

Going home. What next Developmental advice for families of premature babies in the first six months

Developmental Advice for Families of Premature Babies in the First Six Months

This leaflet is a guide for parents of premature babies on the best ways of helping babies develop at home in the first six months.

Having a premature baby can be a stressful and frightening time for parents, especially in the early days or weeks while their baby may be in hospital.

Once a baby becomes well and strong enough to leave hospital, there is the excitement and challenge of caring for baby at home.

We trust that this booklet helps provide parents with confidence and knowledge for the next stage of the journey as they settle into their new life at home with their baby.

The neonatal unit is situated on the first floor of the hospital opposite to delivery suite and next to the maternity base.

How Is My Baby Different?

Premature babies are babies born before 37 weeks gestation. They have not had as much time in the womb to develop as full-term babies. Instead of being curled up in the calm, protected womb they experience the lights, noises, and sensations of the hospital nursery environment. When it's time to go home, premature babies may look and behave differently to full-term babies especially if they are born before 32 weeks. They may:

- Be smaller
- Be floppy and have less curled up limbs
- Be more jittery or jerky with their movements

- Tire more easily
- Dislike touch and movement
- Be more unsettled and difficult to settle to sleep
- Be slow or messy to feed, suffer from reflux or need tube feeds at home until their sucking grows stronger
- Need to have oxygen at home due to ongoing breathing difficulties.

What Can I Do To Help My Baby?

It is important to keep a positive attitude. We know parents can make an enormous difference to their baby's long term development. We hope that with this guide and with the support from people like your health visitor you will be able to do the best for your baby. It is important to pick up any problems and get assistance for these as early as possible. Early help will improve your baby's long-term development.

Developmental Milestones

How Old Is My Baby?

Your baby is lucky as they have two 'birthdays':

- The actual day they were born, and
- The due date, the date they were meant to have been born.

When you look at your baby's development it is important to take their prematurity into account. Often you will hear the term 'corrected age'. Your baby's corrected age is the age they would be today if they had been born on their due date. This is the age we use when looking at how well your baby is growing and developing. So remembering your baby's due date is helpful when working out the corrected age. We use the corrected age until your baby is around two to three years of age.

Remember: the following developmental milestones are a guide only; if your baby has not reached these milestones or you have concerns feel free to seek help and discuss it with your doctor or health visitor.

What should my baby be doing?

Milestones are the stages or skills that your baby reaches as they grow and develop. Sometimes your baby may not be reaching the milestones below; especially if they have ongoing medical issues such as needing oxygen, or being tube fed. Even babies born at full term will reach their milestones at different ages.

At Around 1 To 2 Months Corrected Age Your Baby May:

- Start to communicate with you by smiling, 'talking' and looking at your face very closely
- Start to hold their head up for longer when you hold them upright
- Prefer to look one way but should be able to turn their head equally to the right and left
- Begin looking at things, especially your face.

At Around 3 To 4 Months Corrected Age Your Baby May:

- Start to laugh and follow objects and people with their eyes
- Show excitement when something is about to happen
- Enjoy babbling and making noises and ‘talking’ when you talk to them
- Be able to push up with their arms, while lying on their tummy on the floor
- Have a steady head and turn to look in all directions
- Bring their hands together and not favour one hand more than the other
- Grasp a rattle placed in their hand
- Take their hands and toys to their mouth
- Bring their feet together and tuck their legs up.

At Around 6 Months Corrected Age Your Baby May:

- Start to enjoy playing ‘peek-a-boo’
- Sit for a few seconds leaning forward on their hands
- Roll from their tummy to their back, and roll from their back to their tummy
- Reach out easily for toys with either hand
- Take weight through their legs with their heels down, and bounce up and down.

When Should I Seek Help?

Warning signs: consult your Paediatrician or GP or health visitor if you have one, if your child exhibits any of the signs listed below at the ages indicated.

At 6 Months Corrected Age:

- Difficulty lifting their hands and pushing up on their arms while lying on their stomach
- Cannot stay lying on their side to play with toys
- Not sitting, even with support
- Not rolling or is rolling by arching their neck and back
- Makes no effort to reach or “bat” at objects
- Does not move their head toward a sound or search for objects with their eyes
- Grasps an object weakly or holds only for a moment
- Keeps their hands fisted and/or keeps their thumb inside their fist
- Is not able to get their hands to their mouth or together
- Continues to have trouble taking a bottle or first solids
- Does not coo or babble.

At 12 Months Corrected Age:

- Is sitting but not able to sit without support
- Is crawling or “bottom shuffling” by moving both legs forward at the same time
- Is not easily able to pick up small objects, such as finger foods
- Does not search for a hidden object
- Does not vocalize consonant and vowel combinations (“ba”)
- Does not look at books for short periods of time. (Keep in mind that if they are busy learning to crawl and walk, they may not have much interest in sitting down activities. Encourage them to spend some time doing “quiet” activities, such as looking at books)
- Does not respond to simple familiar speech routines, such as pat-a-cake

- Uses one side of their body much more often than the other.

At 18 Months Corrected Age:

- Does not walk, or constantly walks on their toes
- Does not imitate sounds or produce any sound combinations that represent a word
- Cannot build a tower with blocks
- Is more interested in putting toys in their mouth during play, rather than more purposeful play using their hands.

Communicating With Your Baby

It takes time to get to know your baby's signals and to recognise what your baby is trying to tell you. By responding to your baby's messages, you will be better able to provide what they need. Spend time communicating with your baby while you do everyday things such as bathing, feeding or changing their nappies.

What Is My Baby Trying To Tell Me?

When your baby is:

- **Alert:** they may be telling you they are ready to play by looking at you, smiling and being bright-eyed
- **Stressed and unable to cope with any more stimulation:** they may look away, grimace, yawn or cry
- **Tired:** they may have jerky movements, yawn, cry, rub their eyes, or pull at their hair or ears. If your baby is tired or stressed try calming them with a firm cuddle, massage, a gentle song, a soothing voice or a feed.

How Can I Help My Baby Learn To Communicate?

- When you communicate with your baby:
- Try to make eye contact
- Give big smiles and be reassuring and encouraging
- Talk or sing about what you are doing and copy their sounds and face movements so they learn to 'talk' to you
- Give them plenty of time to react and respond
- Give them a break if they look tired or stressed
- Try to avoid having too many distractions around.

Closeness with Your Baby

Why Are Cuddles Important?

Most babies enjoy being held and cuddled. Skin to skin cuddles are particularly good for your baby's development. When cuddling, help your baby to hold their head in the middle and tuck their hands and feet in towards the middle. You could cuddle your baby in your arms, have them lying on your lap, facing you or wrapped chest to chest. Cuddles will help your baby learn about their body, help them feel secure and may help them settle better. Some babies also enjoy being held close to mum or dad in a carrier, sling or snuggled in a wrap.

Moving and Carrying Your Baby

Your baby can be carried in a variety of positions to help strengthen their muscles and encourage development. Sometimes carry your baby on their tummy. This will help them develop control of their head and back muscles. Whenever you move your baby, help them to feel more secure and develop stronger muscles by:

- Gently telling them before you start to move them what you are about to do
- Holding them snugly to help stop any jerky movements
- Using slow gentle movements and avoiding sudden rushed movements
- Carrying them in a variety of positions during the daytime so they can learn to hold their head up when carried on their tummy or when held sitting up.

Playing With Your Baby

Why Is Play Important?

Play is much more than just having fun. Through play your baby learns to:

- See, hear, smell, touch and explore lots of different things
- Communicate with you and with others
- Discover the world
- Make things happen such as a noise or movement.

When Is The Best Time To Play?

Early in your baby's life they may seem to do nothing but eat and sleep! This stage doesn't last for long.

Take the opportunity to play when they start to stay awake for longer periods, or when they are more alert and looking around. But remember:

- Premature babies can get tired quickly so you may need to keep these play sessions short
- If they suffer from reflux they may not like lying flat or on their tummy on the floor
- Sometimes just cuddling, looking at and talking to your baby is a lovely way to play
- Your baby will tell you when they have had enough by looking away, arching, grimacing or crying
- Try to make playing with your baby a part of everyday activities such as when changing nappies, dressing, bathing or while doing household jobs.

Why Is Tummy Time Important?

Spending time on their tummy in the early days is important to help your baby develop strength in their head, neck and arm muscles. Later this will help them to roll, crawl and sit. You can help by:

- Starting tummy time with them lying over your shoulder or on your chest as they will enjoy the vibration of your voice and feel the warmth of your skin
- Carrying them over your arm
- As they get older placing them over your legs when you sit on the floor, or over a rolled up towel or horseshoe play ring
- Giving them short periods on the floor and increasing the time as they get used to it
- Keeping tummy time short if they are unhappy; you may start with just a few seconds

- Encouraging and reassuring them with smiles, songs or massage
- Keeping them 'entertained' by using toys and mirrors
- Avoiding placing your baby on their tummy soon after a feed.

How Can I Help My Baby Learn To Sit?

Sitting is important for your baby as they can learn more about the world from this position and once sitting can progress to crawling, standing and walking. You can help by:

- Giving your baby some time, while well supported, in a rocker chair with things to look at and reach for using supports e.g. rolls, to help hold their head in the middle and make it easier to bring their hands and feet together.
- As they get stronger, sit them on your lap or on the floor. Initially your baby will need support around their upper chest and shoulders.as their balance improves you can hold them lower, around their waist
- Later as they get stronger you can sit them on the floor between your legs
- Showing them how to roll from their tummy onto their side and then onto their back if they seem to be stuck' or becoming frustrated.

Feeding Your Baby

What Should I Expect With Feeding Patterns?

- Feeds should last no more than 20 to 30 minutes as both you and your baby will become tired and frustrated if you persist for longer.as they grow and become stronger, feed times should become shorter
- Feeding on demand usually works best for babies
- After the first few months, most babies need to feed 3 to 4 hourly during the day
- Most babies will need to be fed during the night, usually reducing to one night feed by around 6 months of age
- Your baby should use a regular sucking pattern and not get out of breath.

What Problems With Feeding Might I Expect?

Feeding is hard work for any baby but especially for premature babies who may have ongoing lung problems, reflux and reduced muscle strength and endurance. Premature babies can have difficulty staying awake, or they may become distracted and fussy when feeding.

How Can I Help My Baby Feed Well?

Try to make feeding a calm, relaxed and enjoyable time for you and your baby. Don't push them if they are upset, crying or too tired. Be aware of your own feelings as they will pick upon these.

Help Your Baby Do Their Best By:

- Looking out for their feeding signals such as wriggling, restlessness, or finger sucking so you can begin feeding before they become upset
- Supporting yourself well in a comfortable chair in a quiet area so you can be as relaxed as possible

- Feeding them in a quiet place with few distractions
- Supporting your feet which will raise up your knees to help support them so your arms won't get so tired
- Supporting their head and ensure it is in line with their body and not twisted to one side
- Positioning their chin tucked down little: as a guide fit 2 fingers between their chin and chest
- Holding their arms and legs gently curled up, if they are floppy they may feed better if wrapped
- Watching them closely and watching for signs of discomfort, or the need for a break
- If they fall asleep during a feed, then stop and try to gently wake them by changing their nappy, using a damp cool flannel on their face, or tickling their feet before offering the rest of the feed
- Allowing them 5 to 10 minutes to burp and rest during feeding
- Feeding them in a more upright position if they have reflux
- If they cough or splutter sit them up and give them time to recover.

If They Are Breastfed, You Can Help By:

- Starting each breastfeed on the breast last fed from
- Allowing them to empty the first breast before offering the second
- Allowing top-up feeds after abreast feed for the first days or weeks; as they grow bigger and stronger they won't need these anymore.

If They Are Bottle-Fed, You Can Help By:

- Preparing the bottle before they get upset
- Ensuring the milk is warm.

How Will I Know When My Baby Has Had Enough To Drink?

It can be worrying not knowing if they are drinking enough. They should have a wet nappy at each nappy change. Also have them weighed regularly to ensure they are feeding well and putting on weight.

When Should I Seek Help With Feeding My Baby?

- If they are not putting on weight
- When feeding time is stressful for either you or your baby
- If they regularly cough, splutter, choke, changes colour (becomes dusky or very pale), vomits or has difficulty breathing
- If feeds are taking a long time (more than 30 minutes).

Weaning

A lot of parents worry about when to wean their premature baby. It can also be confusing to read guidelines for term and well babies. All babies reach a stage when breast or formula milk does not supply all the nutrients they need. Premature babies in particular need careful planning of the nutrients in their food, to make sure they continue to develop and grow. New tastes and textures help encourage babies to eat a range of foods, which

helps make sure that their diet is balanced later in life. Solid foods help babies to practise lip, tongue and jaw movements. Eating together is also an important social activity. It is thought that babies can learn skills like eating from watching others. Weaning also provides a great opportunity for all members of your family to become involved in feeding your baby.

The most important thing to look out for before weaning is signs that your baby is ready. Every baby is an individual and will be ready at different stages, especially if they were born early. There are some important signs to look out for.

See if your baby can...

- Support themselves in a seated position. Premature babies might need extra support
- Hold their head in a stable position
- Show an interest in other people eating
- Lean forward and open their mouth towards a spoon or food

Put things to their mouth and make munching, up and down movements. Your baby might show one of these signs first, but it is recommended to wait until you see a few before starting weaning. Your baby needing more milk, or needing more feeds in the night is not necessarily a sign that they are ready to wean. This could be a growth spurt. You do not need to wait for your baby to have teeth or reach a certain weight before weaning. Some health professionals say that four months corrected age is the youngest age a premature baby should be weaned. There are different opinions about the best age range to wean a premature baby. Some health professionals say that premature babies often show these signs that they are ready for more solid foods somewhere between five to six months corrected age. Remember – your baby will show you when they are ready. Because all babies develop differently, your baby might show these signs at different stages to others, especially if they were born early. There is not very much research on weaning premature babies. It is important to remember that you know your baby best.

How Do I Start Weaning?

It can help to plan when you want to start weaning. Parents can find it easier if they choose a time when their baby isn't too hungry or tired. Playing with food is an important part of learning about how to eat it giving your baby some food to touch and feel can be helpful.

They will likely spit food out to start with, as they get used to new textures. It can be easier to start with one meal a day and see how your baby reacts. It is important that you and your baby are comfortable when trying new foods. The best feeding positions will let your baby:

- Bring their hands together
- Be supported to sit upright
- Hold their head up easily

Always make sure your baby is supported so that they can sit without sliding or slumping to one side. You should never leave your baby alone whilst they are eating. Once your baby is older, highchairs with trays can provide a helpful position for your baby to hold food in their hands and feed themselves. Remember that weaning is a process of introducing your baby to food gradually. You should continue with breast milk or formula milk feeds. Traditionally, the first foods that are used to wean are smooth, runny foods. This is because your baby will also be learning how to chew, having only taken milk by sucking

until now. Many health professionals still suggest this as a first method, and others suggest that a baby's first foods can be more solid. After the first few weeks, you can introduce wider range of foods and, if you have started with soft pureed food, you can introduce more soft lumps e.g. Bananas, porridge.

Baby-Led Weaning and Premature Babies

There are different choices you can always necessary for first foods to be completely smooth and fed on a spoon. Another popular option is to allow your baby to take and eat food when they are ready. This is known as baby-led weaning which allows the baby to join in family mealtimes and share the same foods, adapted to suit their abilities. They are able to explore food and decide how much or how little to eat, and how quickly. Milk feeds should continue as their main source of nourishment as your baby gets used to a mixed diet and learns to manage different textures. The aim of baby-led weaning is for your baby to feed themselves whenever possible.

Gagging or Choking

It is usual for babies to gag slightly as they get used to more lumpy foods. It is the body's way of getting food back into the mouth to avoid choking. Encourage your baby to keep trying to chew the food. Eventually they will learn to chew and bite food rather than just suck. Parents sometimes worry about their baby choking. Never leave your baby alone when eating.

If your baby ever struggles to breathe, call 999 immediately.

Bathing Your Baby

Bath time can be a fun time for your baby to move freely, grow stronger and learn about their body. A warm bath can be relaxing for your baby, especially if they have reflux or are very unsettled at times. To make bathing more enjoyable try:

- Keeping your baby warm when they are in or out of the bath
- Wrapping them in a muslin cloth if they do not like bathing or feel scared being undressed; then gently place them in the bath and slowly remove the wrap once they are relaxed
- Keeping them covered with a flannel over their chest if they prefer as some babies are happier when covered
- Gently swishing them from side to side while singing a simple song such as '*row, row, row your boat*'
- Having them push their feet off from the end of the bath.

Settling Your Baby to Sleep

How Long Should My Baby Sleep?

Sleep is very important to help your baby's brain develop. In the first few months after going home babies usually sleep about 16 to 20 hours in every 24-hour period, some even longer!

How Can I Be Sure My Baby Settles And Sleeps Well?

Premature babies may have difficulty learning to settle and sleep, especially at night. Your baby may take many weeks to develop a regular awake and sleep time. You can help by:

- Encouraging play and stimulation during the day rather than at night
- Having an evening routine such as a bath, followed by a feed, then a story or lullaby. Some babies prefer to feed on waking; others may play for a while then feed before settling down.
- Providing a night light or playing a radio softly as babies who have spent a lot of time in hospital often
- Become used to the noise and light and find them comforting
- Wrapping your baby in a thin cloth, such as muslin, with their arms and legs 'bent up' and their hands together. This reminds them of time curled in the womb and helps them feel secure.

For Safe Sleeping Always Follow These Guidelines:

- Sleep your baby on their back, never on their tummy or side
- Sleep your baby with their head and face uncovered
- Do not use pillows, bumpers or soft toys in the cot
- Do not expose your baby to cigarette smoke
- Sleep your baby in their own cot next to your bed for the first 6-12 months.

Colic and Wind

Babies who have spent time in special care seem to suffer from winding problems more than full term babies. Baby massage is particularly good for giving relief from colic and wind, as well as massage, the following could help, but you should also ask advice from a health professional:

- Ensure your baby is sitting upright during feeds (if they are old enough) and is not gulping too much air
- Try a medium-flow teat rather than a slow-flow or 'new-born' teat
- Give your baby a warm bath
- Hold them and rock them gently
- Give them colic drops or gripe water. While colic is particularly common in the first few months, it rarely lasts very long and causes no long-term problems.

Reflux

Reflux, or gastro-oesophageal reflux, is a common problem in babies, especially premature babies. Reflux occurs when some of the partly digested milk or food in the stomach comes back up into the food pipe (oesophagus) and sometimes into the mouth. As the stomach contains acid that helps to digest food, the acidity can cause some discomfort and burning sensations within the food pipe. This can be painful for babies and they may become irritable during and after feeding times.

Why Does Reflux Happen?

When food is taken through the mouth, it travels down the food pipe and into the stomach. There is a small band of muscle above the stomach opening (called the lower

oesophageal sphincter). This band opens when food is about to enter the stomach and then closes so that food remains in the stomach. However in premature babies their band of muscle is weak and doesn't close properly, so food can go back into the food pipe and into the mouth. This is known as reflux, when partially digested milk or food enters back into the mouth. Symptoms of reflux can include:

- Bringing milk back up with burping
- Vomiting that often shows no clear pattern in terms of timing or amount
- Fussiness, crying and restlessness
- Refusing to feed and fighting the nipple/teat
- Only taking small quantities of feed
- Arching back during feeding
- Choking or gagging
- Changes to the baby's skin colour.

More Severe Complications Of Reflux Can Include:

- Chest infections
- Poor weight gain
- Feeding/eating difficulties
- Inability to lie flat after a feed without discomfort
- Becoming anaemic.

Treatment for Reflux

Treatment depends on the severity of the reflux. Some babies on the neonatal unit can be managed by nursing them in different positions. Mild reflux tends to improve on its own and gets better when the baby begins to wean onto solids.

Ways to Help Your Baby

- Giving your baby skin to skin after a feed to allow the food to settle before laying them in a semi-inclined-cot.
- Changing your baby's nappy before feeding makes vomiting less likely
- Feeding your baby with slightly smaller volumes of milk but increasing the frequency of feeds throughout the day
- Burping your baby more frequently. Sometimes medications may be given to help. These may include feed thickeners, which are added to the baby's milk to help reduce the effect of reflux. Thickeners work by making the feed more solid once it is in the stomach and this makes it harder to bring back up. Infant Gaviscon is an example of this. Other medications may help to lower the acid production in the stomach and to speed up food passage through the stomach. Reflux is often worse when a baby is lying flat on their back, so it can help if you keep your baby's head gently raised during the day. The most important time is after a feed; at this time you should hold your baby upright for as long as you can.

Constipation

Preterm babies have more trouble with constipation than full-term babies for several reasons. Decreased muscle tone, preterm formulas and a history of bowel infections can

all contribute to problems with stools in premature babies, even after they come out of the hospital. The number of stools your baby has each day doesn't define constipation. Many perfectly healthy babies only have bowel movements every few days, especially if you breastfeed. Constipation refers to the quality, not that your baby doesn't have a bowel movement every day. Straining, crying or grunting while having a bowel movement doesn't necessarily mean that your baby is constipated, although it may. New babies aren't familiar with the sensations of passing a bowel movement and often react with facial expressions and noises that make having a bowel movement sound difficult even when it's not.

What Can I Do About It?

If you are concerned about your baby consult your Gp. Never give a premature baby over-the-counter medications to treat constipation without your doctor's approval. There are several things you can do for your constipated baby:

- Give your baby extra drinks of cooled, boiled water.
- Babies over 6 months who have started on solids can have fruit juice as well as fibre: pureed or chopped apples, apricots, blueberries, grapes, pears, plums, prunes, raspberries and strawberries are all high in fibre.
- Check bottles are being made correctly – too much baby milk powder will make the feed too concentrated.
- Gently massage your baby's tummy in a clockwise direction. Some baby oil on your hands may help. But if your baby seems tense or doesn't like the sensation stop immediately.
- Gently move your baby's legs in a cycling motion. Sometimes this gentle "exercise" can help move the poo through their system.
- Give your baby a warm bath and apply some cream or petroleum jelly around her bottom to soothe and prevent soreness.

Illnesses

With a premature baby, the immune system is weaker and premature babies have a higher chance of being re-admitted to hospital after going home. That means that for the first few months you need to be extra careful – especially during the colder months when cold and flu viruses are circulating.

How to Protect Your Premature Baby

Try not to put them in situations where they are likely to pick up infections. As your baby grows and becomes more robust, you can relax a little. Eventually they will deal with colds and other infections in the same way as any other child.

Diarrhoea and Vomiting In Premature Babies

Diarrhoea and vomiting are usually caused by a bug. Tummy bugs are common among young children, but they can be serious for babies because of the risk of dehydration.

How to Treat a Tummy Bug

The most important thing you can do is to keep your baby well hydrated through the illness. Breast or bottle feed frequently, or give cooled boiled water mixed with rehydration salts (available over the counter – talk to the pharmacist for advice). Even if you are breastfeeding, you can give your baby extra liquids by cup, spoon or bottle.

When to Go To the Doctor with Your Premature Baby

Contact your doctor immediately if your premature baby:

- Has diarrhoea six or more times in 24 hours
- Has fewer than four wet nappies in 24 hours
- Has a dry mouth
- Has a sunken face, eyes, or fontanelle (the soft spot at the top of the head)
- Is very lethargic or irritable.

Coping With a Baby with a Cold

A cold is an extremely common viral infection. Symptoms include a runny or blocked nose, a cough and temperature. It's very normal for babies to get colds, but it can be uncomfortable for them, and they may be tetchy or have difficulty sleeping, which can take its toll on the whole family. If your baby seems to be in discomfort or has a high fever, you may want to give them some baby paracetamol or ibuprofen. You can buy this over the counter from the pharmacist.

When a Cold Develops Into a More Serious Illness

In premature babies, however, cold can develop into more severe complications, so if you are at all concerned about your baby see your GP. The common cold can develop into the following, more serious illnesses.

Flu

It's easy to confuse flu with a severe cold, but if your baby has a temperature of more than 38°C and is shivery, they may have flu.

Chest Infections

If your baby has a high temperature, wheezing, shallow or rapid breathing, a rapid heartbeat or goes off their food, or if the muscles in their chest are sunken in, they may have a chest infection such as bronchiolitis.

Ear Infections

If your baby develops a high temperature three to five days after cold symptoms start, seems very ill and distressed, and keeps pulling at their ear, they could have an ear infection.

When to go to the Doctor

If you think your baby may have a chest or ear infection or seems dehydrated, or the fever isn't coming down, go to your Gp as soon as possible, as they may need antibiotics to prevent further complications. Flu is not normally treated with medication, but if your baby is considered to be at high risk, they may be given an antiviral drug.

Signs of Meningitis

- Seek urgent medical advice if your baby:
- Has a high temperature, with cold hands and feet
- Has pale skin with a rash or blotches that don't fade when you press the side of a glass against them
- Breathes fast or grunts
- Has an unusual cry or moaning
- Is floppy, unresponsive and drowsy, with staring eyes
- Has convulsions
- Is refusing food and throwing up
- Has a bulging or tensing fontanelle (the soft spot on their head)
- Has a sore neck and dislike of bright lights (though these symptoms can be hard to spot in babies)
- Is being fretful and doesn't want to be touched.

When to Call 999

- If your baby is having trouble breathing
- If your baby is unconscious or doesn't seem aware of what's going on
- If your baby won't wake up
- If your baby has their first fit or convulsion, such as twitching or eyes rolling into the back of their head.

Follow Up

What Is The NICU Follow-Up Clinic?

We provide specialised medical and developmental care for babies and children up to at least 2-4 years of age. Our team includes doctors and therapists with extensive experience caring for babies and children who have potential to develop complex medical or developmental needs. Part of your follow up will be held at Liverpool women's hospital but most of it will be held at Alder Hey children's hospital

Why Was My Baby Referred Here?

Babies need specialised follow-up care for many different reasons. Some of these conditions include:

- Prematurity (birth prior to 34-week gestation)
- Low birthweight (<1.5kg)
- Feeding and growth issues
- Brain bleeds, seizures or other neurological diagnoses

- Infant drug exposure and/or withdrawal
- Babies who required cooling treatment.

What Specialised Developmental Care Is Provided?

We provide formal standardised testing that starts at 6 months corrected age. Our team includes a physiotherapist, an occupational therapist and a speech and language therapist available to recommend home exercises specific to your child's development. If your child is in need of specialized developmental services, we help arrange those services near your home.

How Often Will My Child Be Seen?

Appointments and frequency will vary depending upon your child's individual needs, but we will see most children to assess motor, language and cognitive skills at the following routine visits:

- 1 month
- 3-month
- 6-month
- 12-month after hospital discharge
- Then yearly until 4 years of age.

Well Done!!

Congratulations on taking home your NICU graduate. We at the Liverpool Women's Hospital NHS Foundation Trust wish you all the best for the future. Enjoy your time together!!

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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