

A parent's guide to consent on the Neonatal Unit

Introduction

This leaflet gives parents and carers information about consent for procedures carried out and treatment given to babies while on the Neonatal Unit (NNU).

While your baby is on the NNU

We understand that this is a difficult time for you, as your baby has been admitted to the Neonatal Unit because he or she requires extra nursing and medical care which cannot be provided on the post-natal wards. Some babies will require full intensive care; while others need 'Special' care which mainly involves help with feeding.

'Routine' care on the Neonatal Unit involves many procedures and treatments which are not routine elsewhere, but are necessary for your baby at this time. We will always try to keep you informed of what test and procedures we plan for your baby and will seek your agreement (consent). Most of the time, the fact that you accept that your baby is being looked after on the unit, is taken as a sign that you also agree to routine procedures such as taking blood for basic tests or X-rays.

Sometimes, it is necessary to carry out emergency procedures and treatments for which we would usually seek your consent first. In these instances, we will consider what is best for your baby and will always contact you as soon as possible, once your baby is more stable.

There are some treatments and investigations for which we will specifically seek consent. Some of these require your signature on a form.

This does not necessarily mean that these are more important, but simply reflects a different consent process. At all times, you should feel well informed about the proposed treatment to be able to make a decision as to whether you agree to it or not.

Reference No.

GHPI0866_03_20

Department

Maternity

Review due

March 2023

Patient Information

Please ask if you are in doubt. If there is a disagreement about what is planned, we will respect your opinion, but will always want to act in your baby's best interests. Very occasionally, second opinions may be sought by either party.

So that you are aware, a list of some of the common procedures and treatments, which your baby may have, is given in the next section. We hope that this will help you to understand some aspects of the care which your baby is receiving. Please remember that you can always ask if anything is not clear.

Common procedures

Taking blood for:

- Full blood count (FBC). This gives us the haemoglobin level, (telling us if your baby is anaemic or not), white cell count (the cells which fight infections) and platelet count (cell fragments which help clotting)
- Biochemistry - we measure the salts in the body; kidney and liver function
- Glucose level
- C-reactive protein (CRP). A marker of infection and/or inflammation
- Cultures - to see whether there is any infection in the blood
- Gases - to measure the carbon dioxide, oxygen and acidity of the blood
- Drug levels - to check the amount of a medicine in the blood
- Neonatal screening. Nationwide tests for a variety of congenital conditions
- Head ultrasound scan – to check the brain structure and look for any bleeds or signs of infection
- Intubation. This involves inserting a tube into the baby's trachea (wind-pipe), for administration of surfactant (see later) or connection to a ventilator
- Extubation - removing the breathing tube
- Sending blood, urine or other samples for culture (to see whether there is an infection)
- A lumbar puncture (LP) - inserting a needle into the lower back to remove cerebrospinal fluid (CSF), to test for meningitis

Patient Information

- Inserting a gastric tube (through the nose or mouth into the stomach) - usually to allow feeding, but sometimes to keep the stomach empty
- Eye check for Retinopathy of Prematurity (ROP). In babies less than 1.5 kg and/or less than 32 weeks gestation at birth, to assess the development of the back of the eye

Inserting

- A drip/venflon/line - allowing us to take blood and give medication and fluids
- An arterial line - to allow accurate measurement of blood gases and blood pressure
- Umbilical lines - usually only in the smallest babies in the first few days, to allow blood sampling and the giving of medication and fluids
- Long lines - a very fine line for giving total parenteral nutrition (TPN) and sometimes antibiotics

Common treatments

Antibiotics

We start antibiotics if we feel there is any risk of infection. In the first 48 hours, we use **benzylpenicillin** and **gentamicin**. These are safely used in many neonatal units (and also used for adults). However, we always measure the level of gentamicin in the blood, as high levels can affect hearing and kidney function.

In this hospital, babies who received gentamicin are automatically offered a hearing test, regardless of drug levels. You will be asked to sign a consent form for this test.

Different antibiotics are used if started after 48 hours of life. Antibiotics may be changed if your baby remains unwell, or we have extra information from the Microbiology Department, such as culture results.

Surfactant

This is a substance which is made in the lungs, except in preterm babies, antenatal steroids help boost production but sometimes extra is needed after birth. Surfactant helps to stop the lungs collapsing.

**Patient
Information****Ventilation**

Taking over or assisting breathing with a ventilator.

CPAP (continuous positive airway pressure)

Extra pressure to the lungs, to help keep them expanded. This is given with the use of a face mask or short prongs in the nose.

High-flow

Warm, humid oxygen or air at 3 to 8 litres per minute, given via prongs in the nose. This is another way of supporting breathing.

Low flow oxygen

Given via prongs in the nose at rates of 0.01 to 1 litre per minute.

Total parenteral nutrition (TPN)

An intravenous form of feeding for babies which gives them all the nourishment they need to grow until they have built up to full milk feeds.

Use of formula milk

Formula milk is sometimes needed for medical reasons until breastfeeding/expressing are established. There are some special formulas which may be used.

Vitamins and iron

These are given to any baby admitted under 35 weeks gestation and for smaller older babies. Multivitamins are started when the baby is on full milk feeds. Iron is started on day 28. These are needed for normal growth.

Immunisations

These are given to protect your child from a variety of viral and bacterial infections. You will be asked to consent for these and they are given at the same age as for other babies, at 2, 3 and 4 months.

We offer certain babies immunisation against Respiratory Syncytial Virus (RSV). This virus can cause a chest infection called bronchiolitis.

**Patient
Information**

Morphine

Used for sedation and pain relief in babies receiving intensive care.

Caffeine

Given to premature babies, to keep their breathing regular.

Further information

NHS

Website: www.nhs.uk/conditions/pregnancy-and-baby/baby-special-intensive-care/

Content reviewed: March 2020