

**Patient
Information**

Welcome to Transitional Care

Introduction

This leaflet gives you information about Transitional Care (TC) but it does not replace any discussion between you and the healthcare team. If you have any concerns or require more information after reading this leaflet, please discuss with a member the Transitional Care team.

What is Transitional Care?

Transitional Care is not a physical location but a pathway involving more frequent observations and coordinated care between the neonatal and midwifery team.

Transitional Care is for babies who need a little more nursing care and monitoring and is provided by the team on the Neonatal Unit, Delivery Suite and the Postnatal Ward.

If it is safe to do so, your baby will be in a cot by your side allowing you to be involved in their care.

Transitional Care enables staff to detect early signs of illness in a baby. They will quickly identify any concerns and make a plan of care for your baby.

Why is my baby being admitted to Transitional Care?

Some babies will meet the referral criteria for the Transitional Care pathway straight after delivery. Other babies referred to the team may have already spent some time in the Neonatal Unit. Each baby will be assessed by the neonatal team before being referred to Transitional Care.

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There are several reasons why your baby may be referred to Transitional Care, for example:

- Your baby may have been born up to 6 weeks early
- Your baby may be small
- Your baby may need help to keep warm or with feeding
- Your baby may need treatment with antibiotics
- Your baby might need to be more closely monitored. This may be due to some medicines that you have taken during pregnancy or if your membranes ruptured early and there are signs of infection

What will happen while my baby is being cared for by the Transitional Care team?

Your baby will stay with you and be cared for by you, with support from the Transitional Care team. A midwife will provide your maternity care.

You will be fully involved in the care of your baby and will receive help with feeding and support on how to care for your baby.

The Transitional Care team will also support you in gaining confidence in:

- Skin to skin contact
- Bonding
- Help with feeding your baby by breast or bottle
- Help you recognise signs that your baby is ill

As parents, you will know your baby best and will pick up early changes in your baby's behaviour. You should raise any concerns with the staff who are supporting you.

Babies receiving Transitional Care will need to be monitored, sometimes as regularly as every hour. This includes checking your baby's temperature (under the arm), breathing (respiratory rate), heart rate (pulse) and skin colour (good colour, pale, jaundiced etc). All of these observations give an indication of your baby's health and are documented in your baby's care records. Your baby will also be reviewed daily by a neonatal doctor.

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Support with feeding

Often, there is a need to make sure that your baby is receiving adequate nutrition, particularly babies that were born early or are small for their gestational age as they tend to feed more slowly and tire quickly. This involves a heel prick to check your baby's blood glucose levels (blood sugar). When the results are within the normal range, this usually gives a good indication that your baby is taking sufficient volumes of breast/formula milk.

However, if the blood glucose level is low, the doctor will discuss the options available. This will often include increasing the frequency of feeds (little and often). If appropriate, you may be supported to express your breast milk which can be given by a baby feeding cup or bottle.

Keeping your baby warm

Some babies find it hard to keep warm, despite wearing a hat and warm clothing. It may be recommended that he/she is placed in a heated cot, or an incubator.

Nursing the baby in the incubator at your bedside will make sure that your baby remains warm and safe; you will still be able to care for your baby and receive any support you might need.

Protecting your baby from infection

Some babies may be at a higher risk of infection or show signs of an infection. If needed, antibiotics will be prescribed.

Antibiotics are usually given intravenously (into your baby's bloodstream) because they act more quickly this way. This involves inserting a very small, thin plastic tube (cannula) into a vein in your baby's hand or foot, which is then taped down securely to hold it in place. The antibiotics will be given by one of the Transitional Care team.

The cannula might look a bit worrying but this does not mean you cannot still care for your baby. A member of the Transitional Care team will show you how to change/dress your baby with the cannula in place.

Your baby may need further heel prick tests to monitor infection levels.

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How long will my baby need to be under the care of the Transitional Care team?

Most babies will remain an inpatient on the Transitional Care pathway for between 1 and 7 days. However, the length of stay will depend on your baby's progress.

Infection control

Newborn babies need to be kept safe from infection. You can help to protect your baby by making sure that everyone, staff and visitors, wash their hands on arrival in the bed space and uses the hand sanitising gel before and after touching the baby.

We advise that you do not change your baby on the bed. We also request that all visitors use the chairs provided and **do not** sit on the beds.

Please ask any visitors not to visit the Maternity Unit if they are unwell.

Safety

While you are in hospital and when at home, do not fall asleep with your baby in your bed. If you feel tired, place your baby in its cot.

Please make sure that your baby is not left unattended on the ward. A responsible family member must be with your baby if you leave the ward.

Getting ready for home

Before going home your baby will need to be:

- Feeding well
- Gaining weight
- Maintaining their temperature in the cot

Your baby will be examined by the doctors to make sure that they are fit for discharge.

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Before you leave, the Transitional Care Team will advise and discuss the following topics with you:

- Skin-to-skin contact
- Bathing and giving a top-to-toe wash
- Expressing and breastfeeding
- Bottle feeding (making feeds, cleaning of equipment)
- Safe sleeping
- Car seat safety
- Coping with a crying baby (ICON)

Follow up care

The care of your baby will be followed up at home by your community midwife or health visitor who will monitor your baby's weight, feeds and progress as well as offering you continuing support.

If your baby requires a hospital follow-up appointment after discharge, you will receive the details in a letter, by post.

Please do not call the Transitional Care number once your baby has been discharged from the transitional care pathway.

After discharge, please contact your midwife, health visitor or GP with any concerns.

Contact information

Transitional Care Team

Tel: 07814 298 639

Only use this number while your baby is under the care of the team.

In an emergency you should contact **NHS 111** for advice:

Tel: 111

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For more information about pre-term babies, neonatal care and safe sleeping, please visit the following websites.

NHS UK

Website: www.nhs.uk



Bliss is a large, nationwide charity, which supports neonatal care in the United Kingdom. You can download free information on a huge range of topics, including those useful for after you go home such as weaning babies.

Website: www.bliss.org.uk

**ICON**

Coping with a crying baby

Website: <https://iconcope.org>

Lullaby Trust

Advice on safe sleeping. Lullaby Trust provides further information and advice on this issue. f their life. Please avoid putting toys into the cot with your baby.

Website: www.lullabytrust.org.uk

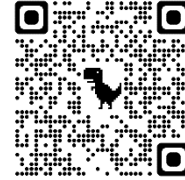


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Tommy's

Is a baby charity, which has useful information about preterm birth.

Website: www.tommys.org/pregnancy-information/premature-birth



Twins Trust

Website: www.tamba.org.uk

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85