

# Welcome to the Evelina London Neonatal Unit

This leaflet gives you more information about the Neonatal Unit and what you can expect when you come to hospital. If you have any questions or concerns, please speak to a member of the team.

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## Welcome to the Neonatal Unit

The aim of this booklet is to:

- give you an introduction to the Neonatal Unit, who we are and what we do
- explain how you will be involved in the care of your baby
- give you information on medical conditions and procedures relevant to your baby
- explain who will be involved in looking after your baby
- describe the facilities that are available to you as a parent
- give you some understanding of what you can expect during the care of your baby in the neonatal unit.

Staff at the Evelina London Neonatal Unit are dedicated to delivering high-quality, family-centred care to the babies and families that spend time here.

Having your baby admitted to a neonatal unit can be a frightening and worrying time. Our doctors and nurses will help you manage this experience. They will give you clear information and help you understand the treatment your baby needs. They will also offer you emotional and practical support throughout your baby's stay.

You may feel anxious about the sound or appearance of the equipment we use here. But the nurse looking after your baby will explain what the equipment does, what the sounds are and how the equipment is helping your baby.

We will involve you in your baby's care as much as possible, encouraging you every step of the way to become confident in caring for your baby, to ensure you can still be parents in what are exceptional circumstances.

Please speak to a member of your neonatal care team if you have any questions about your involvement in caring for your baby.

While your baby is on the unit we will record their weight in grams and kilograms. You are probably more familiar with seeing your baby's weight in pounds and ounces. Weight conversion charts are available in the neonatal app and can also be found in poster form on the Neonatal Unit.

## What is the Neonatal Unit and why might my baby go there?

The Neonatal Unit provides expert care for newborn babies who are unwell.

It offers specialised equipment and care for:

- babies who need extra support because they are born prematurely
- babies with health problems diagnosed before birth (antenatally) or after birth (postnatally)
- full-term babies who have become unexpectedly unwell.

## Levels of care

The Neonatal Unit is divided into three areas:

- Neonatal Intensive Care Unit (NICU)
- High Dependency Unit (HDU)
- Special Care Baby Unit (SCBU).

There is a designated neonatal consultant overseeing the care and treatment of babies in each of these areas.

### Neonatal Intensive Care Unit (NICU)

The NICU provides support for babies who have breathing problems and other specialist treatment needs. There is a range of specialist equipment to help care for your baby in the NICU's rooms and nurseries. For more information about the equipment used in the NICU, please see the Bliss booklet **About Neonatal Care**. This booklet is in your information pack.

The NICU can be a busy place with unfamiliar sights and sounds. The nursing and medical teams will involve you in the care of your baby and keep you up-to-date about their care needs. However, if you are feeling overwhelmed, it is okay to ask us questions. Once your baby is getting better and needs less support, they will be transferred to either the High Dependency Unit (HDU) or the Special Care Baby Unit (SCBU).

## High Dependency Unit (HDU) and Special Care Baby Unit (SCBU)

The HDU provides support for babies who require less intensive care than babies in the NICU, but who are still not stable enough for the care provided in the SCBU. This may be because they still need some breathing support, special intravenous feeding (directly into a vein) or they are recovering from surgery. The SCBU provides support for babies who need:

- intravenous fluid for nutrition or hydration
- tube feeding
- additional oxygen support
- light therapy (phototherapy).

Your baby may be admitted straight to the SCBU if they do not need help with breathing. Babies in the SCBU may be receiving treatment for jaundice or low level of sugar in the blood, or they may be:

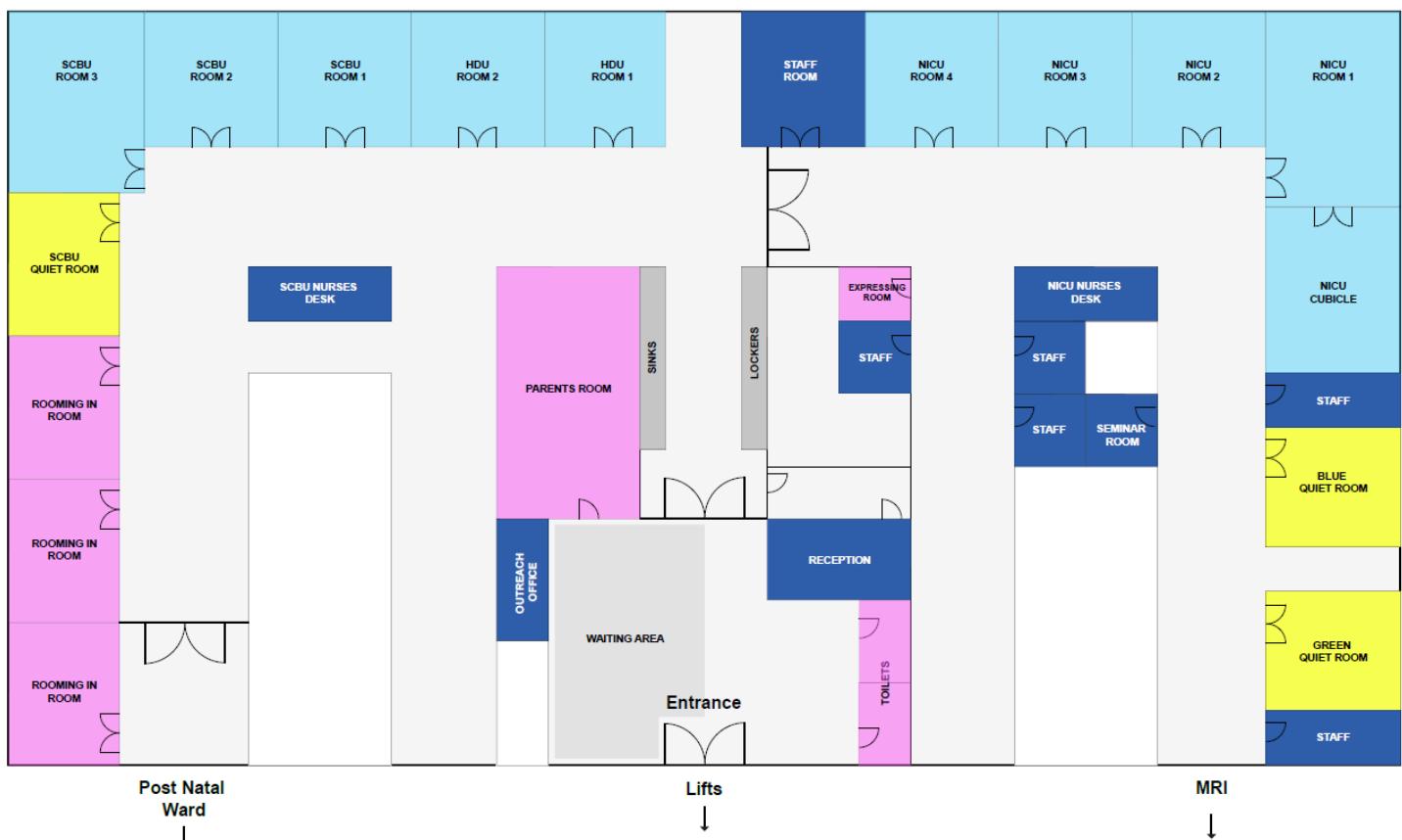
- establishing a feeding pattern
- growing to be able to control their own temperature
- receiving care from other paediatric specialists
- starting to prepare for going home.

You will be able to get a lot more involved in your baby's care in the HDU and SCBU and the nurses will be there to help you at every step of the way. They can offer you advice including:

- correct positioning for safe sleeping
- breastfeeding or making up feeds
- bath time
- basic infant resuscitation training.

Evelina London Childrens Hospital Neonatal Unit Map

NHS  
Guy's and St Thomas'  
NHS Foundation Trust



## Transfer of care

The Evelina London Neonatal Unit specialises in looking after babies who need intensive care.

When your baby no longer needs intensive care, we will arrange for your baby to be transferred back to your local hospital. This will happen even if you have planned to have your baby at St Thomas' Hospital, or if you have been referred here for your baby's specialist care before birth. Transferring your baby back to your local hospital is beneficial for many reasons:

- it makes it easier for you and your family to visit your baby
- it allows the doctors at your local hospital to get to know you and your baby
- it allows for your baby's follow-up clinic appointments to be organised.

We understand that the idea of your baby being transferred to another hospital can be stressful. Please be assured that we only arrange the transfer when we are sure that it is the right time for your baby. Transferring babies back to their local hospital helps us to provide specialised intensive care to those babies who need it most.

It is possible for you to visit your local unit before the transfer. If you would like to do this, please speak to your neonatal care team.

For more information about the networks of care and other hospitals that provide neonatal care, please visit:

**w:** [www.londonneonatalnetwork.org.uk](http://www.londonneonatalnetwork.org.uk)

**w:** [www.london-nts.nhs.uk/parents/hospital-information](http://www.london-nts.nhs.uk/parents/hospital-information)

## Postnatal ward and accommodation

After giving birth, the new mothers are cared for on the postnatal ward located opposite the Neonatal Unit. There is a large day room with a TV and refreshment facilities for you and your visitors. The daily breastfeeding drop-in sessions are also held here.

When mothers are considered to be medically fit, they are 'discharged' from the postnatal ward. This means that you may be leaving hospital while your baby remains in the Neonatal Unit. Unfortunately, there is very limited accommodation for families on the unit, and this has to be prioritised for families of babies who are very unwell or getting ready to go home.

Accommodation facilities in the Ronald McDonald House are prioritised for families who do not live locally to the hospital. The Ronald McDonald House is only a short walk away. It aims to provide a comfortable 'home away from home' for families whose children are being cared for in Evelina London Children's Hospital. Please speak to your neonatal care team if you would like more information or if you want to arrange your stay.

Please note that the accommodation may not always be immediately available and your name may need to be added to the waiting list.

**We recognise that being away from your baby can be difficult. Please talk to us if you need further information, support or advice.**

## Visiting the Neonatal Unit

### Parents

We do not think of parents as visitors. You are an essential member of the care team. Parents and siblings are therefore welcome to be on the Neonatal Unit at any time. However there are the following restrictions on visiting the nursery rooms because of the care needs of the babies.

During the nursing handover between 7.15am to 8.15am and 7.15pm to 8.15pm, you are asked to wait in the reception area or parents room. This is to ensure the handover of information between day and night staff is carried out safely and confidentially.

During the ward round, you are welcome to join the ward round for your baby but you are asked to wait in the reception area or parents' room while the other babies and families are seen.

### **Family and friends**

Friends and family may visit between 8.15am and 7.15pm. We may restrict visiting during busy times in order to keep the nursery rooms safe. Other children (of family or friends) under 16 years old are not allowed to visit the neonatal unit. There is only room in the nursery room at each bedside for **2 visitors at a time**.

**One parent needs to be present** while family/friends visit. Parents can authorise up to 4 people to visit without a parent being present. There is a form available from the nursing staff or ward clerk at reception for this purpose, please ask for their assistance.

### **Quiet time**

Each afternoon between 1pm and 3pm the unit has quiet time. During this time lights are turned down, noise is reduced and only urgent or essential procedures are carried out with the babies. It is an excellent time for parents to have cuddles. The purpose of quiet time is to ensure the babies have a good rest period. We would strongly suggest that friends and extended family do not visit at this time.

If parents, family or friends need an exception to be made to visiting times, it must be agreed with the nurse in charge in advance who will consider the business of the unit and the impact this will have on the provision of care.

Rude or aggressive behaviour to any of our staff will not be tolerated and may result in the withdrawal of visiting permission.

### **Reception**

The reception area is often busy. Ward staff will ask family and friends to wait away from the unit during busy times to ensure the safety of the unit. Access to the Neonatal Unit is via a buzzer entry system and the reception desk is staffed 24 hours a day. When you enter the unit, you will need to tell the receptionist who you are visiting and sign in.

Please remove your outside coats and hang them on the hooks provided. Don't leave any valuables in your pockets. Lockers are provided for you to use – please see the ward clerks to have a locker allocated for your whole stay. You will need to provide your own padlock.

You can use your phone in the nurseries to take photos of your baby or send text messages, but please ensure that your phone is switched to silent mode. If you need to make or receive calls, you can do this in the reception area or the lift lobby. **Please do not take pictures of other babies or families on the unit.**

### **Protection from infection**

To help us protect your baby from infection, please ensure that you wash your hands at the sink area before coming into the unit. You should also use the antibacterial foam from one of the dispensers outside the cot nursery before entering the room your baby is in. When leaving the unit, please wash your hands or use the foam by the sinks. If you have touched your baby either for comfort or for care you should wash your hands before doing anything else.

Anyone with a cough or cold should avoid visiting the unit. If you suffer from sickness or diarrhoea, you must be symptom-free for 48 hours before visiting the unit.

For more information on hand hygiene, please refer to our information leaflet, **Help us to protect you – promoting hand hygiene**.

### **Parents' room**

The parents' room is situated next to the main reception and you can use it to rest and to have something to eat or drink. There are facilities for making hot drinks, and storing and heating food. There is a small play area for siblings.

A mobile phone charging locker is available with keys at reception. Please return the keys after use. You will need to bring your own charging cable and plug (there is an electrical socket in each locker).

Please help to keep the room clean and tidy. It is important that you label any food you store in the fridge with your name and date. Please also throw away anything you are not going to use.

The room is exclusively for the use of parents and siblings. Other family members can take a seat in the reception area in between visiting.

### **Etiquettes of the nursery room**

The nursery room is primarily for the care of your babies. It is a shared space for staff and parents who are involved in the care of the babies.

It is important to be mindful of the private and confidential nature of the care that is being provided. Whilst staff will endeavour to maintain confidentiality, because of the small size of the nursery rooms, you may overhear information about other babies. Please keep this information to yourself and do not share it.

Most of our hospital notes are electronic. You may ask to read your baby's notes, however because of the nature of the electronic system, it is necessary for you to book an appointment with a doctor or nurse. Parents and family are not authorised to use the nursery computers.

### **Expectations**

We want you to develop a trusting relationship with the team caring for your baby. Therefore, you can expect us to be open and honest about your baby's care and treatment. We aim to use jargon free language and clear explanations when giving information. If you aren't sure about something, please ask.

We are constantly reviewing the care of your baby ensuring we are responsive to changes in their needs and condition. There can be 'grey areas' when it comes to making decisions or plans. Parents have told us this can make information seem inconsistent. We will always explain the reasons for changing plans and will involve you in the decision-making wherever possible. Together with you, we have your baby's best interests in mind at all times. We encourage you to be here on the unit as much as possible to enable you to be part of the hands-on care and decision-making processes for your baby. However, having time away is okay too. Staff may encourage you to take a break; they have your wellbeing in mind.

During or after ward rounds is the best opportunity to discuss the care of your baby with the team. We will encourage you to ask questions and give information about your baby to the team at this time. You can, of course, ask questions or discuss the care of your baby at any time.

We also want you to be as hands-on and involved with your baby's care as possible. This will feel different for each of you so staff will work with you, giving you information and support to make you feel confident and capable. This includes activities such as feeding, mouth care, nappy changing, washing and bathing, weighing and holding your baby. There is lots of written information available in the parents' room about being involved in these activities.

## Who will look after my baby?

The Neonatal Unit is staffed by a highly skilled team who are dedicated to giving your baby the best possible care. This means that in addition to doctors and nurses, there are a number of other specially trained staff members who can offer support to you and your baby.

Most of the doctors and nurses rotate between the NICU, HDU and SCBU, but some staff members work exclusively in just one area.

There is a photo board of the team just inside the Neonatal Unit for you to refer to.

The list below introduces you to different staff who may be involved in your child's care. It is provided to help you understand the responsibilities of different staff, and for your reference. If you have any concerns about the care or treatment of your baby, please speak to a member of staff.

### Unit-based staff

The following staff are based on the neonatal unit and you are likely to see them every day.

#### Doctors

There is a team of consultant neonatologists. These are the most senior doctors on the neonatal unit and have years of experience looking after the smallest and sickest babies. They work with a team of more junior doctors (gaining specialist experience) to provide 24-hour emergency and specialist care.

The consultants rotate through each area of the neonatal unit (NICU, HDU and SCBU). Each consultant will normally spend a week in each clinical area. There will be an on-call consultant covering all areas in the evening and at night. More information on the consultants on the neonatal unit can be found here, [W: www.evelinalondon.nhs.uk/our-services/hospital/neonatal-care/team.aspx](http://www.evelinalondon.nhs.uk/our-services/hospital/neonatal-care/team.aspx).

If your baby requires longer term care on the neonatal unit they may be allocated a named consultant. We will let you know which consultant you have been allocated, and you will be able to meet them on a regular basis to ask questions and receive a detailed update on their progress. If your baby needs a specialist opinion, the doctors from that specialist team may see your baby in the Neonatal Unit, or in their clinic once your baby has gone home.

If you have any questions about your baby's progress doctors are available on a daily basis. A good opportunity to ask questions is during the daily ward round; you can, however, request a meeting at any time. Speak to the team in the room where your baby is being looked after.

#### Nurses

The Neonatal Unit has two matrons, who are the most senior and experienced nurses on the unit. The matrons supervise a large number of nursing staff who specialise in looking after sick or premature babies.

The ward sister or charge nurse oversees the nursing care during each shift, and makes sure that each baby has an allocated nurse who is responsible for their daily care.

## **Nurses in NICU & HDU**

It is usual for a nurse in the NICU or HDU to care for two babies during each shift. The nurses will care for your baby and help you to look after them. They will monitor your baby closely, administer any necessary medicines and adapt the type of care that is needed depending on your baby's progress.

The nurses will encourage you to be involved in your baby's daily care, which will increase your confidence in caring for your baby. If you have any questions or concerns, please discuss them with your baby's allocated nurse.

## **Nurses in SCBU**

It is usual for a nurse to look after up to four babies during each shift. The nurses in the SCBU will continue to promote the wellbeing of your baby so that they become strong enough to go home. You will be supported to be more involved in your baby's daily routine, and the nursery nurses are available to help with normal baby care and preparation for going home.

If you would like to speak to someone senior about the nursing care of your baby you can request to speak to the nurse in charge or one of the matrons.

## **Outreach team**

Alongside the SCBU nurses, our outreach team will work closely with you to make sure that you feel confident to care for your baby when you go home.

## **Therapists**

### **Physiotherapists**

When your baby is in the Neonatal Unit, they may be referred for physiotherapy. This may be because your baby:

- has difficulty clearing secretions from his/her chest
- was born very prematurely (before 32 weeks) or with a low birth weight (less than 1500 grams)
- has orthopaedic or neurological problems.

The role of the physiotherapist in the unit is to assess your baby once they are medically stable, and provide advice on positioning and handling. They will also give you play ideas and advice about how to promote your baby's movement. If your baby needs ongoing physiotherapy, they will arrange this for you in your local community.

### **Occupational therapists**

An occupational therapist can also assess your baby's behaviour and development. For babies who are with us for longer, occupational therapists can create a therapy programme to help with their development. This will also include advice on positioning and using specialist equipment, such as seating, if needed.

### **Dietitians**

Dietitians specialise in assessing the nutritional needs of babies both in the NICU and SCBU. They work with the medical and nursing teams, and may advise on the best type of feed to help your baby grow.

### **Speech and language therapists (SALT)**

These therapists help babies who are having difficulty with feeding. They introduce different methods of feeding and will advise you on the best ones to adopt when necessary.

## **Other teams**

### **Psychologists**

Our psychology team provide psychological support for parents.

### **Pharmacists**

Pharmacists visit the ward on weekdays (Mondays to Fridays). They check your baby's medications to make sure they are safe and effective. Please ask them for more information about your baby's medicine.

### **Radiographers**

Radiographers are technicians who take X-rays of your baby. This is necessary to check that your baby is receiving the correct care. Sometimes you can also see ultrasound scans being taken in the unit – these may be done by the neonatal medical team or by specialist radiologists (X-ray doctors).

### **Liaison health visitor**

The liaison health visitor is responsible for informing the neonatal staff of your family's health visitor's details.

All families with a new baby will have contact with a health visitor close to their home who will be there to provide support and advice on all child and family health matters.

### **Children's and families' social worker**

Social workers are available at St Thomas' Hospital from Monday to Friday, 9am-5pm. They may be asked to work with the medical, nursing and support staff to provide advice and assistance on a range of issues. This could be helping your family to stay together or helping you to cope with having your baby in hospital. Referrals are accepted from any staff member or from families themselves.

### **Spiritual care team**

Our spiritual healthcare team supports people of all faiths and beliefs, as well as those who do not have a particular religious belief, and anyone who would simply like someone to talk to. Staff can access them at any time, including in an emergency, via switchboard, 24 hours a day, seven days a week. A hospital chaplain visits the unit several times a week and is happy to talk, listen or arrange further support to anyone that would like it.

### **Medical specialist teams**

There are a group of specialist doctors and nurses based at the Evelina London Children's hospital who will come regularly to the neonatal unit to give specific treatment or advice.

### **Fetal medicine**

We work closely with the fetal medicine team to provide support for families with a baby who has an antenatal (before birth) diagnosis of a medical condition to help decide on the best course of treatment.

### **Cardiology**

Our cardiology team includes specialist doctors, nurses and technicians who will review and advise on the care of babies who have confirmed or suspected heart conditions. These may be conditions that a baby is born with or conditions that a baby develops as a result of being born prematurely or being sick.

## **Cardiac surgeons**

Cardiac surgeons specialise in heart surgery. They work with the cardiac team (including the cardiologists) to decide on the appropriate treatment for a baby's heart condition.

For more information on heart conditions in children you can visit the British Heart Foundation website, [W: https://www.bhf.org.uk/heart-health/children-and-young-people](https://www.bhf.org.uk/heart-health/children-and-young-people).

Support for families of children with heart conditions who have or are receiving treatment at the Evelina London Children's Hospital can be found at the ECHO Charity website, [W: www.echo-uk.org](http://www.echo-uk.org).

## **General surgery**

We have a team of specialist children's surgeons and clinical nurse specialists which manages babies with specific gut or lung conditions that require surgery or other procedures.

## **Ophthalmologists**

Ophthalmologists are doctors who specialise in eye care. They visit the unit once a week. Your baby will be referred to the ophthalmologist for an eye check if necessary.

## **ENT (ear, nose and throat)**

The ENT surgery team (doctors and nurses) looks after babies with airway (breathing) problems, such as narrow or floppy airways.

## **Long-term ventilation**

The long-term ventilation team provides care for babies who require long-term breathing support including going home with breathing support. There is a long-term ventilation unit at the Evelina London Children's Hospital (Snow Leopard ward).

## **Neurology**

The neurology team looks after babies with medical conditions affecting their brains – this can include seizures or problems with movement or floppiness.

## **Renal**

The renal team looks after babies who have problems with their kidneys.

## **Other specialists**

The Evelina London Children's Hospital has many other specialist teams including palliative care, endocrinology, metabolic, infectious diseases and genetics who we work with and who will advise on the care of your baby if required.

## **Being involved in your baby's care**

### **Breastfeeding**

We actively support a mother's choice to breastfeed her baby whenever possible. Breast milk is the best option for your baby, particularly when they are born prematurely or are unwell.

Breast milk is much easier for babies to digest than formula milk and helps protect your baby from infections. Very small babies only need very small amounts of milk, so you can give anything you produce to your baby.

We have a room in the unit where mothers can express their milk in private. There are also screens in the nursery so that you can express beside your baby.

If your baby does not need large amounts of milk to start with, it is perfectly safe for the milk to be frozen and stored until the time when the baby needs it. There are freezers available to store the milk. You will need to clearly label each syringe or bottle of expressed milk with your baby's name, date of birth, hospital number and the date and time it was expressed.

The nurse looking after your baby will give you advice and support on expressing milk and breastfeeding.

### **Donor breast milk bank**

We will support your choice to provide breast milk for your baby. We also understand that this can be a stressful environment and establishing a good milk supply can be difficult. This is where the donor breast milk bank proves invaluable. Donor mothers (who have more milk than their babies need) can give milk to the milk bank, where it is stored and given to babies whose mothers may not have enough breast milk.

The medical team will discuss with you whether your baby would benefit from donor breast milk. This is a good opportunity for you to ask questions about donated milk and how it is supplied. The doctors will always ask for your consent (permission) before giving donor milk to your baby. Information leaflets about the benefits and potential risks of donor breast milk are available in the unit. Information is also available online at [W: www.ukamb.org](http://www.ukamb.org) (United Kingdom Association for Milk Banking).

If you would like to become a breast milk bank donor, please speak to one of the nurses. They will ask one of the milk bank team to talk to you.

### **Developmental care**

Developmental care promotes each baby's comfort and sleep in a way that reduces the stresses of the Neonatal Unit environment. We provide this care to make your baby more stable, to protect their sleep rhythms, and to support their growth and development. There is evidence that a developmental care-based programme will enhance your baby's overall development.

Developmental care:

- involves the use of positioning and handling techniques
- reduces the discomfort of the Neonatal Unit environment (noise and light levels)
- ensures that your baby is as comfortable as possible.

Caring activities, such as nappy changes and washing, are clustered together so that the baby can experience longer rest periods and uninterrupted sleep in-between. For example, small babies that weigh less than 1 kg at birth will have their mouth and nappy cares carried out every 8-12 hours. This will be reviewed with you as your baby grows and matures.

The Neonatal Unit team will discuss developmental care with you and encourage your involvement. If you have any questions, please talk to your baby's nurse or physiotherapist.

### **Getting ready to go home**

#### **Neonatal outreach team**

Alongside the SCBU nurses, our outreach team will work closely with you to make sure that you feel confident to care for your baby when you go home. The outreach team is a small team of neonatal nurses who specialise in helping you to prepare for your baby going home. A nurse from the outreach team is present on the SCBU ward rounds. They will introduce themselves to you and will give you more information about how they can help.

If you live in Lambeth or Southwark, a nurse from the outreach team will visit you at home after you have left hospital. They will advise you on feeding and establishing good routines, and offer support. They can carry out any necessary blood tests your baby might need, and help you access specialist teams and community services if you need them.

### **Planning for leaving hospital**

As your baby becomes more stable and is able to control their temperature, they will move from an incubator to a heated cot, and then in time to an unheated cot. The machines monitoring heart rate and oxygen levels will no longer be needed and will be replaced by alarms which check your baby's breathing.

The process of reducing the amount of monitoring your baby receives is called 'normalising'. It means that we are confident your baby is maturing and no longer needs to be monitored in the same way. We will, however, continue to observe your baby using other techniques.

As your baby matures, or becomes well, we will want to try and encourage them to take feeds by mouth. The change from nasogastric feeds (liquid nutrients passed down a tube from the nose to the stomach) or intravenous feeds (nutrients passed into a vein) might start slowly by introducing one feed per shift, by your chosen method (breast or bottle). We then increase the frequency depending on how well your baby copes with the feed and how much milk they take.

As your baby gradually progresses from one to three-hourly feeds, your presence becomes even more important. Your baby needs to learn the technique of feeding, by breast or bottle, and so do you. By being present at feed times you will get used to your baby's feeding style and your confidence will grow.

We want you to establish a feeding routine together with your baby. This is why we ask you to visit for as long as possible during the day. Visiting during the day also helps to develop your baby's sense of a day/night cycle. When you are at the unit during the day, we encourage you to care for your baby whenever possible. Hearing you and seeing you is good stimulation, and aids your baby's development.

There are fewer chances to interact with your baby at night-time. Babies are only handled for feeding, changing, or if they are unusually unsettled.

### **Follow-up care**

Some babies who are admitted to the Neonatal Unit for a short time do not need any follow-up care after they leave the unit.

Some babies, however, will have a follow-up appointment with one of the consultants at about four to six weeks after leaving the unit. This will take place either in the Neonatal Unit or the Evelina London Children's hospital.

Babies who are born very premature, or are very unwell, will have follow-up appointments at the Mary Sheridan Centre for Child Health in Kennington. If your baby is going to be followed-up at the Mary Sheridan Centre for Child Health you will receive an appointment letter before your baby goes home. The appointments will continue for a year or two so that staff can closely monitor the development of your baby.

The outreach team will explain to you which type of appointment your baby needs before they leave the unit.

## Information and support for parents

There are many organisations which offer information and support for parents. You should have received the **About neonatal care** booklet produced by Bliss – if you have not, please ask us for a copy. It includes contact details and website addresses of organisations and support groups, which can help you while your baby is in the unit, and when your baby goes home.

The unit also has a network of volunteers, some trained by Bliss to offer support to parents. Volunteers visit the unit weekly and offer face-to-face, bedside support. Volunteers are often parents that have also had a baby on a neonatal unit and may have had similar experiences to you. Please see the posters around the unit for more information.

### Financial support

We appreciate that having a baby in hospital can add an unexpected strain to your finances. If you are experiencing financial hardship because of your baby's admission, please speak to a member of staff for more information and advice – there may be some assistance available.

### Travel and car parking

St Thomas' Hospital is a short walk from Waterloo main station which has National Rail, tube and bus service links. It is also a short walk from Lambeth North and Westminster tube stations. Buses stop outside the front entrance to the hospital on Westminster Bridge Road.

It is strongly recommended that you do not bring your car to the hospital. Parking spaces are very limited. If your baby has been admitted from another hospital as an emergency, you may be entitled to help with car parking costs during the first week of admission. It is essential that you speak to the nurse in charge as soon as possible if you have travelled to the hospital by car following your baby's emergency admission. If your baby is expected to be in hospital for a long period of time, a car parking subsidy is available at £5 per day or £25 per week. Please ask staff for more information.

Please be aware that the hospital is in the congestion charge zone. The congestion charge operates from 7am-6pm, Monday to Friday, at a cost of £11.50 per day. For more details please visit the Transport for London website, [w: www.tfl.gov.uk/modes/driving/congestion-charge](http://www.tfl.gov.uk/modes/driving/congestion-charge).

If you are receiving benefits, such as Income Support or Jobseeker's Allowance, **and if you are breastfeeding or expressing breast milk**, you may be entitled to reclaim travel expenses. For more information about any of the above, please speak to the ward clerks in the reception area.

## Other information about the Neonatal Unit

### Research

We work alongside an experienced research team who are committed to advancing medical care through improved knowledge and understanding. There are several research studies currently taking place on the unit. A member of the research team may come to speak to you about becoming involved. Please see the leaflet, **Neonatal research - Information for parents/guardians about supporting clinical research**, in your information pack.

Alternatively, you can speak to a member of staff for more information.

### Teaching and students

We are proud to be one of the country's leading teaching hospitals. All staff members, nurses and doctors are committed to their professional development, and are up to date with best practice, knowledge and skills needed to provide your baby with excellent care. We use many different methods of teaching including lectures, simulations and bedside teaching.

We train medical students as part of their basic training in neonatal care and provide placements for qualified doctors as part of their ongoing professional development. Student nurses and midwives also have placements here as part of their training. They are allocated to a nurse and will care for your baby under the nurse's supervision and with their assistance. If you have any questions about our teaching and training programme, please ask any of our staff.

## Contact us

If you have any questions or concerns about your baby, please contact the Neonatal Unit main reception on **t:** 020 7188 4045. The address of the unit is: Neonatal Unit, 6th floor, North Wing, St Thomas' Hospital, Westminster Bridge Road, London SE1 7EH.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **w:** [www.evelinalondon.nhs.uk/leaflets](http://www.evelinalondon.nhs.uk/leaflets)

## Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline.

**t:** 020 7188 3003, Monday to Friday, 10am-5pm      **e:** [letstalkmedicines@gstt.nhs.uk](mailto:letstalkmedicines@gstt.nhs.uk)

## Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS)      **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**t:** 020 7188 3514 (complaints)      **e:** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

## Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please get in touch.

**t:** 020 7188 8815      **e:** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

## NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111

## NHS website

Online information and guidance on all aspects of health and healthcare, to help you take control of your health and wellbeing.

**w:** [www.nhs.uk](http://www.nhs.uk)

## Was this leaflet useful?

We want to make sure the information you receive is helpful to you. If you have any comments about this leaflet, we would be happy to hear from you, fill in our simple online form, **w:** [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets), or **e:** [patientinformationteam@gstt.nhs.uk](mailto:patientinformationteam@gstt.nhs.uk)

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