



Consent in the Special Care Unit

**Neonatal Services
Tel: 01271 322610**

Dear parents,

What is consent?

'Consent' means giving your agreement or permission to the SCU staff to care for and treat your baby. We will give you written and verbal information so you can understand your baby's condition and the treatment/tests required. You will be able to ask questions at any time. Then you will be able to make a decision about your baby's care.

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.

Remember – please ask if you are in any doubt.

What are the legal aspects of consent?

Consent is obtained from someone with 'parental responsibility' and involves both communication and understanding by the parent. If parents are married, valid consent can be obtained from either parent. If the parents are not married, consent is obtained from the mother by default. The father is able to provide valid consent only if he is to be named on the birth certificate and the mother confirms she wishes him to have parental responsibility.

Will there be times when you perform procedures and make decisions about my baby without my consent?

Occasionally, in the case of emergencies or if you are unavailable, we may need to start investigations and treatment before we have a chance to talk to you. This might be when your baby is first admitted to the ward, for example. At all times, we will consider what is best for your baby and will always contact you as soon as possible, once your baby is more stable.

We will always try to discuss your baby's condition with you and keep you informed of what we propose for your baby, and ask for your consent (agreement) for that.

What if I do not agree with the SCU staff recommendations and advice?

If there is disagreement about what is recommended, we will respect your opinion and try to work out another plan. You may go to Patient Advice and Liaison Services (PALS) for advice (see below), or call BLISS Family Support Helpline on 0500 618140.

Very occasionally, second opinions may be sought by either party.

Do I need to give consent for everything that happens to my baby?

Our paediatric doctors use national guidance for the consent required from the British Association of Perinatal Medicine.

We want your consent for the procedures required to care for your baby.

However, when you have left the baby in our care, you agree to routine procedures such as feeding your baby, taking blood for basic tests or conducting x-rays where necessary.

On SCU, we provide a lot of routine care for your baby.

'Routine' care involves many procedures and treatments which are not routine elsewhere, but which are necessary for your baby at this time. We would ask you to give us permission to perform these routine procedures when your baby needs them, even if you are not available, so that your baby's care can continue.

Visiting

You and your partner can visit your baby at any time day or night. Two visitors can also visit with you throughout the day (as is reasonable), apart from quiet time between 12noon and 2pm which is for parents only. Normally we would not let any visitors in without you being present. If you are happy for anyone to visit whilst you are not here, please write their details on the consent form (last page of this document).

How do we let the staff know our decisions?

You can speak to us at any time or phone us on 01271 322610.

On the baby's cot-side there is a pink or blue communication card. Please feel free to write down your decisions/plans for the baby, for example, who is allowed to visit your baby or if your baby is allowed a dummy.

Once you have read this information leaflet, we wi

7. Sucrose (see separate parent information leaflet)

We use sucrose for pain relief for small procedures such as blood taking.

8. Use of dummies/pacifiers (see separate parent information leaflet)

We use dummies for pain relief, for a pleasurable experience, to settle your baby when you are not here, as a developmental aid to practice sucking and to help with continuous positive airways pressure (see below).

9. X-rays

These are usually done on the SCU using a mobile x-ray machine. Most often we x-ray the chest to detect problems with the lungs and heart, or the abdomen to look at the intestines. We also do x-rays to look at the position of the tips of the various tubes we have inserted. The amount of radiation used for these x-rays is as low as possible, and we only do x-rays when they are needed to help us look after your baby.

10. Phototherapy

Phototherapy is a blue light used to break down dangerous levels of a bile pigment called

3. Long lines

See above.

4. Arterial lines

We sometimes put these lines in to measure blood pressure and to take blood tests. This allows your baby to have procedures like blood tests without disturbance or distress. A fine plastic tube is inserted into an artery, usually at the wrist, ankle or umbilicus.

5. Continuous positive airway pressure (CPAP)

Some babies require a bit of help with their breathing. They may be making a grunting noise, getting too tired to breathe or needing oxygen. This extra help can be given by CPAP. Air and oxygen flow through two fine tubes or a mask, placed in or over the baby's nostrils. This makes air pressure, helping to keep the lungs open.

6. Ventilation

When babies need more help than CPAP for their breathing, they may require ventilation. Ventilator machines are used to let your baby rest from the struggle of breathing on their own. The machine works with your baby to give good breaths. It blows moist air enriched with oxygen gently into the baby's lungs when they breathe, via a tube that is passed through the mouth or nose into the windpipe (trachea).

7. Lumbar puncture

We can take samples of spinal fluid by inserting a fine needle between the back bones in the lower part of the spine. It is uncomfortable for the baby but only for a few minutes. It is only done if essential

Very occasionally we need to do an 'exchange blood transfusion', which means that we slowly remove all of the baby's blood whilst slowly giving donor blood. This is usually done for dangerously high levels of jaundice.

10. Chest drains

Air can sometimes leak from damaged air sacs in the lungs. Large amounts of air leak may cause the lung around it to collapse. Chest drains are small tubes passed through the chest wall to let the air escape. If this has to be done as an emergency, the staff will discuss it with you as soon as they can.

11. Cerebral Function Monitoring (CFAM)

Sometimes the doctors need to check that the electrical impulses in the brain are all working normally, for example if your baby has had a difficult delivery.

12. Cooling

If your baby appears very poorly (this is usually following delivery) the doctors may feel that your baby should be cooled. We do not actively cool the baby in the Special Care Unit; we just do not put warm clothes on the baby and we do not heat the incubator. This is done to protect your baby's brain. If this is thought to be best for your baby it is started as soon as possible, then your baby's condition will be discussed with you and the Neonatal Intensive Care Unit (usually in Plymouth) to plan the best treatment.

The Baby Friendly Initiative – Infant Feeding Survey

We are in the process of becoming fully accredited with **Unicef's Baby Friendly Initiative**. For more information about this, please visit: www.unicef.org.uk/babyfriendly

As part of our work to become fully accredited, we would like to know about your experience with our neonatal services through a survey. The survey will help us understand if we have supported mothers and babies with their infant feeding choices and encouraged the development of close and loving relationships between parents and their baby.

It will involve a telephone conversation which should take about 10 minutes. The information you provide will be used to update staff training and will improve care for families in the future.

It is optional to take part and your choice will not affect your care. You can change your mind at any time. Not all parents will be contacted. Your answers will be completely anonymous and your health professionals will not know what you, as an individual, have said.

I've read all this but there are things I still don't understand!

Please speak to a member of the SCU team

Further information

BLISS the Premature Baby Charity

Freephone: 0500 618140 Email: information@bliss.org.uk

Website: www.bliss.org.uk/

References

BAPM. Consent for common neonatal investigations, interventions and treatments.
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Department of Health. (2009). Reference guide to consent for examination or treatment (second edition). [Online] Available at: www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition [Accessed 12/9/18]

Department of Health. (2009). Good practice in consent implementation guide. Portsmouth Hospital (2006). NICU Procedures and Tests. www.porthosp.nhs.uk/nicu-procedures-and-tests.html

Sarah Holman (2008) A Parents Guide to Consent on the Neonatal Unit
www.gloshospitals.org.uk/SharePoint5/Patient%20Information%20Leaflets/GHPI0866.pdf

Have your say

Northern Devon Healthcare NHS Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

'Care Opinion' comments forms are on all wards or online at
www.careopinion.org.uk. Northern Devon Healthcare NHS Trust
Raleigh Park, Barnstaple
Devon EX31 4JB
Tel. 01271 322577
www.northdevonhealth.nhs.uk

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Name of baby

Patient's ID Label may be used

(If you have twins you will need to fill this out for both babies.)

Form for parental consent to treatment of their baby on the Special Care Unit

Dear Parents,

Please could you read and fill in this form after reading the parental information on consent and then give it to a member of staff.

	Please delete	
I have read and understood the parent information leaflet on consent	Yes	No
I wish my baby to be	Breast fed	Bottle fed
If my breast milk is unavailable, I am happy for my baby to receive formula milk.	Yes	No
The formula I would prefer is		
I am happy for my baby to have sucrose for pain relief.	Yes	No
I am happy for my baby to have a dummy.	Yes	No
I am happy for my baby's health details to be collected confidentially on the Badger system to help future care on neonatal units. I consent for details about my baby to be shared.	Yes	No
I consent to take part in the BFI Infant Feeding Survey	Yes	No

These routine care/procedures may be:

- x Monitoring
- x Blood tests
- x Intravenous (IV) drip
- x Medicines
- x Phototherapy – (light treatment for jaundice)
- x Naso/orogastric tube insertion
- x Feeding with formula
- x X rays
- x Phototherapy
- x Other (please fill in)

Please state any care/procedures you are not happy about or require more information.

Please state if anyone can visit your baby if you are not present.

Signed _____ (mother/father/carer)

Print name _____

Date _____