly serious and you should get medical help urgently.**

Whenever any of these problems develop, you should have your doctor see your baby. If your doctor is unavailable, you should take your baby to the nearest hospital emergency department.

You will be advised by your GP or health visitor how long this should continue but it is usually until your baby is weaned and taking a balanced diet of solid food.

Smoking at home

If there are smokers in your home, then it is important to remember that premature babies can have fragile lungs and can fall ill very easily. Your baby will be most affected by being in a room in which people smoke regularly – even if your baby is not there when someone is smoking. You will be able to get a repeat prescription from your GP.

Will smoking increase the risk of cot death?

Smoking does increase the risk of cot death. For every hour of the day that a baby is in a room where people routinely smoke, the risk of cot death increases by 100%. For example, if a baby is exposed for 2 to 3 hours a day, the risk of cot death is doubled. If a baby is exposed for 8 hours a day, the risk increases by 8 times.

The risk of cot death is also significantly increased for babies who share a bed with a parent who smokes – even if the parent smokes outside.

For more information, contact the Foundation for the Study of Infant Deaths (FSID). See *useful organisations*, page 31 for their details.

Readmission to hospital

It is standard practice that babies who need to be re-admitted to hospital will be admitted to the children's ward, not the neonatal unit. There are very rare exceptions to this. One reason could be if it was only a very short time since a baby was discharged.

A children's ward is a very different environment to the neonatal unit in the following ways:

- Children's wards don't have as many nurses and doctors per baby as the neonatal intensive care unit – some parents may feel anxious if they are used to a larger number of people caring for their baby.
- A different staff team means new people to get used to.
- A small number of hospitals don't have a children's ward, if this the case a baby may be admitted to a different hospital from the one he/she was discharged from.
- Parents can stay with their baby on the children's ward, even if it is only on a campbed.

- Parents are generally expected to carry on being very involved in looking after their baby as a continuation of the care they were giving while their baby was at home.

Sleeping

What is the best sleeping position for my baby?

The safest position is to place your baby on his/her back at the start of sleep time. If you find your baby has rolled over, reposition your baby on his/her back.

At some stage, babies learn to roll onto their front and back again and eventually they will find their own position during the night.



Babies who have spent time in neonatal units may have become used to being positioned on their front. It may take some time for them to settle and be able to sleep on their back.

The Foundation for the Study of Infant Deaths (FSID) produces free leaflets on sleeping positions and avoiding cot death. If you have not been given information about this, it is strongly advised that you ask the neonatal staff, your health visitor or your GP.

For more information, contact the Foundation for the Study of Infant Deaths (FSID). See *Useful organisations* on page 31 for their details.

Bedsharing

The safest place for your baby to sleep is in a cot. If you do decide to have your baby in bed with you to comfort or feed him/her, you need to be aware of the following:

- Make sure your baby cannot fall out of bed.
- Use lightweight covers (not adult weight covers which could cause your baby to become too hot).

It is dangerous to have your baby in bed if you or your partner smokes, have recently drunk alcohol, use drugs or are very tired.

Put your baby back in the cot before you go to sleep.

Unicef produce a free leaflet on bedsharing. See *Useful organisations* on page 29 for details.



Checking your baby's breathing

What are Apnoea monitors?

Apnoea monitors are extremely sensitive alarms which monitor breathing – they are usually attached to the abdomen.

If a baby stops breathing for longer than 20 seconds, an alarm is triggered.

If your baby has had frequent apnoea attacks (pauses in breathing) in hospital or has come home on oxygen, an apnoea monitor may be suggested. False alarms are very common and can often be triggered when a baby is in deep sleep and their breathing is shallow.

Some parents find Apnoea monitors give reassurance and help them to sleep but equally they can make some parents feel more anxious. If you decide to use a monitor, it is important that you learn how to resuscitate your baby if he/she stops breathing.

Apnoea monitors vary in terms of how well they work and how much they cost. Some hospitals lend or hire them to parents and FSID or The Cot Death Society can give information on where and how to get hold of one.

For more information, contact the Foundation for the Study of Infant Deaths (FSID). See *Useful organisations* on page 31 for their details.

I've been told not to overheat my baby because of the risk of cot death. What temperature should I keep my house at?



It is important not to overheat your baby, but remember that if your baby was very small or premature, he/she may find it more difficult to keep themselves warm. A nursery

thermometer will help you to monitor whether the room temperature is right. Aim to keep the temperature between 18 and 21 degrees Celsius.

Check your baby at regular intervals to ensure he/she is not too hot or cold. You can do this

by feeling the back of the neck or tummy. It is normal for a baby's hands to feel colder than the rest of his/her body.

You may like to buy a thermometer to monitor your baby's temperature until you feel more confident. This should be a digital thermometer and temperature should be taken under your baby's armpit. It should normally be between 36.5 and 37.1 degrees Celsius.

If your baby is too hot:

- remove some layers and recheck
- if he/she seems unwell, seek medical advice.

If your baby is too cold:

- add a hat and more layers
- give your baby a cuddle
- if your baby doesn't warm up or seems unwell, seek medical advice.

My baby is unsettled and wants to be picked up all the time. What should I do?

Coming home is a big change for your baby. Everything is new and different: noises, temperature, smells, colours. Even your baby's experience of light and dark will be very different to the experience on the unit.

You, his/her parents, are familiar, therefore your baby may need lots of cuddles for reassurance. And it can take some time for babies to settle into a new environment.

Premature babies have more active sleep than term babies, so although your baby is moving at night, they may well be sleeping. If your baby is unsettled, try stroking him/her to reassure your baby you are there. This will be easier if you can position a Moses basket next to your bed. You may also want to try playing soft music or leaving a night light on.

Baby massage

Baby massage is a great way of bringing you close to your baby whilst at the same time contributing to your baby's health and sense of well-being. Massage been shown to be especially useful for premature and sick babies.

It can help with the bonding process by:

- making your baby feel loved
- helping you learn about your baby's needs
- relaxing you both.

Health benefits can include:

- helping your baby to sleep
- boosting your baby's immune system
- improving your baby's circulation
- helping your baby's digestion
- improving the condition of your baby's skin
- helping boost and build self-confidence in both you and your baby.

Your local health centre may have information on baby massage groups in your area. Alternatively contact BLISS Family Support on FREEPHONE 0500 618140 or see *Useful organisations* on page 33 for details of International Association of Infant Massage (IAIM).

Feeding

You and your baby will have probably become used to the routine on the neonatal unit so it may seem strange when you first take your baby home and give him/her their first feed.

Is my baby getting enough to eat and gaining enough weight?

In the first few weeks, you may find your baby's feeding pattern is irregular and some babies may demand more frequent feeding than they had on the neonatal unit. This is normal – each baby is

an individual and should be fed according to his/her own needs.

If you offer feeds frequently and ensure your baby takes as much as they need, your baby should stop feeding when they have had enough.

If you think your baby is feeding too much or too little, discuss it with one of the health professionals supporting you.

You can be sure your baby is getting enough milk if he/she has plenty of wet nappies, is growing/gaining weight (even if this is slow) and is alert and awake for some of the time.

My baby is feeding every 2 to 3 hours. Is this normal?

If your baby is under four months and is growing well (as indicated above), then you shouldn't worry. If your baby isn't gaining weight ask your health visitor or GP for advice. If the amount of time taken to complete a feed increases significantly, you should seek advice.

What if my baby is feeding badly – not very often, small amounts and hardly gaining weight?

The amount of weight you would expect to gain is between 4 to 7 ounces per week although this is only a general guide. If your baby is under the care of the neonatal dietitian, they will advise you about a healthy weight gain for your baby.

The community neonatal nurse or health visitor will normally weigh your baby once a week for the first few weeks at home and give you advice or help with any worries or concerns you may have.

My baby has not had a dirty nappy since coming home, what should I do?

Every baby's bowel habits are different and many things can cause them to change, for example:

- change in feeding routine
- breast and formula milk produce different stools
- a change in type of formula milk
- hot weather.

If your baby seems well and is feeding, don't worry. You may want to try offering him/her a couple of ounces of cooled boiled water as extra to feeds. If that does not make a difference and you are still concerned, seek advice.

If your baby is not feeding well, vomiting more or their tummy is swollen, again seek advice.

What is reflux?

Many babies bring up some milk or are sick after a feed but when it happens frequently, they may have reflux. It is similar to heartburn and symptoms can include gagging, choking and tummy pain.

Babies usually grow out of reflux during their first year and specialist health professionals can give you individual advice about the way your baby is feeding.

Reflux is often worse when a baby is lying flat and it can help if you position your baby so that their head is gently raised during the day, particularly during and after feeds. Kangaroo care or holding your baby upright after feeding may also help.

Changing your baby's nappy before a feed also makes it less

likely your baby will be sick on a full tummy.

If your baby suffers from reflux during the night, try making the head end of the cot slightly higher by standing it on something stable (a couple of books perhaps) so that your baby's head is slightly raised. **But do not put anything directly under your baby's head and never use a pillow with a baby under 12 months old.**

Breastfeeding

Breastfeeding gives the best possible nutrition as well as helping the bonding process.



“ Expressing milk helped me feel I was really helping my baby – it seemed to bring us much closer. ”

If your baby was born early, it is still possible to breastfeed. Breastmilk is particularly helpful for premature babies in the following ways:

- It helps protect from the illnesses and infections to which premature babies are particularly vulnerable (especially gastroenteritis and chest infection).
- Breastmilk is easier for a premature baby to digest than formula milk.
- Essential nutrients, growth factors and hormones are present in breastmilk which are very important for a baby's growth.

BLISS has produced a free booklet, *Breastfeeding your premature baby*. See page 35 for details.

Mums also benefit as:

- breastfeeding brings you closer to your baby
- there is some evidence that it reduces your risk of breast cancer and pre-menopausal and ovarian cancer
- the healthy diet you need to try to eat whilst breastfeeding contributes to your general well-being
- it can help you get back to your pre-pregnancy weight.

Formula milk

Formula milk made up at home appears thinner and whiter looking compared to the milk provided by the hospital. This is because hospital prepared bottles have been heat treated and this affects their appearance. So don't worry, the milk you are making is fine.

Make sure it is made up according to the manufacturer's instructions. You should continue using the same formula milk used in the neonatal unit when you get home unless advised differently by your health visitor or GP.

Colic and wind

Premature babies seem to suffer with winding problems more than term babies.

Baby massage is particularly good at giving relief from colic and wind (see page 19 for more information). As well as massage, the following can help:

Mums also benefit as:

- Ensure your baby is sitting upright during feeds (if they are old enough) and not gulping too much air.
- Avoid too much tea or coffee if breastfeeding.
- Try a medium flow teat rather than a slow flow or 'newborn' teat.

- A warm bath.
- Rocking and swaddling.
- Colic drops or gripe water.

Whilst colic is particularly common in the first few months, it rarely lasts any longer and causes no long-term problems.

Weaning

Weaning is the introduction of the first solid foods to a baby who has only ever been fed on breast or formula milk. Weaning takes place because your baby has reached a point when milk no longer supplies all the nutrition they need to grow.

BLISS has produced a free booklet *Weaning your premature baby*. See page 35 for details.

If you have worries or concerns about your baby's feeding pattern, please discuss this with your community neonatal nurse, health visitor or family doctor. If your baby is under the care of the neonatal dietitian, they will also be available for help and advice.

How you might be feeling

Having a premature or sick baby can be very stressful and frightening. While your baby is in the neonatal unit, you may have to use a lot of energy just keeping going and staying strong. When

you bring your baby home, it can be a very emotional time.

The full impact of what has been happening over the last few days, weeks or months may suddenly catch up with you. You may feel very tearful or simply exhausted as your body starts to relax.

The weeks leading up to your baby's first birthday can also be an emotional time for some parents. Memories of your baby's birth (particularly if it was very traumatic) may come rushing back and take you by surprise. All these feelings are perfectly normal and understandable.

Different members of the family will have experienced the situation in very different ways too and there will be a lot of adjusting to get used to, particularly if there are other children in the family.

If at any time after bringing your baby home you do feel overwhelmed, there are many people who can help. Talk to your GP or health visitor who will be able to tell you how to access counselling. Or you could join a BLISS support group or visit the message board on the BLISS website where many parents share experiences and offer support to each other on a daily basis (www.bliss.org.uk).

If you have twins or higher multiples and have had to face the tragedy of bereavement, there are organisations which can offer help and support. The Multiple Births Foundation booklet *When a twin or triplet dies* gives useful guidance on coping with a bereavement, particularly the mixed and difficult emotions when one or more babies have survived. Similarly, The Twins and Multiple Births Association (Tamba) has a Bereavement Support Group which provides a network of contacts.

For more information contact [The Multiple Births Foundation](#) or [The Twins and Multiple Births Association \(Tamba\)](#). See *Useful organisations* on pages 33 -34 for their details.

Postnatal depression

Postnatal depression (PND) is different to the 'baby blues' which affects at least half of all new mothers during the first week after birth and quickly goes.

PND is not easily defined. It is common for all mothers of newborns to be tired, lack confidence and energy as well as to feel anxiety and guilt to some extent. However, PND is usually a combination of many symptoms over a longer period of time. These symptoms can include exhaustion, irritability, weepiness, no confidence, no enjoyment in being a mum, loss of appetite,

lack of self-worth, difficulty sleeping, difficulty concentrating, difficulty making decisions, fear of harming yourself or hurting your baby, shame at having all these feelings and an overwhelming feeling of helplessness.

Sometimes the chance to talk to a sympathetic, understanding, and non-judgemental listener can help. This is particularly the case for mothers of premature and sick babies, who have experienced, and are possibly still experiencing, a huge roller-coaster of emotions.

The sooner PND is diagnosed, the sooner it can be treated and stopped from getting worse. Don't be afraid to ask for help if you feel overwhelmed.

There are many organisations which can help and your midwife, health visitor or GP can advise you on local support.

[The Association for Post-natal Illness \(APNI\)](#) provides support and information. See *useful organisations*, page 30 for their details or call the BLISS helpline on 0500 618140.

If your partner is suffering from PND

If you think your partner may be suffering from PND, there is a lot you can do to help. Depressed people tend to be very self-critical so staying positive and

encouraging your partner can be very valuable. Sometimes just listening can help – often there are no instant solutions and don't feel you need to come up with any. Simply sharing your feelings can bring you closer together.

You may be finding the situation hard to cope with too and this is quite understandable. There can be huge pressures on dad's to keep everything going in the home and at work, particularly if there are older children to look after.

Remember to take care of yourself as well. Cut down on any unnecessary commitments but don't lose touch with people who can give you valuable support.

Fathers Direct provide on-line support and information. See *Useful organisations* on page 31 for their details.

Financial help

You may be entitled to extra benefits, depending on your individual situation.

The Department for Work and Pension produce a number of leaflets including:

Caring for someone?

(covers Carer's Allowance)

Babies and children

(covers Child Benefit, Child Tax Credit, Working Tax Credit, Home Responsibilities Protection, Children with Special Needs and

New Deal for Lone Parents, Sure Start Maternity Grants, Income Support).

Disability Living Allowance for Children (for children aged three months or older)

For more information see *Benefits and Maternity rights in Useful organisations* on page 27.

Immunisation

Usually the immunisation programme starts at eight weeks from your baby's date of birth (uncorrected age) and either a community neonatal nurse, health visitor or your GP will discuss the immunisation programme with you.

The programme given at 8, 12 and 16 weeks consists of DTaP/IPV/Hib Vaccine, and Meningitis C.

DTaP/IPV/Hib Vaccine:

Protects against five different diseases:

- Diphtheria (D)
- Tetanus (T)
- Pertussis
(Whooping cough) (P)
- Polio (IPV – inactivated polio vaccine)
- Hib (haemophilus influenzae type b).

Meningitis C Vaccine

Protects against Group C Meningitis and Septicaemia.

Most premature babies follow the immunisation programme outlined above. However, if your baby has received certain types of medication (such as steroid therapy), the doctors on the neonatal unit should discuss with you whether this programme is right for your baby before you leave.

Other immunisations

Some babies in high-risk areas may require the BCG vaccine which protects against tuberculosis and is given shortly after birth.

For further information on this, speak to your community neonatal nurse, health visitor or GP.

Follow up appointments

Once your baby has left the neonatal unit you may be asked to attend follow up clinics for many aspects of your child's health and development.

Some people find it very helpful to write down the advice given to you in the personal child health record (the book given to you by

your health visitor). If this is not provided, take your own notebook.

Sometimes the follow up appointments can mount up and you may have more than one in a week. This can take a lot of time and be very tiring if you have to travel long distances to and from the hospital. If you are having trouble managing the number of appointments you have to attend, ask your health visitor to try to reorganise some of the appointments (if possible) so that the timings are more manageable.

Your baby's development

Normal development in babies and young children varies tremendously. Prematurity and chronic illness/medical complications in the newborn period can delay development. It is likely that your baby will reach major milestones later than term babies born at the same time. However, in some areas, premature babies may develop more quickly than term babies.

Your baby's development will be monitored by a paediatrician or neonatal consultant who is used to dealing with premature babies and they will take your baby's prematurity into account.

If you have particular concerns about your baby's development, you should discuss them with the health professionals still caring for him/her.

Always remember that 'normal' covers a very wide range.

And finally

Enjoy being at home with your baby

After everything you have been through this is a special time for all the family. If you can, take advantage of any practical help that is offered and try and make sure you have time to rest and take care of yourself as well as your very special baby.

Good luck!

Useful organisations

* translations available

Benefits and maternity rights

Benefits Now

Online information about Disability Living Allowance and completing applications.
t: 0207 833 2181
www.benefitsnow.co.uk

Citizen's Advice Bureau (CAB)

Will provide details of your local CAB.
t: 020 7833 2181
www.nacab.org.uk

Tax Credits Helpline

Provides advice to families on tax credits.
t: 0845 300 3900
www.hmrcgov.uk

Working Families

1-3 Berry Street
London
EC1V 0AA
t: 0207 253 7243
f: 0207253 6253
office@workingfamilies.org.uk

Bereavement

Child Bereavement Trust

Produces leaflets, books and videos for bereaved families.
Aston House, West Wycombe
High Wycombe HP14 3AG
t: 0845 357 1000
www.childbereavement.org.uk

Child Death Helpline

A helpline for those affected by the death of a child or baby.
Freephone: 0800 282986
www.childdeathhelpline.org.uk

Compassionate Friends

Telephone support for bereaved families.
53 North Street, Bristol BS3 1EN
Helpline: 0845 123 2304
www.tcf.org.uk

Cruse Bereavement Care

Cruse House, 126 Sheen Road
Richmond, Surrey TW9 1UR
Helpline: 0870 167 1677
e: helpline@crusebereavementcare.org.uk

24

SANDS (Stillbirth and Neonatal Death Society)

Telephone support and groups for bereaved families.
28 Portland Place, London W1B 1LY
Helpline: 020 7436 5881
www.uk-sands.org

S.P.R.I.N.G (Support for parents and relatives in neonatal grief)

Provides support to parents and relatives who have experienced the death of a baby during pregnancy, at, or just after birth. This includes miscarriage, stillbirth and termination for foetal abnormality.
t: 01202 448084 (24 hour answerphone)
e: friends@springsupport.org
www.springsupport.org.uk

Breastfeeding – expressing equipment

Ameda-Egnell Ltd.

Unit 2, Belvedere Trading Estate, Taunton
Somerset TA3 1BR
t: 01823 336362 www.ameda.demon.co.uk

AVENT

Glensford, Suffolk CO10 7QS
Freephone: 0800 289064
www.aventbaby.com

Hand pumps and battery-operated pumps are available to buy in most large chemists and supermarkets.

Express Yourself Mums Ltd

Full range of breastfeeding and expressing equipment including manual and electric pumps, feeding pillows, bras, special feeders, milk storage, breast care, books, videos and accessories.
t: 020 8830 5576
www.expressyourselfmums.co

Medela UK Ltd

Produce a range of breastpumps and other breastfeeding accessories.
Huntsman Drive
Northbank Industrial Park Irlam Manchester
M44 5EG
t: 0161 776 0400
f: 0161 776 0444
e: info@medela.co.uk
www.medela.co.uk

Breastfeeding – support groups

Association of Breastfeeding Mothers (ABM)

PO Box 207, Bridgewater
Somerset TA6 7YT
Helpline: 0870 401 7711
www.abm.me.uk

La Leche League*

Breastfeeding help and information.
PO Box 29, West Bridgeford
Nottingham NG2 7NP
24 hour helpline: 0845 120 2918
www.laleche.org.uk

Unicef UK Baby Friendly Initiative*

Breastfeeding information and advice.
Africa House, 64-78 Kingsway
London WC2B 6NB
t: 020 7312 7652
www.babyfriendly.org.uk

Causes of premature birth and antenatal information

Action on Pre-eclampsia (APEC)*

Information and support services.
84-88 Pinner Road, Harrow
Middlesex, HA1 4HZ
t: 020 8863 3271
Helpline: 020 8427 4217
www.apec.org.uk

Action on Medical Research

Vincent House, Horsham
West Sussex RS12 2DP
t: 01403 210406
f: 01403 210 541
www.action.org

Antenatal Results and Choices

Information and support for parents to be.
73 Charlotte Street, London W1T 4PN
Helpline: 020 7631 0285
t: 0207 631 0280
www.arc-uk.org

National Childbirth Trust (NCT)

Antenatal support and breastfeeding advice.
Alexandra House, Oldham Terrace
Acton London, W3 6NH
t: 0870 444 8707

Breastfeeding helpline:

0870 444 8708
www.nctpregnancyandbabycare.com

Tommy's

Research into causes of premature birth and other complications.
Nicholas House, 3 Laurence Pountney Hill
London EC4R 0BB
t: 0870 777 3060
www.tommys.org

Clothes by mail order for babies with a low birthweight

Babycity

Unit 20 Belvue Business Centre
Belvue Road, Northolt
Middlesex UB5 5QQ
t: 020 8845 5588
f: 020 8845 6688
e: info@babycity.co.uk
www.houseofdee.co.uk

Clothes 4 Prematures

Ashley Alexander, 1 Aldiss Court
High Street, Dereham
Norfolk NR19 1TS
t: 01362 853313
www.clothes4prematures.co.uk

Designer Angels

11 Market Gate, Market Deeping
Lincolnshire PE6 8DL
t: 01778 345963
e: sales@designerangels.co.uk
www.designerangels.co.uk

Peeny Weeny Baby

P.O Box 71, Shanklin
Isle of Wight PO37 6ZW
t/f: 01983 863 532
m: 07973 362 955
www.peenyweeny.co.uk

PreciousPremis Ltd

18 Paddockdyke, Skelmorlie
North Ayrshire PA17 5DA
t: 01475 521863
m: 07830 149592/593.
e: sales@preciousprems.co.uk
www.preciousprems.co.uk

Tiny Baby & Co Ltd
Unit 3, Chestnut House
Moorgreen Industrial Park
Newthorpe, Nottingham NG16 3QU
t: 01773 715577
f: 01773 717653
www.tinybabyandco.com

Vertbaudet
PO Box 125, Bradford BD99 4YG
t: 0845 270 0270
8am to 11pm, 7 days a week
www.vertbaudet.co.uk

Counselling and advice

The Association for Post-natal Illness (APNI)*
145 Dawes Road, Fulham SW6 7EB
Helpline: 020 7386 0868
www.apni.org

Birth Trauma Association
Offers support to all women who have had a traumatic birth experience.
PO Box 1996, SP1 3RQ
www.birthtraumaassociation.org.uk

British Association of Counselling and Psychotherapy
Represents counsellors and psychotherapists and can signpost you to a local therapist.
BACP House, 35-37 Albert Street, Rugby Warks CV21 2SG
t: 0870 443 5252
www.bacp.org.uk

Cry-sis
Support for families with excessively crying, sleepless and demanding babies.
Helpline: 08451 228 669
(9am to 10pm, 7 days a week)
www.cry-sis.org.uk

Fathers Direct
Online information on fatherhood.
t: 0845 634 1328
www.fathersdirect.com

For Parents By Parents
A parenting information and advice site for parents.
c/o 31 Main Street, Bishopstone, Aylesbury, Buckinghamshire HP17 8SF

t: 01296 747551
f: 01296 747538
www.forparentsbyparents.com

Foundation for the Study of Infant Deaths (FSID)*

Information about safe-sleeping and apnoea monitors.
Artillery House, 11-19 Artillery Row
London SW1P 1RT
t: 0870 787 0885
Helpline: 0870 787 0554
www.sids.org.uk/fsid

Gingerbread
Information and support to lone parents through a network of local groups.
7 Sovereign Close, Sovereign Court
London E1W 2HW
t: 020 7488 9300
Helpline: 0800 018 4318
www.gingerbread.org.uk

National NEWPIN
Helps parents under stress.
Sutherland House, 35 Sutherland Square
London SE17 3EE
t: 020 7358 5900
www.newpin.org.uk

NHS Pregnancy Smoking Helpline:
0800 169 9 169 – open 1pm to 9pm daily.
www.givingupsmoking.co.uk

NIMBA (Northern Ireland Mother and Baby Action)
Hope House, 54 Scotch Quarter
BT38 7DP
t: 028 9332 9933
www.nimba.org.uk

One Parent Families
225 Kentish Town Road, London NW5 2LX
t: 0800 018 5026
www.oneparentfamilies.org.uk

Parentline Plus
Offers support to anyone parenting a child.
Helpline: 0808 800 2222 www.parentline-plus.org.uk

Threshold Women's Mental Health
A confidential telephone helpline offering emotional support to women and signposting to local support services.

Helpline: 0808 808 6000 10am to 2pm and 2pm to 4.30pm Monday and Wednesday, 2pm to 4.30pm Tuesday and Thursday.

Westminster Pastoral Foundation (WPF)

Provides counseling across the UK - fee is negotiable.

23 Kensington Square, London W8 5HN

t: 020 7361 4800

www.wpf.org.uk

Disability and medical problems

Birth Defects Foundation (BDF)

Services to families and those at risk of birth defects.

BDF Centre, Hemlock Business Park Hemlock Way, Cannock

Staffordshire WS11 2GF

t: 01543 468888

BDF Here to help nurse service: 0870

070 7020

www.bdfcharity.co.uk

British Brain and Spine Foundation

Information and support on neurological disorders.

7 Winchester House, Cranmer Road

Kennington Park, London SW9 6EJ

Helpline: 0808 808 1000

t: 020 7793 5900

www.bbsf.org.uk

British Heart Foundation*

14 Fitzhardinge Street, London W1H 6DH

t: 020 7935 0185

Helpline: 0845 070 8070 www.bhf.org.uk

British Lung Foundation (BLF)*

73-75 Goswell Road, London EC1V 7ER

t: 020 7688 5555

www.lunguk.org

Cerebra—the foundation for the brain injured child

1st Floor, 13 Guildhall Square

Carmarthen SA31 1PR

t: 01267 244200

Freephone: 0800 328 1159

www.cerebra.org.uk

Cherubs UK

Offers specific medical information and support for families of children born with Congenital Diaphragmatic Hernia (CDH).

43 Vancouver Avenue, Kings Lynn Norfolk PE30 5RD

t: 01553 762 884 / 01908 565 574

www.uk-cherubs.org.uk

Cleft Lip and Palate Association

1st Floor, Green Man Tower

332B Goswell Road, London EC1V 7LQ

t: 020 7833 4883

www.clapa.com

Contact A Family*

Provides support and advice to families caring for a disabled child or children with specific health conditions.

209-211 City Road, London EC1V 1JN

t: 020 7608 8700

Free Helpline: 0808 808 3555

www.cafamily.org.uk

Down's Syndrome Association*

Langdon Down Centre, 2a Langdon Park

Teddington TW11 9PS

t: 0845 230 0372

www.dsa-uk.com

LOOK (National Federation of families with visually impaired children)

Queen Alexandra College

49 Court Oak Road, Harbourne

Birmingham B17 9TG

t: 0121 428 5038

e: info@look-uk.org

www.look-uk.org

Meningitis Research Foundation*

Support and information for families.

Midland Way, Thornbury

Bristol BS35 2BS

Freephone Helpline: 0808 800 3344

24 hour helpline (UK)

Loc call (Rep of Ireland): 1890 413 344

www.meningitis.org.uk

NHS Direct*

Website providing health information.

t: 0845 4647 – 24 hours a day, 7 days

a week.

www.nhsdirect.nhs.uk/

SCOPE

Support for cerebral palsy and related disabilities.
PO Box 833, Milton Keynes MK12 5NY
t: 0808 800 3333
www.scope.org.uk

Vitalair

Information about where to get oxygen supplies when travelling abroad.
t: 0800 136 603
www.vitalair.co.uk

Specialist travel insurance**Atlas Direct**

37 Kings Exchange, Tile Yard Road
London N7 9AH
t: 0870 8111700
f: 0870 8111800
Medical Helpline: 0870 8111701
www.atlasdirect.net

British Insurance Brokers Association

14 Bevis Marks, London EC3A 7NT
t: 0870 950 1790 f: 0207 626 9676
e: enquiries@biba.org.uk

Free Spirit Travel Insurance

PJ Hayman & Company Ltd
Specialist travel insurance for people with pre-existing medical conditions.
Stansted House, Rowlands Castle
Hampshire PO9 6DX
t: 0845 230 5000 9am to 5pm, Monday to Friday
f: 0239 241 9049
e: freespirit@pjhaman.com

Maksure Travel Insurance Services Limited

Cover for travelers with pre-existing medical conditions.
151 Lower Church Road, Burgess Hill
West Sussex RH15 9AA
t: 0870 156 6679

Perry & Gamble & Co Ltd

East Devon Business Park
Wilmington, Honiton, Devon EX14 9RL
t: 01404 830100

Preferential Direct Ltd

PO Box 5317, Southend on Sea
Essex SS1 1WY
t: 0870 60077 66
www.preferential.co.uk

Financial support**The Family Fund Trust***

Financial help and information for families of disabled and seriously ill children below age 16.
PO Box 50 York YO1 9ZX
t: 0845 130 4542
www.familyfundtrust.org.uk

Lions Club International

t: 0121 441 4544
www.lions.org.uk

Rotary International

t: 01789 765 411
www.ribi.org

Home support**Childcare Link**

Contact Childcare Link for details of your local Children's Information Service (CIS), for a list of registered childcare in your area and for other information about childcare.

Freephone: 0800 096 0296
www.childcarelink.gov.uk

Home-Start UK

Support for families with young children.
2 Salisbury Road, Leicester LE1 7QR
t: 0116 233 9955
Freephone: 0800 068 6368
www.home-start.org.uk

Massage**International Association of Infant Massage (IAIM)**

Promotes and educates caregivers in positive touch.
UK Chapter, PO Box 247, Rainham
Essex RM13 7WT
t: 0781 628 9788
www.iaim.org.uk

Other practical items

Bettacare Ltd - 'Tiny Traveler' car seats
Extra support for low birthweight babies.
9-10 Faygate Business Centre, Faygate
West Sussex RH12 4DN
t: 0129 385 1896
www.bettacare.co.uk

Kari Me Baby Carrier
Baby sling and baby carrier can be used for kangaroo care.
15 Mentmore Road, St Albans AL1 2BG
t: 0870 199 6970
f: 08714339678
www.kari-me.com

Klodhoppers Ltd
Babies and children's shoes starting from size 1 (17) **Available in store only.**
Wellingtons, socks, tights, sandals also available.
103 Blatchington Road, Hove BN3 5NE
t/f: 01273 711132

Mothercare
A wide range of products and information available, including maternity, nursery, travel, feeding, clothing, bath, safety, first bedrooms and toys.
t: 08453 30 40 30
www.mothercare.com

Sling Easy Baby Sling from Kids in Comfort
For low birthweight babies.
172 Victoria Road, Wargrave RG10 8AG
t: 0118 940 4942
www.slingeasy.co.uk

Soothers, Dummies and Teats
NUK: Distributed by Mapa Spontex UK Ltd
Berkeley Business Park, Wainwright Road
Worcester WR4 9ZS
t: 0845 3002467
www.nukbaby.co.uk

Also available at branches of Boots.
t: 0845 070 8090
www.boots.com

Start rite 'First Walker Shoes'
Stockists of girls' shoes starting at size 2, and boys' shoes starting at size 3.
www.startriteshoes.co.uk

Multiple births

Multiple Births Foundation
For information and support.
Hammersmith House Level 4
Queen Charlotte's and Chelsea Hospital Du
Cane Road, London W12 0HS
t: 020 8383 3519
e: info@multiplebirths.org.uk
www.multiplebirths.org.uk

Twins and Multiple Births Association (TAMBA)
2 The Willows, Gardner Road
Guildford Surrey GU1 4PG
t: 0870 770 3305
Twinline: 0800 138 0509
www.tamba.org.uk

Nappies up to 6lbs/3kg

Boots High Performance
Low birthweight nappies.
t: 0845 070 8090.
www.boots.com

Pampers Micro and Premature Nappies
Freephone: 08456 013272
www.pampers.com

Tesco Nappies
Premature baby size, available at medium and larger stores.
t: 0800 505 5555
www.tesco.com

Safety

CAPT (Child Accident Prevention Trust)
4th Floor, Cloister Court
22-26 Farringdon Lane
London EC1R 3AJ
t: 020 7608 3828
www.capt.org.uk

In-Car Safety Centre
Unit 5, The Auto Centre, Stacey Bushes
Milton Keynes, MK12 6HS
t: 01908 220909
www.childcarseats.org.uk

RoSPA (Royal Society for the prevention of Accidents)

Gives advice on purchasing, fitting and using car child restraints.

Edgebastson Park, 353 Bristol Road

Edgebastson, Birmingham B5 7ST

t: 0121 248 2000

e: help@rospa.co.uk

www.rospa.co.uk

Useful websites

www.fordads.com

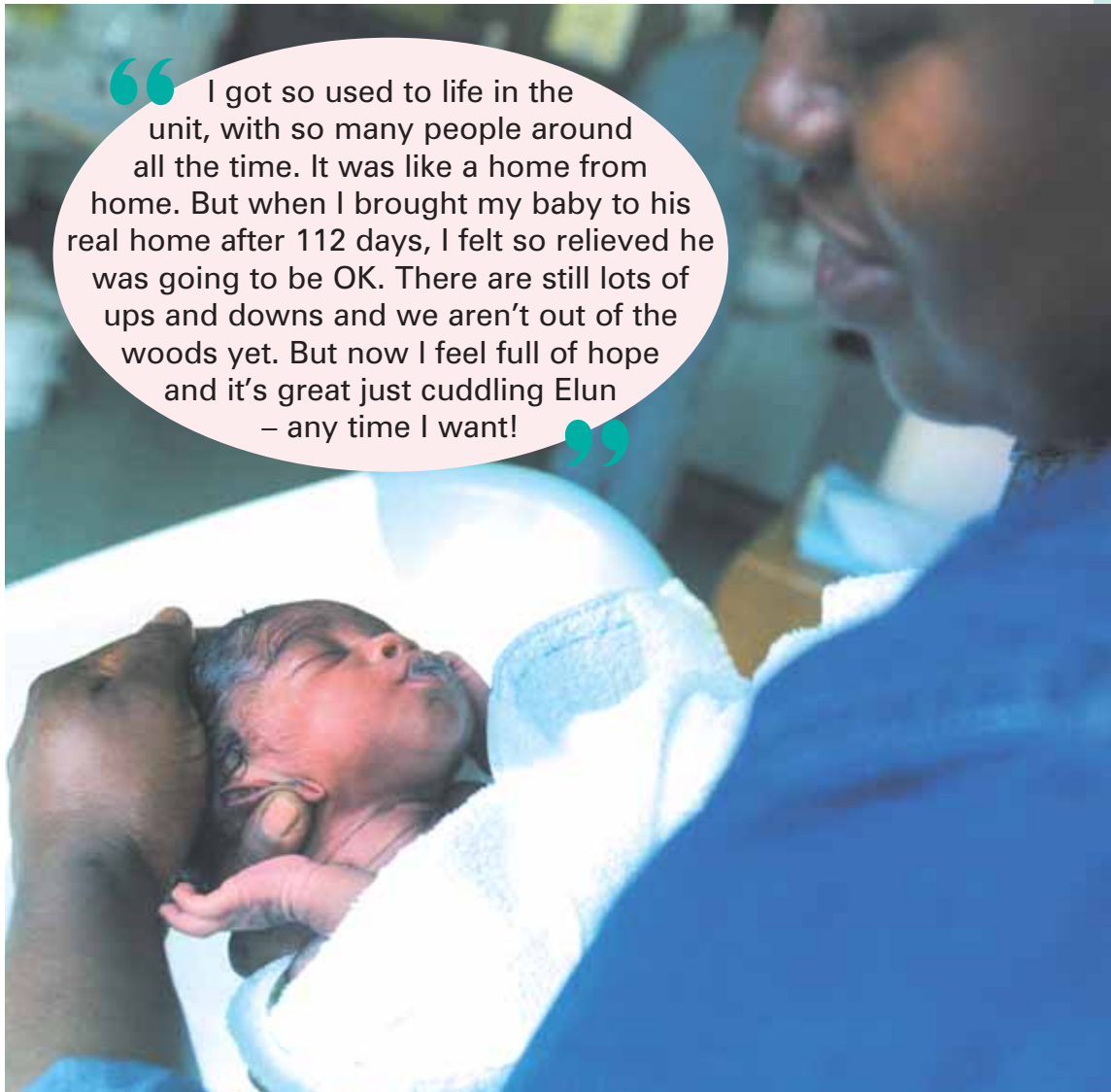
www.immunisation.org.uk

www.kangaroomothercare.com

Sexual health

Sexual Health Line

Helpline: 0800 567123 open 24 hours a day, 7 days a week.



“ I got so used to life in the unit, with so many people around all the time. It was like a home from home. But when I brought my baby to his real home after 112 days, I felt so relieved he was going to be OK. There are still lots of ups and downs and we aren't out of the woods yet. But now I feel full of hope and it's great just cuddling Elun – any time I want! ”

Other BLISS publications

- Booklist
- Breastfeeding your premature baby*
- Chronic Lung Disease *
- Community Health Professionals' Information Guide
- Containment holding poster
- Facts for fathers*
- Going home on oxygen *
- Handle me with care*
- Kangaroo Care poster*
- Look at me – I'm talking to you!*
- Parent Information Guide
- RSV (Respiratory Syncytial Virus)*
- Surfactant*
- The next pregnancy*
- Teaching parents infant CPR
- Ventilation*
- Useful organisations
- Weaning your premature baby*

*available as downloads.

Parents: Order online at www.bliss.org.uk or call 020 7378 1122.
All publications are free to parents of a premature or sick baby.

Health professionals: order online at www.bliss.org.uk or call 01933 318503.

BLISS, 2nd Floor, 9 Holyrood Street London SE1 2EL
t 020 7378 1122
f 020 7403 0673
e enquiries@bliss.org.uk

BLISS parent message board, visit the BLISS website and follow the links.

Family Support Helpline FREEPHONE 0500 618140

BLISS branches offer support and information across the UK.
Visit the BLISS website or call 020 7378 1122 for more information on what's available in your area.



BLISS – the premature baby charity

**Helping babies born too soon, too small or too sick
to cope on on their own**

**Family Support Helpline
FREEPHONE 0500 618140**

**BLISS relies almost entirely on voluntary donations to fund its
services – your support would be greatly appreciated.
To find out how to donate, contact: 020 7378 1122
or visit our website www.bliss.org.uk**

Registered charity no. 1002973 Registered no. 2609219