

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.

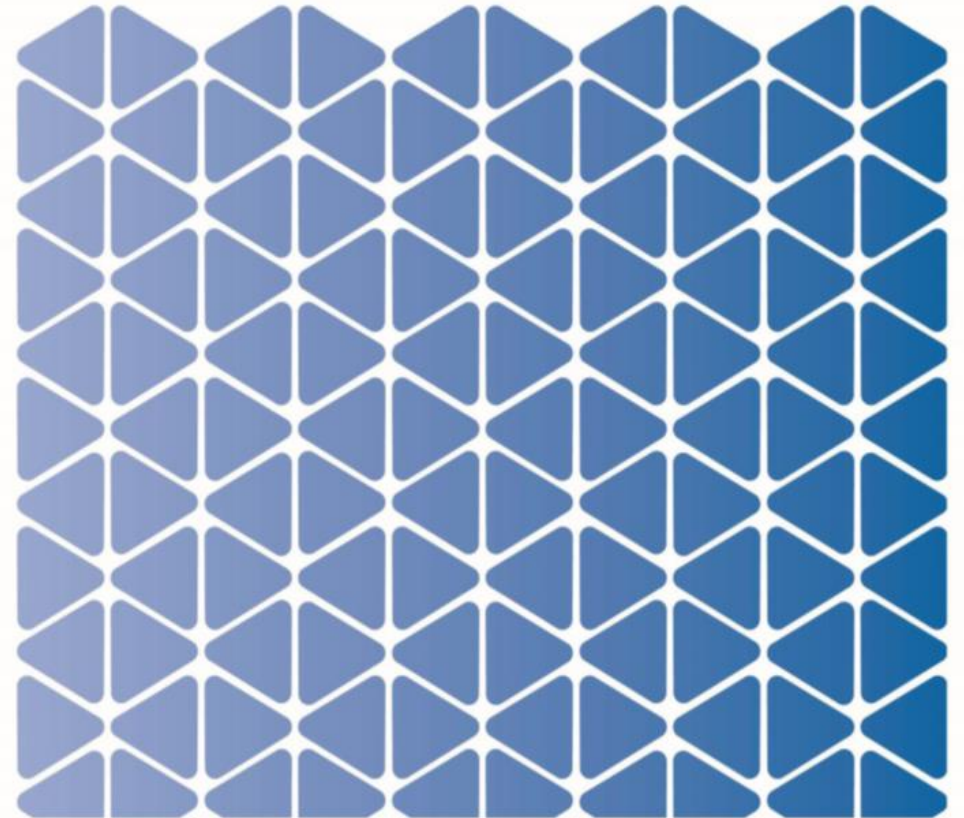


PATIENT INFORMATION

SUPPORTING YOUR BABY'S

DEVELOPMENT

26-28 WEEKS GESTATION



Congratulations on the birth of your baby. Having a baby in a Neonatal Unit can be frightening but this leaflet will tell you a little about what to expect from your baby at this age and, importantly how you can help their development.

It is not designed to replace information you will get from your baby's doctors, nurses and therapists. If you have concerns or questions about your baby's development, please talk to the neonatal staff.

All babies are individuals and each one will develop at a slightly different rate. Your baby's development will be affected by gestation at birth, how much they weigh, and by how well they are. Each baby's genetic make up will also play a part in how they develop and mature. In the womb the baby will experience a variety of sensations - some pleasant, some not so pleasant. The baby will move around in the amniotic fluid and be able to get hands to mouth. They will hear their mother's voice and other sounds from outside. The baby will sleep and be active according to mother's daily pattern of activity.

The newborn preterm baby has to quickly accommodate their new surroundings. These surroundings affect behaviour and development and it is important that we recognise how your baby reacts and how we can help their development to progress.

This is a time when your baby's brain is growing at a very rapid rate and it is important that what we all do and how we do it is as developmentally appropriate as possible.

Your baby is 26-28 weeks gestation (12-14 weeks early)

At this age your baby's senses are very immature. Because your baby is so small, care will be very specialised. Your baby needs gentle touch, dim lighting and as little noise as possible.

Bright lights and sudden noise may make your baby jump.

The Neonatal Unit staff will help you to care for your baby. Your baby's nurse can advise you on how best to touch or handle them. Ask if you need help or you don't understand what is happening.

Touching and holding

Uncontrolled movements such as twitches, tremors and jerks are common at this stage. Your baby's skin is fragile and your baby may not be ready to be held out of the incubator.

What you can do to help?

Speak softly to your baby before you touch him/her.

Place your hands around your baby's head, bottom and/or feet. Hold your baby's hand. Avoid light touch and stroking as very small babies may find this too much stimulation.

Let your baby hold your finger.

Kangaroo Care is recommended at this stage and if the staff feel that your baby is ready for this and you feel ready to start.

Feeding

You may start to notice your baby sucking on their fingers. They may be ready to suck a dummy during tube feeds.

Feeding will be through a tube (called an NG or OG tube) or an IV (a fine tube into the blood stream). This is because your baby has not developed a mature sucking, swallowing and breathing pattern.

What you can do to help?

Your breast milk is a vital part of your baby's medical treatment. Begin collecting it as soon after delivery as possible as tiny amounts can be given to your baby and it will help develop your long term milk supply.

Sleeping

It is quite difficult to tell whether your baby is awake or asleep. They may be moving but will mostly be quiet and still.

What you can do to help?

Let your baby have periods of undisturbed sleep. Try not to wake your baby if they appear to be sleeping. Protect your baby's eyes from the light and try to avoid loud noise. Your baby will like to hear your voice if you speak softly.

Positioning

Because your baby is so small they will have difficulty controlling movements. This is tiring and uses up energy.

What you can do to help?

Your baby needs to have their hands close to his face and their legs curled up - like they were in the womb.

Your baby should have a nice deep boundary around them so that they can have something to snuggle into. This boundary may be a rolled blanket, a 'bumper' and/or a fabric 'nest'. Your baby will settle and rest better if they are well-positioned.

You can start by helping the nurse when they change your baby's position and, when you feel confident you will be able to do it yourself.

Nappy changing

Nappy changing can be disturbing for babies of this gestation.

What you can do to help?

Try to provide a boundary when you change your baby's nappy.

Move your baby gently and slowly. Hold your baby's feet together, soles touching. Fold the legs rather than lifting.

Provide still holding and a quiet voice. Be prepared to stop if your baby looks stressed.

The nurses will show you how to gently wash your baby, and clean their mouth using breast milk, if possible.

Social

Your baby will not be ready for social interaction at this stage. They will have limited energy reserves and clinical care can be very demanding.

What you can do to help?

Allow your baby as much peace and quiet as possible. Provide still holding and a quiet voice. Be prepared to stop if your baby looks stressed.

Be patient and watch your baby when they are calm and when they appear to need rest. You will soon learn to recognise your baby's individual cues. Don't rely on the monitors - learn to understand your baby!

For more information, see the Bliss Baby Charity website at:-

www.bliss.org.uk

Tel: 02073781122

Email: hello@bliss.org.uk