Chapter 13- Planning for discharge and caring for the infant at home.

A Guide to Neonatal Care- Handbook- for Health Professionals
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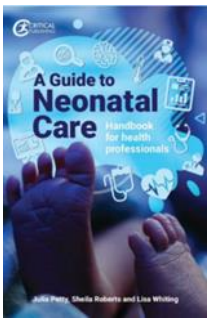

Supplementary information

Discharge planning and support (adapted from the NICE (2017) guidance on developmental follow-up

Start discharge planning as soon as possible after the birth of a preterm baby and involve parents or carers at all stages.

Before discharging a preterm baby:

- agree a discharge plan with the parents or carers.
- ensure that the discharge plan includes clear information about any antenatal and perinatal risk factors for developmental problems and disorders.
- share the written discharge plan with parents or carers and with primary and secondary healthcare teams.

Help parents or carers to gain the knowledge, skills and confidence they need to look after their baby at home and to support the baby's developmental needs, taking into account that they are likely to be anxious about caring for their baby after discharge. This may relate to:

- interaction with the baby
- managing feeding
- patterns of sleeping
- physical positioning of the baby, including safe sleeping
- impact on day-to-day living, such as social isolation because of fear of infection.

Involve the social support networks (which may include partners, grandparents or other family members) of parents or carers of a baby born preterm when planning discharge and during follow-up.

Information before discharge about ongoing support and follow-up

Inform parents or carers of all preterm babies about the routine postnatal care and support available, as described in the NICE guideline on postnatal care up to 8 weeks after birth.

Explain to parents and carers of preterm babies about:

- universal services and national recommendations for assessing the development of all children through screening (for example, newborn hearing screening) and surveillance (including social, emotional, behavioural and language development) **and**
- whether their baby will also be offered enhanced developmental support and surveillance (see section 1.3) and plans for follow-up.

  For more information on universal screening and surveillance services in England, see the Healthy Child Programme

Explain to parents or carers that their child's developmental (corrected) age, which is calculated from their original due date (and not the date they were born), will be used for the first 2 years when assessing their functional and developmental skills (such as walking and talking).

Advise parents or carers to talk to their health visitor or GP if they have any concerns about their child's development at any stage of childhood or adolescence.

The MDT and discharge

The multi-disciplinary team [MDT] has a vital role to play in the discharge planning for all neonates, with nurses taking a central role in most preparations. The main aim of care at any stage of illness or gestation is for the neonate and family to be discharged home with support where applicable, without the 24-

hour care of the neonatal unit. Specific challenges to be achieved prior to discharge are the transition of thermal adaptation, nutritional management and establishment of feeding, and the avoidance of post-discharge problems. Figure 13.1 summarises some of the important factors to consider prior to discharge and where the MDT fits within the whole process.

Stop and think.
Discharge planning begins at admission and continues throughout a neonate's stay in hospital. It is not only a teaching process but should involve the parents in every aspect of their neonate's care.

Figure 13.1 Discharge home from the neonatal unit.

Prior to discharge

- Designated staff agree discharge date with parents or persons with parental responsibility.
- Start plan *minimum* 48 hours prior to discharge.

Parent education

- Administration of medications when required.
- Parentcraft/ Baby cares (e.g., nappy changes, top and tailing, bathing etc.)
- Feeding / making up feeds
- Nasogastric tube feeding where necessary.
- Use of car seat
- Basic infant resuscitation (practical demonstration)
- Thermoregulation
- Respiratory syncytial virus
- Immunisations, if not already received (give national leaflet)
- Prevention of SIDS leaflet / information / website
- Parent to learn night-time routine by 'rooming in' overnight with their neonate.

Parent communication

- Check home and discharge addresses and confirm name of GP with parents.
- Complete red book and give to parents.

- Give parents copy of discharge summary and time to ask questions after they have read it.
- Complete neonatal dataset by date of discharge
- Ensure all follow-up appointments made (see below)
- Perform and record discharge examination (medical team)

Professional communication

- Complete admission book entries
- Inform: • health visitor (HV) of discharge, community midwife if baby <10 days old, • GP, community neonatal or paediatric team as required locally
- Safeguarding issues if applicable need communicating
- Vulnerability criteria checked – e.g., mental health issues, social circumstances.

Procedures/investigations

- Newborn blood spot taken (6 days)
- Newborn blood spot repeated at 36 weeks corrected age or due date.
- Inform community team of need to repeat newborn blood spot if required.
- When immunisation (2, 3 and 4 month) not complete in preterm infants, inform GP and health visitor.
- Arrange appointment for BCG vaccination if required.
- Complete audiology screening and confirm ophthalmology appointment date if required.

Other:

- Equipment loan to be organised if applicable.
- Home oxygen therapy required? – order oxygen, assessment of home environment, housing arrangements ascertained.
- Day of discharge- check medications, weight, all parent information clear.

FOLLOW-UP

Follow-up appointments with the MDT

Likely appointments *may* include:

• Neonatal/paediatric consultant outpatients and /or tertiary consultant outpatients (e.g., surgical)

• Ophthalmology screening

- Audiology referral
- Brain scanning
- Physiotherapy
- Dietician
- Community paediatrician
- Child development centre
- Further immunisations (e.g., Palivizumab)
- Planned future admission (e.g., for immunisations, blood taking, wound review)

Glossary

Audiology: Identifies and assesses hearing and balance function as well as any associated disorders.

Bliss: A UK charity that supports the families of infants who are receiving neonatal care; in addition, the organisation works with health professionals to provide training to further enhance care delivery. https://www.bliss.org.uk/

Bonding: The development of a close relationship between an infant and their parent/caregiver.

Community children's nurse: Supports infants, children, young people and their families in home and school environments.

Community neonatal team/community outreach team: The team supports parents, post-discharge from hospital, with a range of issues - for example, the arranging of home oxygen and the management of feeding.

Enteral feeding: Refers to the intake of food and liquid via the gastrointestinal tract (whether this is orally or via a tube).

Gastro-oesophageal reflux: A condition in which the stomach acid backtracks into the oesophagus.

GP: General practitioner is a doctor who provides care and treatment for a local population.

Health visitor (HV): A health professional who primarily works with families who have a child/children aged 0 to five years of age. A key aspect of the health visitor's role is to identify health needs and promote health.

LGBTQIA+: Lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual.

Multi-disciplinary team (MDT): A range of professionals who work together towards a common goal.

Neonatal: The period of life up to 28 days post-term.

Neonatal unit: Specialises in the care of babies who are born prematurely, have low birth weight or who have a medical diagnosis that requires specific care and management.

Neurodiverse: Recognition that people's brains work in different ways meaning that a person has a brain that works differently to the average person with no one "right" way of thinking and behaving; differences are not viewed as a disability.

NICE: The National Institute for Health and Care Excellence produces evidence-based guidelines for health and social care.

Ophthalmology: The diagnosis and treatment of eye disorders.

Paediatric: Relates to children of all ages (normally 0-18 years) and their diseases.

Physiotherapy: Facilitates the restoration of movement and/or function when a person is affected by an injury, illness or disability.

Practice nurse: Works in a General Practitioner (GP) surgery and is part of the primary healthcare team.

Skin-to-skin: A newborn or older neonate is placed bare skinned directly onto their mother, father or caregiver's skin - usually the chest.

Sudden Infant death syndrome (SIDS): The sudden, unexpected, and unexplained death of an infant. Good safe sleep practices contribute to reducing the risk for babies and toddlers.

Transitional care: Care received within a postnatal ward or transitional care unit.

EXTRA READING – Read more about discharge planning from the neonatal unit to home……

Purdy IB, Craig JW, Zeanah P (2015) **NICU discharge planning and beyond: recommendations for parent psychosocial support**. *J Perinatol*. 35 Suppl 1(Suppl 1):S24-8.

Smith VC, Love K, Goyer E (2022) **NICU discharge preparation and transition planning: guidelines and recommendations**. *J Perinatol*. 42(Suppl 1):7-21.

The Lullaby Trust- Safer sleep guidelines for parents

Childhood immunisation: quick guide for parents of premature babies

Videos

Southwest Neonatal Network, UK **Preparing to take your baby home**

Petty, J **Navigating the way home- a story about the parent experience of going home with their premature baby**