

## Your contacts and records

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## Useful contact details

	Name	Telephone
Consultant:	_____	_____
Neonatal unit:	(direct line) _____	_____
Contact on neonatal unit:	_____	_____
Neonatal Outreach Team/Community Nurse:	_____	_____
Health Visitor:	_____	_____
GP:	_____	_____
Chemist/Pharmacist:	_____	_____
Oxygen company:	_____	_____
Social Worker:	_____	_____
Other: (eg, Doctor, Nurse)	_____	_____
	_____	_____

**Bliss**

**Family Support Helpline FREEPHONE 0500 618140**  
[www.blissmessageboard.org.uk](http://www.blissmessageboard.org.uk)

## Follow-up appointments calendar

It can be really hard to remember and juggle the appointments that are arranged for your baby when he or she goes home. You may feel overwhelmed by the number of appointments you need to attend, however, they are made in the best interests of your baby. Use the form below to help you plan your time. It is very important that you cancel any appointments that you cannot attend, in advance whenever possible, so that other parents can be seen instead.

Date:	Time:
With:	Tel:
Doctor, Nurse etc.	
Date:	Time:
With:	Tel:
Doctor, Nurse etc.	
Date:	Time:
With:	Tel:
Doctor, Nurse etc.	
Date:	Time:
With:	Tel:
Doctor, Nurse etc.	
Date:	Time:
With:	Tel:
Doctor, Nurse etc.	

## Immunisation record card

Your baby's name:

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Date of birth:

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Vaccination	Month due	Date of vaccination
DTaP/IPV/Hib+PCV	2 months	
DTaP/IPV/Hib+ MenC	3 months	
DTaP/IPV/Hib+ MenC + PCV	4 months	
Hib/MenC	12 months	
MMR	3 to 5 years	
MMR + PCV	13 months	
MMR	13 months	
DTaP/IPV or dTaP/IPV+MMR	3 to 4 years	

### Key

**DTaP = Diphtheria, tetanus, pertussis (whooping cough)**

**IPV = polio**

**Hib = Haemophilus influenzae type b**

**PCV = Pneumococcal infection**

**MenC = Meningitis C**

NOTE: Some babies in high-risk areas may require the BCG vaccine which protects against Tuberculosis and is given shortly after birth. Newborn babies whose mothers have Hepatitis B may also need Hep B vaccine. For information on this, speak to your community neonatal nurse, health visitor or GP. NHS routine immunisation programme 2008, from [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk) Please note that vaccinations are based on your baby's uncorrected age. Exact ages may vary according to where you live.

## Your feedback will help us

We hope that you have found this guide helpful, and that you now feel you have a better understanding of what is happening to your baby.

Please help us to make this guide as useful as possible to other parents by filling in and sending back the questionnaire below so that we can make improvements to the next edition.

1. What was the reason for your baby being admitted to the neonatal unit?

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2. If your baby was born prematurely, how many weeks early were they born?

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3. When were you given a copy of the *Parent Information Guide*?  
(please tick)

- Within 24 hours of admission
- Within a week
- When my baby was leaving hospital
- I read someone else's copy
- I ordered my own copy from BLISS

4. Before reading the *Parent Information Guide*, on a scale of 0 to 10, with 0 being no information at all, and 10 being as fully informed as possible, how well informed did you feel on all aspects of your baby's condition/care? (Please circle)

0    1    2    3    4    5    6    7    8    9    10

5. Which sections of the *Parent Information Guide* did you read?  
(please tick)

- |                                                        |                                                                        |
|--------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> All of it                     | <input type="checkbox"/> If your baby does not survive                 |
| <input type="checkbox"/> Introduction                  | <input type="checkbox"/> Brothers and sisters                          |
| <input type="checkbox"/> About neonatal care           | <input type="checkbox"/> Home time                                     |
| <input type="checkbox"/> About you and your baby       | <input type="checkbox"/> About Bliss                                   |
| <input type="checkbox"/> What's happening to your baby | <input type="checkbox"/> Where to find more information<br>and support |
| <input type="checkbox"/> About feeding                 |                                                                        |

6. Which three sections did you find most useful?

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

7. Did reading the *Parent Information Guide* give you a better understanding of what was happening to your baby? (please tick)

- No
- Yes – if yes, how?
- Understanding why your baby was born premature (if this applies)
  - Understanding the medical equipment
  - Understanding the medical procedures
  - Understanding which staff will be looking after your baby
  - Understanding about permission (consent) from you for staff to carry out medical procedures on your baby
  - Understanding your baby's feeding
  - Understanding what would happen when your baby was discharged from hospital
  - Knowing where to get extra help, support and information
  - Other (please state)
- 

8. Did reading the *Parent Information Guide* encourage you to become more involved in the care of your baby? (please tick)

- No
- Yes – if yes, how?
- With containment holding
  - With Kangaroo Care
  - With feeding including tube feeding and breastfeeding

- With care such as nappy changes, bathing
- Asking specific questions to staff about your baby's medication
- Asking specific questions to staff about how your baby is doing and what to expect
- Other (*please state*)

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9. After reading the *Parent Information Guide*, on a scale of 0 to 10, with 0 being no information at all and 10 being as fully informed as possible, how well informed did you feel on all aspects of your baby's condition/care?

(*Please circle*)

0    1    2    3    4    5    6    7    8    9    10

10. What were your personal feelings after reading the guide? (*please tick*)

- I understood what was happening a bit better
- I felt more confused
- I felt more anxious/worried

11. Please tick the three main sources of information about your baby?

- |                                                               |                                                        |
|---------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Family members                       | <input type="checkbox"/> Midwives                      |
| <input type="checkbox"/> Friends                              | <input type="checkbox"/> Nursing staff                 |
| <input type="checkbox"/> Internet                             | <input type="checkbox"/> Doctors                       |
| <input type="checkbox"/> Information leaflets                 | <input type="checkbox"/> Bliss Family Support Helpline |
| <input type="checkbox"/> Bliss booklets                       |                                                        |
| <input type="checkbox"/> Others ( <i>please state</i> ) _____ |                                                        |

12. Was there anything that you found wasn't mentioned in the *Parent Information Guide* which you would have liked more information on?

- No
- Yes (*please state*) \_\_\_\_\_

13. Do you have any other comments, suggestions or questions?

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Thank you for taking the time to fill this in. Please add your details below (if you are happy to do so), tear the questionnaire pages out of the book and send them to the address below (you don't need to use a stamp)

**Bliss, FREEPOST London, RRAR-CEHB-KRTA SE1 2EL**

If you prefer, you can call us and give us your answers over the phone on our Family Support Helpline Freephone: **0500 618140**

**Thank you for your time.**

Name

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Address

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Telephone

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Email

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**Family Support Helpline**  
**FREEPHONE 0500 618140**  
RNID typetalk 018001 0500 618140

Bliss is a member of **Language Line**, the telephone interpreting service, which has access to qualified interpreters in 170 languages.

**Blisstext – text messaging advice line.**  
**Text ‘register’ to 07800 00 8100 for information, support and advice.**

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**To find out how to donate, please contact 020 7378 5740**  
**or visit our website [www.bliss.org.uk](http://www.bliss.org.uk)**

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**Bliss**

for babies born too soon,  
too small, too sick

[www.bliss.org.uk](http://www.bliss.org.uk)