

Home time

Going home	62
Home oxygen	64
Respiratory syncytial virus (RSV)	65
Checking your baby's health	66



Going home

Please see the free Bliss booklet *Going home* for more information.

Planning to bring your baby home can cause great anxiety as well as relief. Over the weeks or months that you and your baby have been on the unit, you may have grown used to a high level of support and always having people around to answer questions and give advice. At home you will be much more on your own.

But remember, your baby is only coming home because the staff on the unit believe that he or she is well enough to leave the hospital and you are capable of looking after him or her.

Even at home there are health services available to help you. A health visitor should be able to give support along with your local GP. Many pharmacists can also help with issues that may crop up from time to time. Some areas of Britain have specialised neonatal outreach teams or community based paediatric homecare teams who can also provide specialist support. Make sure you know about all the services that are available before you leave the hospital.



Preparing for leaving the hospital

Plan your move carefully. Once your baby is stable enough to no longer need the specialist help in the unit, staff will start to ensure that you can provide all aspects of your baby's care.

As part of this preparation, staff should give you training in how to perform basic resuscitation and give guidance on 'safe-sleeping'.

Some neonatal units have facilities where you can 'room in' for one or two nights and practice caring for your baby independently, but within easy access of staff if you have any questions. Rooming in can help you build up confidence and realise that you are capable of caring for your baby.

Travelling home

For your baby's safety, you must always use a suitable car seat, even on the shortest of journeys. If you do not own a car, it is still advisable to borrow or hire a baby seat for getting your baby home from hospital by car or taxi. As with all babies, never hold them in a car. For advice on car seats and transporting your baby home, speak to staff on the unit and they will suggest the best options.

Before you leave

Before you leave, make sure that you are clear about any medication that your baby needs and where to get hold of this. Also check that you have contact phone numbers of people you can call if you need additional advice. You can contact the neonatal unit at any time if you have questions while you are getting settled in at home.

Going home *continued*

Temperature

By the time your baby comes home, he or she should be able to maintain a body temperature just as well as any other full-term baby. The best room temperature for your baby is around 18°C (65°F). Too hot or too cold could be dangerous. This is much cooler than the unit, but that temperature was needed because many of the babies in it were not sufficiently mature to maintain their body temperature. Do not worry if your home feels cooler than the hospital.

In winter you may keep the baby's room a little warmer than the rest of the house. The main danger is that, in your concern, you make the room too hot rather than let it get too cold.

If the baby seems hot and moist, remove a layer of clothing or a blanket or sheet. If it appears that your baby has a fever, contact your GP and get advice.

Home oxygen

Please see the free Bliss booklet *Going home on oxygen* for more information.

A number of 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 or her breathing, and the need may continue for several months or longer. Your paediatrician will tell you which level of oxygen your baby needs and you will be shown how to tell if your baby needs more oxygen.



The staff looking after your baby will arrange a meeting with you before your baby goes home so that you can discuss the

Going home *continued*

future and ask any questions. If there is a community outreach worker attached to the neonatal unit, it is likely that she or he will co-ordinate the discharge and provide you with all the information you need about preparing your home and other practicalities. **You should not be expected to do anything at home that has not been explained and shown to you by a health professional on the neonatal unit.**

Respiratory syncytial virus (RSV)

Please see the free Bliss booklet *RSV* for more information.

RSV affects a large proportion of all babies and causes cold-like symptoms. RSV can cause breathing difficulties if the lungs are affected. If your baby was born prematurely, is prone to getting lung infections or was born with a congenital heart problem, he or she could be at greater risk of being made more seriously ill if infected with RSV.

Hygiene is very important in managing RSV. Make sure you always wash your hands and keep surfaces, toys and bedding clean. If your baby is poorly, try and keep away from public areas. RSV season peaks between October and March.

Long-term medical problems

Your baby may have problems that continue for some months or years. Babies who have spent a long time on a ventilator can often become wheezy when they get a cold or virus that affects their chests. Others may experience learning or movement difficulties later in life. Make sure care staff at nurseries, teachers and any health professionals are fully aware that your child had a premature birth or special needs after birth. This information will help them make a more accurate assessment of any problems.

Checking your baby's health

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

- fever, fretfulness
- change in feeding – usually becoming disinterested and reluctant to feed
- vomiting – when this has not been a particular problem before
- change in stools – more frequent, loose, watery, 'explosive' than usual
- being less aware of you, not as responsive to you as usual, awakening less readily
- seeming to be more floppy than usual
- breathing more rapid, noisy, or there may be long pauses between some breaths
- appearing paler than usual.
- blotchy skin, 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.