Department of Neonatology

Information Booklet for Parents
The Grantley Stable Neonatal Unit is located on Level 5 of the Ned Hanlon Building, RBWH.

Important Phone Numbers

**Intensive Care Nursery**  
Room 1 – 3636 2239

**Reception** - 07 3636 7846  
Room 2 - 3636 2240

**Nurse Unit Manager** - 3636 8141  
Room 3 - 3636 2241

**Clinical Nurse Consultant** – 3636 0505  
Room 4 - 3636 2213  
Room 5 - 3636 2214

**Special Care Nursery**  
Room 6 - 3636 2215

**Reception** - 07 3636 7834  
Room 7 - 3636 2216

**Nurse Unit Manager** - 07 3636 7934  
Room 8 - 3636 2217

**Clinical Nurse Consultant** – 3636 0565  
Room 9 - 3636 2218  
Room 10 - 3636 2220  
Room 11 - 3636 2244  
Room 12 - 3636 2243  
Room 13 - 3636 62219

**Neonatology Administration** - 07 3636 8918

**Social Work Department** - 07 3636 8916

Entrance to the Ned Hanlon Building is via Butterfield Street.  
Undercover parking is available next to the Ned Hanlon Building.  
This carpark can be entered from Butterfield Street.  
Street parking is available but is limited to 2 hours only.
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Welcome to the Grantley Stable Neonatal Unit (GSNU)

For most parents, having their baby or babies admitted to a neonatal unit is a very unexpected and difficult event. We realise that being a new parent under these circumstances requires a great deal of support and caring and we are here to assist you in every way possible. The purpose of this information booklet is to provide you with some essential survival facts to support you throughout your stay and make your transition into this environment a little easier. In order to make this booklet compact and easy to read we have not included everything you need to know or will encounter whilst you are here, so please feel free to discuss any concerns or questions you may have with your nurse or doctor at any time.

Why does my baby need intensive or special care?

Newborn babies are admitted to our nurseries for a variety of reasons. Our patients may be born prematurely (less than 37 weeks gestation) or they may require diagnosis and care of surgical, genetic or breathing problems.

The GSNU is one of three specialty neonatal centres in Queensland. It provides care to babies and their families from the Brisbane area; babies whose mothers were transferred from another hospital during their pregnancy and babies who have been retrieved or transferred from another hospital after birth.

If you or your baby/ies have come from another hospital for care, when he/she has improved they will be transferred back to your local hospital for ongoing care until they are ready for discharge home. In other instances your baby may be discharged home from the GSNU or if necessary, transferred to the Royal Children’s Hospital for ongoing care.

Intensive Care Nursery (ICN)

The Intensive Care Nursery (ICN) cares for sick term and premature babies. Babies admitted to ICN require specialised medical and nursing care and equipment.

Initially, ICN may seem a frightening place, but the nursing and medical staff will explain your baby’s condition and help you to understand some of the equipment surrounding your baby. Do not hesitate to ask any questions about your baby or your baby’s care. Although the nursery staff may seem busy, answering your questions is always a
Special Care Nursery (SCN)
Special Care Nursery cares for term infants and preterm infants usually over 32 weeks gestation. The babies admitted to SCN are generally not as sick as those in ICN but still require specialised nursing and medical care. ICN babies whose conditions have improved beyond the need for intensive care will also “graduate” into SCN where they will continue to be monitored and supported.

In SCN you and your baby will be preparing for discharge home or to your local hospital. You will receive a lot of information prior to discharge and in SCN you will be able to care for your baby in a more “normal” situation, such as bathing, feeding and settling your baby.

How long will my baby need to stay in the nursery?

The length of time that any baby requires intensive or special care is dependant on many factors. A rule of thumb that we use to give parents some idea is to expect your baby to remain in the nursery until their due date (if he/she was premature). Your baby’s condition and progress will be discussed with you and your partner on a regular basis by the nursing and medical staff, however, if at any time you have questions please do not hesitate to ask. It is important to us that you feel well informed and that you and your baby’s needs are being met. It is also important for you and your partner to be aware of the fact that you may find the nursery environment overwhelming or frightening at first. It is completely normal for your emotions to vary greatly from one moment to another and tears are often part of the journey as you come to terms with your new situation. We have support systems in place to help you adjust and we are here as much for the parents as we are for our patients.
GSNU Policies

There are a number of policies that we have developed for our staff, parents and visitors in order to provide an optimal environment for the well-being of our neonatal patients and their families. Our main concern is protecting susceptible newborn infants from the risk of infection so these policies focus on how to minimise those risks. It’s difficult to remember all of the information that is given to you about these policies on your first few visits so we have included them in this booklet to give you the opportunity to read them at your own pace.

If you have any questions or concerns about these policies please do not hesitate to discuss them with the nurse caring for your baby or the nurse in charge.

Visiting hours

We encourage parents to spend as much time with their babies as they are able and the unit is open at all times throughout the day and night with some exceptions;

- We are closed daily between 1.30pm to 3.30pm to everyone except mothers who are feeding within these times. This is an important rest opportunity for each baby.
- We will ask you to temporarily leave the room in which your baby is in during medical and nursing rounds (daily at 0630, 0830, 1400, 1630 and 2230) as this involves a detailed discussion about each baby’s treatment and condition. We believe that information about your baby’s condition should not be made available to other parents or visitors for confidentiality and privacy reasons.
- When X-rays are taking place in your baby’s room we ask you to wait outside the room while the X-ray is taken.
- When sterile procedures are occurring for your baby or in close proximity to where your baby is we will ask you to temporarily leave the room until the procedure is over. This is to minimise the chance of contamination of a sterile procedure, which places the baby at risk of infection.
- When situations of a critical nature are occurring in the room we may ask you to leave the room until we have resolved that situation.
Visitors accompanying parents are welcome. Please see the section below for specific information regarding visitors. There is a parent lounge and kitchen located just outside the nursery in which parents and visitors can wait during times that the nursery or your baby’s room is closed.

If you are a patient on the ward or in Ronald McDonald House you can ring the nursery before visiting to ensure your baby’s room is free of medical rounds and procedures.
Visiting / Access Policy

The unit does restrict the total numbers of people visiting at any one time. This is done in order to protect the babies from contact with large numbers of people as sick and premature babies are very vulnerable to acquiring infection. Having a lot of visitors can also be very stressful for parents, and we want to ensure that you are able to spend as much time as possible with your baby without added demands.

♦ Three (3) people may visit at a cot side at any one time. (There are exceptions to this rule, please ask your nurse to explain what these are). One of these must be a parent, unless parents have specified on the nursing care plan that other nominated people may visit without them being present. It is very important that all visitors follow hand washing, gowning and other protocols at all times.

♦ Siblings (brother/sister) of the baby are the only children allowed to enter the nursery and need to be under the control of a parent at all times. We understand that small children may become bored or distracted so we have a supply of books and toys to help occupy them. Bringing in some of their own toys or books may also provide an interest for them. In the overall interests of safety, uncontrolled playing may result in parents being asked to take their child from the nursery.

♦ Older children (over 13) are able to visit if they are younger siblings of the parents.

♦ Touching your baby is limited to parents and grandparents (or nominated adult substitute) only. Unfortunately because of the need to minimise the risks of infection, even siblings cannot touch the baby. While parents are encouraged to share their new baby with visitors, it is preferred that the total number of individuals entering the nursery area, particularly in the early stages be limited to close family and friends. Bringing a large number of visitors is not advisable because of the risk of infection to all babies in the nursery.

♦ Information regarding a baby’s condition is only given to parents. We ask that phone calls to the unit be limited to parents only. It is best for you to keep family and friends informed of your baby’s progress.

♦ Individuals with coughs and colds, especially a runny nose or other febrile illnesses must not visit the nursery as
this places our susceptible patients at significant risk of severe illness. Anyone observed to be infected will be asked to leave the nursery until they recover. If any visitor has vomiting or diarrhoea they should not be visiting until full recovery.

♦ If you develop a Herpes lip lesion (cold sore) while your baby is in the nursery please see the nurse caring for your baby and you will be given a face mask to wear until the lesion is dry. Strict hand washing must be maintained. You will be given further information about this from the staff member caring for your baby.

♦ Please notify the nurse caring for your baby if you or a family member is suspected of or diagnosed with an infectious illness such as measles, mumps, chickenpox, shingles etc. These illnesses can place the babies at significant risk if they are exposed.

Handwashing policy

All staff and visitors to the nurseries must wear a protective gown (small gowns are available for children) and wash their hands very frequently. The reason we do this is because premature and sick babies cannot easily fight infection, and clothing and skin harbour bacteria. Every effort is made to prevent babies acquiring an infection from staff or visitors.

When visiting your baby for the first time each day, your baby’s nurse will assist you with obtaining and putting on a gown after which a thorough (up to the elbows) handwash is performed. **All jewellery and watches** (except wedding ring) need to be removed prior to handwashing. It is very important that nothing is touched after washing. If it is necessary to wipe your face, touch your hair etc, then you should wash your hands **AGAIN** before touching your baby.
Mobile phone use

Mobile phones **must be turned** off prior to entering the nurseries as sensitive equipment may be significantly affected.

Parent feedback

In the corridor and the entrance of Grantley Stable Neonatal Unit (GSNU) there are two boxes with parent feedback forms available. This form gives you the opportunity to give confidential feedback about any part of your time in the nursery. This process has been put in place to offer all parents a supported and informed experience while your baby is in the nursery.
Caring for your baby

The nursery staff will provide the specialised nursing and medical care your baby requires. However, your baby also needs special care and attention that only you as parents can give. You are very important to the health and well being of your baby, and whilst nurses and doctors treat our patients with the love and care that they deserve, we are not substitutes for you as parents. Together, with the nurse caring for your baby you can formulate a plan to enable you to fully participate in your baby’s care.

The following information is designed to give you some ideas on what the staff will encourage you to do as you spend time with your baby. Having an infant in a neonatal unit is not the usual start to parenthood that most people experience and we would like to minimise the effect of the ward environment on how you interact with your baby.

Many parents are fearful of touching or handling their baby at first. For some parents this is because they are afraid of emotional attachment with a baby who may be very sick or fragile, and for others it is fear of disrupting the many leads and monitoring devices that are part of the care of their infant. We are here to help you through this period and to encourage you so that you will learn to handle your baby with ease and confidence as time passes.

Soon after your baby is admitted to the nursery, you will get a folder that both parents and the staff can use to keep records of your baby’s progress, and to prompt parents and staff about milestones or information that needs to be discussed for your baby. This folder will be yours to take home after discharge or transfer, and there are also a number of information sheets provided by the nursery about specific conditions and treatment that you might like to keep in this folder.

Eye contact

♦ Sit facing your baby
♦ Align your face with baby’s through the porthole of the incubator. Most incubators can be raised or lowered to suit your height.
♦ The nurse can remove eye pads for short periods if your baby is receiving phototherapy
♦ Talk to your baby, read stories or provide recorded music. We have
some CD players available for loan or you can provide a CD/tape player. This will need to be checked by an electrician prior to being used in the nursery.

**Touching**
- Hold your baby’s hand - they will often grasp your hand tightly.
- Place a firm hand on your baby’s head or lower limbs rather than stroking with your fingertips as most premature infants find stroking unsettling.
- Holding your baby (parents only): as soon as your baby can tolerate this type of handling the nurse caring for your baby will encourage you to have your first wonderful cuddle! Ask your nurse to explain what the benefits of Kangaroo Cuddles are (skin to skin contact with parents).

**Feeding**
- You can gravity tube feed your baby. Each baby will usually start with about 1 mL of milk for each kilogram of body weight, fed every three hours.
- You can give breast or bottle feeds when your baby has established a suck/swallow reflex (usually from 30-32 weeks). Feeds are usually initiated by skin-skin contact and your baby’s willingness to feed.

**Hygiene**
- You can easily learn how to do nappy changes, eye care and skin care. We will help you to feel comfortable with bathing your baby in the incubator once your baby is over a certain weight.
- Feel free to bring in clothes for your baby when he/she is well and in an open cot (clothes need to be washed before use). Please ensure they are labelled to prevent loss, and we will place them in a labelled bag to allow you to take them home to be laundered.

There may be times that you will feel “useless” and not able to help your baby.
This is not an uncommon feeling amongst parents at times; a lot of the
normal control that you have over what happens to your baby has been changed dramatically by the need for medical and nursing care. It may be helpful to verbalise these feelings with the nurse caring for your baby or a social worker.

Photography

On admission to the nursery a photograph will be taken of your baby. If you would like more nursery provided photos of your baby, they can be taken for you and placed on a CD free of charge, or printed for a small cost of $0.50 each. This is to cover costs for purchasing the photo paper for printing. If you have specific things or moments that you would like to have photographed if you are not present, you can discuss this with the nurse caring for your baby, and also document this in your baby’s folder. You are able to take photographs or videos of your baby at any time. Flashes on cameras will not harm your baby.

Communication record

In every bed chart there is a communication record for your baby. This chart is coloured pink and offers you the opportunity to write down the time you will be visiting and what you will be doing (for example, a bath). This enables the nursing staff from shift to shift to know what you are involved in as parents.
Some facts about your baby’s care

Keeping your baby warm

Newborn babies, especially premature babies, lack enough body fat to help keep them warm and they can become cold very easily. The incubator/isolette is a cot enclosed by a cover of clear perspex which provides your baby with a warm environment, but still allows you and staff to see your baby easily.

Babies progress from an isolette to an open cot when their condition is stable and their weight is approximately 1800grams, however this may differ depending on the circumstances.

Breathing support

Premature babies and some term babies, for many different reasons may not be able to breathe on their own and will then need some assistance. This assistance may be in the form of oxygen in the cot, nasal tubing to provide pressure support and oxygen (CPAP), or a breathing tube placed directly into the trachea (wind pipe). This is known as ventilation. The length of time that your baby requires this support varies according to your baby’s condition.

Intravenous feeding

Initially, many small babies are unable to suck and swallow properly because they are too sick or premature. In either case, your baby will be given dextrose (sugar & water) by an intravenous infusion - commonly known as an ‘IV’ or ‘drip’. The fluids are given through a small tube into the umbilicus, into a vein in the arm, leg or scalp. Some babies may require intravenous fluids for a long period. To enable these babies to grow, special solutions containing protein, fat, glucose, vitamins and minerals are given via a special drip called a ‘central line’. The fluid that infuses through this line is known as Total Parenteral Nutrition (TPN).
Milk feeds for your baby

There are several ways of providing nutrition to sick and premature babies to enable them to grow. Breast milk is the best tolerated food for your baby, and provides protection against some bowel diseases. The staff in our nursery and in the postnatal and delivery areas are able to give parents information about feeding choices, and what strategies you can use to successfully breastfeed. It is important that you understand that just because your baby is premature or sick does not mean that breastfeeding will not be possible. There are a very small number of mothers who for medical or past surgical reasons are unable to breastfeed. The staff will ask you how you wish to feed your baby, either breast milk or formula, and will respect and offer support regarding your decision.

Nutrition for your baby

We have an information booklet for parents regarding breastfeeding; it discusses expressing, storing, and maintaining your milk supply while your baby is in the nursery. Leaflets are available regarding specific breast-feeding issues. Two freezers are available in each nursery for the storage of your EBM, but space is limited.

We do ask you to keep some EBM at home and the staff will keep you up to date on how much we have in our freezer for your baby. Facilities for expressing are available beside your baby’s cot and an expressing room is located in Special Care Nursery.

Painful procedures and their management in the Neonatal Unit

Unfortunately there may be occasions during your baby’s stay in hospital that certain procedures need to be performed which may cause your baby pain or discomfort. This is only done in unavoidable circumstances and to allow us to provide necessary treatments for your baby. There are varying degrees of discomfort or pain that can be experienced by infants and we aim in all of these situations to provide your baby with pain relief and supportive measures to make them as comfortable as possible.

Please talk to your nurse about what measures we provide and how in some circumstances or procedures you can be involved in helping to
alleviate discomfort for your baby. We have written material available that you can take with you and read at your leisure after discussion with us if you would like more information. If you have further questions that you wish to discuss please feel free at any time to talk with your nurse or doctor about these.

**Additional Treatment Required**

**Ophthalmology review—eye test**

If your baby is born more than eight (8) weeks early or weighs less than 1500 grams at birth, an eye doctor will examine your baby’s eyes at approximately one (1) month of age. Further eye examinations will occur as required. The nursing and medical staff will inform you when these will take place. A booklet is available to explain this test further.

**Audiology review—hearing Test**

Your baby will require a hearing test. The nursing staff will provide you with information about this hearing test which may be done in hospital or following transfer or discharge.

**Head ultrasound**

If your baby is born more than eight (8) weeks early or weighs less than 1750 grams your baby will have a head ultrasound. This is a painless procedure similar to the ultrasound you may have had during your pregnancy. The probe scans through the soft spot on the top of your baby’s head and your baby will most likely sleep throughout this procedure. The ultrasound is performed on day 3, day 10 and then again at 4-6 weeks. The reason an ultrasound is performed is to detect any changes or bleeding that may have occurred into the delicate areas of a premature baby’s brain. The results of this ultrasound will be discussed with you by your baby’s doctor (but are not available straight away).

**Immunisation**

If your baby is eligible to be immunised while in the nursery this will be discussed with you (at 56 days of post delivery age usually). A record of the immunisations is kept in your baby’s Personal Health Record Book.
SIDS positioning guidelines

Within the GSNU we follow the Safe Sleeping (SIDS/SUDI) guidelines to assist in preventing Sudden Infant Death Syndrome. Safe sleeping positioning begins once your baby comes out into an open cot (at approx 1800 grams). Learning these guidelines as a parent is essential, so you are aware of how to safely position your baby when you go home. These will be explained to you if you are not familiar with them. Some medical conditions require modification of these guidelines and you will be advised if this occurs.
Preparation for Discharge

You will be given information on a large range of issues related to the ongoing care of your baby. This will commence on the day your baby is admitted to the GSNU and will continue until you are confident to take your baby home.

Before your baby is discharged home, it is important that feeding is well established. When your baby is ready, we encourage parents to stay for longer periods of time in the nursery, feeding and caring for your baby with the help of the nursery staff.

On your baby’s discharge from hospital you will be given a Personal Health Record Book that is specific for your baby. Follow-up with the Community Child Health nurse will be organised prior to discharge. If your baby is returning to your local hospital before going home this follow up will be arranged from the local hospital.

Parent education classes

Interactive education classes are held for parents, in the Special Care Nursery Education Area.

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These classes are conducted by nursing and allied health staff from the unit. They are held to share information with you that will be very valuable when you take your baby home. Please feel free to ask a staff member for more information regarding these classes.
Back transfers

If your baby or you have come from another hospital, your baby will be transferred back to that centre when the medical decision is made that they are well enough to progress. This allows you and your baby to be closer to home and family support. Staff from the regional hospital will pick up your baby and escort him/her to your local centre, or sometimes when our retrieval team is picking up another baby from your local hospital, we can back transfer your baby at this time.

When your baby is admitted to the unit our Discharge Coordinator will discuss you with how the back transfer process works, and if this is relevant for you and your baby.

Allied Health and other services

Social work

You may require assistance or support of our nursery social workers during your baby’s stay in the GSNU regarding a wide range of issues. The social work office is located on the 6th floor opposite the patient/visitor lifts. Parents are able to make an appointment to see the social worker at any time or they will catch up with you in the ward or nursery. We refer our parents for an initial visit from the social worker but please do not hesitate to make contact with them if you require their assistance or support sooner.

Physiotherapist

In the nursery a physiotherapist works with the nursing and medical staff to care for your baby, providing expertise on such issues such as the muscular and skeletal development of preterm babies. A booklet is available for parents on “Positioning and Handling your Preterm Baby”. Please ask for this booklet if you have not been given one.

Pastoral care

The Pastoral Care Department has representatives from all religions. They are able to offer support, guidance, comfort and prayer, being sensitive to your values and spiritual needs. If you wish to have your baby baptised, this can be arranged and can be discussed further with the nurse caring for your baby.
On the ground floor of the Ned Hanlon Building is a chapel. If you would like to use the chapel please let the nursing staff know and this can be arranged for you.

**Accommodation and travel information**

You may have been transferred to Brisbane to have your baby due to complications in your pregnancy or your baby may have been retrieved to Brisbane. A social worker will help you with information if you are entitled to assistance with travelling costs or accommodation. While you are a patient on the maternity ward the staff will organise a referral to the Patient Transit Officer who can discuss options available to you. Accommodation is available in Ronald McDonald House, which is located in Butterfield Street, next to the Ned Hanlon Building. If available this accommodation will be organised from within the hospital. Other accommodation options can also be arranged.

**Interpreter services**

If you or your partner is from a non-English speaking background, the staff can arrange an interpreter that speaks your language to discuss all issues around your baby’s care, as well as parenting and education needs. An interpreter is helpful in many instances, even when a person has learnt English and speaks conversational English comfortably, as medical terms and diagnoses can sometimes be very difficult to understand if not conveyed in the language of your birth. If you require interpreter services, please let the staff know.
Lactation Consultant

The Neonatal Unit has a full-time Lactation Consultant. All of the nursery staff are trained to be able to assist you with your breastfeeding concerns, however if you have a more complex issue requiring the skills and experience of a lactation consultant a referral can be arranged.

Support Group

As having a baby in Intensive Care or Special Care nursery can be a stressful time for parents and families, Parent Support Groups are available to all parents.

Parent Support Groups meet once a week and are coordinated by the unit’s social worker. These groups meet in the Bobby Bevan Lecture Room on the same floor of the Ned Hanlon Building as the nurseries. This room is in the first corridor on the right before entering SCN.

Parent’s facilities

Expressing room

In SCN there is an expressing room available to all expressing mothers. This room provides a private area for mothers to utilise the electric breast pumps (or own hand-held pumps if desired). The attachments for the breast pumps can be obtained from the nurse looking after your baby; they are disposed of after each use, and you can get new stock whenever you require. The pumps must be wiped down with the wipes supplied after each use to minimise the risks of contamination and infection.

If you need any help setting up or using the equipment please ask your nurse who will be very happy to explain. For the benefit of privacy for all of the expressing mothers this room is Mothers Only.

Parents lounge

Located around the corner from the unit is a lounge and kitchenette for your use. Tea and coffee making facilities are available in this area. You are responsible for cleaning this area after you have finished preparing any meals or drinks. When visiting the nursery you are welcome to bring food to store in the fridge and a microwave is
available for your use. Please be aware that food or drinks are not permitted within the nursery (water only).

Children must be supervised while they are in the lounge. There is TV and selection of toys/books to occupy visitors to the lounge.

Parentcrafting facilities
Rooming-in facilities are available to assist with the process of going home. These parenting rooms are located next to the parents lounge. Parentcrafting is a part of the discharge process and most parents will come and stay in the rooms for one to two days prior to going home.

We will provide you with further information on parentcrafting when you are getting close to discharge.

Baby Buddy Program
Recent information has demonstrated the need for babies to have sufficient handling and touch for growth and emotional stability.

The Baby Buddy Program is designed to provide:

♦ Nurturing and support of babies by screened and appropriate volunteers when informed consent is given by parents.
♦ Volunteer support for paid staff in the Special Care Nursery and Intensive Care Nursery.
♦ To assist nursery staff in activities which provide a supportive environment for growing babies.

In some circumstances it is difficult to be in the nursery everyday as you have other responsibilities at home. Some Mums and Dads live far from the nursery and cannot be here from week to week. The Baby Buddy program offers your baby the opportunity to be cuddled when you are not here.

Car parking
There is a multi-storey car park next to the Ned Hanlon Building which is available between the hours of 6.00am and 11.45pm daily for visitors. Charges vary according to the type of pass purchased. Please be aware that parking can be difficult on evenings when representative football events are occurring locally, or during the Brisbane Exhibition
(ask the staff for more information). Off street parking is limited and subject to council regulation.

The receptionist can provide parents with a letter to enable them to obtain discount parking rates are King’s Car park on Herston Road. Ronald McDonald House has parking spaces available for residents. There is also a multi-storey car park (Wilson Parking) on Gilchrist Avenue opposite the Bowen Bridge Road Exhibition grounds entrance.
General Information

RBWH entrance
This is located on the ground floor through double sliding glass doors. Public lifts are to the right of escalators.

Information desk
This is located on the ground floor to the right of the entrance.

Toilets
Public toilets are located on the ground floor and on the 5th floor (near patient/visitor lift).

Taxis
Taxi courtesy phones are located on the ground floor. Taxis can be hailed from the ground floor area outside the Department of Emergency Medicine.

Public phones
Public phones are found on the ground floor and near the patient/visitor lifts on the 5th floor.

Internet
Computer terminals with internet access are available on the first floor in the atrium area.

Cafeteria
Meals may be purchased (dine-in and take-away) on the ground floor and first floor of the Ned Hanlon Building. Outside the first floor cafeteria is an outdoor canteen area.
The cafeteria on the first floor is open until 7.00pm. There is also a meal delivery service available - the phone number is in each nursery room.

Newsagent
Full newsagent services (including dry-cleaning) are located on the first floor Ned Hanlon Building including a small supermarket (open until midnight).
Post Office
This is located on the first floor of Ned Hanlon Building, and opens at 9am.

Bank services
A Bank of Queensland is located on the first floor of the Ned Hanlon Building.
Various ATM’s are located on ground and first floors of the Ned Hanlon Building.

Pharmacy
This is located on the first floor of the Ned Hanlon Building. Full pharmacy services are available including film processing.

Florist
This is located on the ground floor in the foyer area.

Ladies Auxiliary Stand
This is located on the ground floor in the foyer area. Premature dummies are available here.
Common words you may hear in the Nursery

Apnoea: a temporary stopping of breathing (common in preterm babies).

Aspirate: amount of stomach contents remaining and measured prior to a feed. The amount gives an indication of whether the baby is digesting the milk feed.

Caffeine: a drug commonly given to preterm babies to reduce the apnoea and bradycardia episodes.

Bagging: a small rubber mask is placed over the baby's mouth and nose, or a resuscitation bag is connected to a baby's breathing tube to pump oxygen from a rubber bag into the baby's lungs. This may be needed with long apnoeas, or used to change the baby's ventilator tubing.

Bradycardia: a slowing of the heart beat to less than 90 beats per minute. The heart rate can usually be sped up by gently patting the baby on his/her nappy or by providing stimulation.

Cardiac echo: a picture of a baby's heart using ultrasound (see Ultrasound).

Corrected age: the age your baby would be if he/she had been born at 40 weeks.

CPAP: Continuous Positive Airway Pressure - two short prongs or a single prong plastic tube sit in the nostrils, and are connected to some ventilation tubing. Gas (air and oxygen) is delivered towards the back of the throat and enters the baby's windpipe when they breathe. This increases the pressure in the lungs and helps to decrease the effort of breathing. The machine used to deliver the gas can either be a ventilator, or a device called Bubble CPAP. Your baby's nurse or doctor can give you more information about this treatment.
ETT/Endotracheal tube: a thin plastic tube inserted into the mouth or nose into the airway. This tube is then connected to a ventilator.

Extubate: the procedure of removing the endotracheal (breathing) tube from the airways

Extremely Low Birth Weight: a baby who weighs less than 1000 grams at birth.

Full Term: a baby born after 37 weeks gestation and before 42 weeks.

Gestational Age: the length of the pregnancy from the last menstrual period until birth.

Intubate: term used for the procedure of placing an endotracheal tube into the baby’s windpipe or trachea. This is done if your baby needs breathing support from a ventilator.

Jaundice: yellowing of the baby’s skin that needs to be treated with exposure to bright lights known as phototherapy.

Low Birth Weight: a baby who weighs less than 2.5 kilograms.

Meconium: tarry, black first bowel motion, sometimes passed before birth.

Naso-gastric tube: a fine plastic tube passed from the nose or mouth, with the tip sitting in the stomach. Used for giving milk feeds or medicines.

Neonatal: refers to newborn babies less than 28 days old.
Oximetry: measures the oxygen level in the blood and gives it as a percentage (out of 100). It uses a red light on the end of a probe taped around the baby’s hand or foot. Also known as Saturations, or Sats.

Phototherapy: intense light delivered over the top of an isolette which decreases the substance causing jaundice in newborn babies.

Post Term: refers to a baby born after 42 weeks of gestation.

Premature: a baby born before 37 completed weeks of gestation.

Suctioning: suction equipment is at every baby’s cot and is used to remove secretions from the baby’s mouth, nose or breathing tube using a thin, plastic catheter.

Tube Feeding: to feed a baby with milk through a fine plastic tube passed from the nose or mouth (called a naso-gastric or oro-gastric tube) into the stomach.

Ultrasound: a painless and safe way to examine some organs, by sound waves which give a picture on a screen. It is similar to the scan you may have had during your pregnancy.

Ventilator: a machine connected to the endotracheal tube, delivering oxygen/air to the baby. This machine assists the baby with breathing.

X-ray: chest and abdominal x-rays. The amount of radiation is minimal & will not harm your baby.
Research in the Grantley Stable Neonatal Unit

Perinatal Research Centre
Royal Brisbane and Women’s Hospital

Advancing the health of mothers and babies through research

Perinatal research at this hospital has contributed to the health of mothers-to-be and improved survival and outcome of sick and pre-term babies. However, there are still a lot of questions to be answered.

While at this hospital, you may be asked to participate in a research study. Your doctor or nurse will let you know about the studies and will arrange for the Research Nurse to come and visit you with more information. Ask to have a look at the folder kept in ICN which has detailed information about the Perinatal Research Centre and the national and international studies this hospital takes part in.

There are brochures available in both ICN and SCN which contain more detailed information about individual trials. Any of the staff in both nurseries can direct you to resource staff who are available to discuss any of the current trials being conducted within the neonatal unit.

Please take a moment to have a look at the display boards in Intensive Care Nursery and outside the Maternity ward (6B) on the 6th floor which also has some useful information about clinical trials and why they are important in helping us find the best treatments for you and your baby.

For more information call: (07) 3636 2121

Margo Pritchard
Queensland Health
Royal Brisbane and Women’s Hospital
Metro North Health Service District

health • care • people

This booklet was compiled by the staff and parents of the Grantley Stable Neonatal Unit.

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