

Babies in Buscot

An information booklet for parents

Written by former Buscot parents in collaboration with Buscot nurses



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Welcome to Buscot

Welcome to Buscot Ward and congratulations on the birth of your baby or babies.

You are here because your baby was born early or is unwell. While this may not have been the start you had expected, everyone in Buscot is here to support you. This booklet has been put together by parents of children previously on Buscot, in partnership with Buscot nurses, and we hope it will make things a little less daunting during this challenging time.

Buscot is the local neonatal unit at the Royal Berkshire Hospital, which takes babies from 27 weeks gestation onwards. The unit is made up of an intensive care area and three other nurseries. The unit has a capacity to care for 20 babies in total at any given time, and admits around 600 babies every year.

As many as
one in ten babies
born locally will
require neonatal
care.



Babies in Buscot Support (BIBS)

Who are BIBS?

BIBS is the official registered charity for Buscot Ward. We are completely independent of the hospital, and are run by former parents of Buscot babies – or ‘Buscot Graduates’ as we affectionately refer to them.

We have all been there too, and care passionately about the families that follow in our footsteps.

We fundraise to benefit the ward in four main areas:



S – Support – we ensure families have access to independent emotional support while their babies are on Buscot.

Our charity funds a professional Family Support Practitioner. She holds drop-in sessions three times per week for parents and close family members.

F – Facilities – we aim to improve family friendly facilities on the ward. In 2016/17 BIBS fully refurbished the Family Room and created a new Parents Lounge / Flat 3. Previously we have created overnight accommodation for parents (Flats 1 & 2) and refurbished the Quiet Room.

A – Awareness – of issues encountered on the neonatal journey and beyond, and information for families.

E – Equipment – we fund the purchase of the latest medical technology and equipment for Buscot. In 2017, BIBS bought 13 pieces of equipment which included five incubators, five cardiac monitors and three ventilators previously on lease to the unit at a cost of £52,000, and four new state-of-the-art CPAP machines for an additional £40,000.



In addition we fund relevant training for medical and healthcare staff on the ward and in the community.

We also aim to add special touches to try and make the stay in hospital as pleasant as possible on special occasions, such as Christmas or Mother's / Father's Day. Throughout the year we continue to help - for example by funding items to help work with siblings of Buscot babies or gifts which help parents recognise and remember key milestones in their babies' development.



Please like and follow BIBS on Facebook to keep up to date with our important charitable work, read stories from Buscot families, and hear more about how you can get involved.



www.facebook.com/babiesinbuscot

Life on Buscot Ward

Parents are welcomed and encouraged to spend as much time as they wish with their babies.

There is an entrance buzzer which is answered by a ward clerk in the day and the nursing staff in the evenings/ nights and weekends. Please be patient while waiting for the door to be opened, as the nursing staff may be busy. When entering the ward, please do not allow other people not known to you to enter along with you. They also need to request entry via the call system.

You are welcome to telephone to enquire about your baby any time during the day or night. Phone numbers for each nursery can be found at the end of this booklet. The Family Room is next to the ward entrance. Please leave personal belongings and any valuables in the lockers provided here. Outside coats should not be taken into the nurseries. This helps prevent infections. Coats can be taken onto the ward where there are hooks outside the nurseries for you to hang them.

Hygiene and infection control



To help protect the babies and reduce the risk of infection, please take the following precautions:

Use the hand-sanitiser provided upon entering and leaving Buscot Ward. Before entering your baby's nursery you should be bare below the elbows (please take off any watches/bracelets).

Upon entering your baby's nursery hands should be washed with soap and water and dried. Then hand-sanitising gel should be applied again (the nurses may remind you and your visitors of this just to be sure).



Buscot nurseries

Buscot is divided into four nurseries. Your baby will most likely start in the Red Nursery which provides the most acute, high level care to babies on Buscot ward.

When a baby no longer needs this level of care in they will be moved to a different room. This could be either the Green or Yellow Nursery where most babies remain in incubators.

As their clinical needs decrease babies may move to the Blue Nursery. At this point babies are in the final phase of their Buscot stay and are normally not far from discharge home.

Other areas on Buscot

The Family Room

Located near the entrance to the ward, this is the main area for parents, carers and wider family members to wait while visiting, or to just take some time out to relax. The room has been newly refurbished to include a dining area and is also where food and drink can be consumed. BIBS charity fund free tea and coffee, available for all in the Family Room. There is a small kitchen including a microwave and fridge for your use. You can also take time to relax, watch TV, and children have a play area with toys and books.

Please ensure to leave the room tidy and clean and put away any crockery or cutlery you have used so that this precious space can continued to be enjoyed by all families.



Expressing Rooms

Mothers are welcome to express breastmilk alongside their babies. Alternatively there are two rooms where mums are able to express milk on the unit using one of the breast pumps permanently located here.

Quiet Room

This small room near the nurseries is a place for quiet and time out of the ward when needed, or where doctors can meet with families privately.

Flats One and Two

These are here for parents to stay overnight to get used to being at home with their baby. They are normally used just before discharge when your baby is stable and no longer monitored to spend private time together and further establish breastfeeding. However, if your baby has a setback and is very ill, you can also request to use the overnight accommodation (if available) to be closer on hand for your baby.

Parents' Lounge

Located next to Flats 1 & 2, this room is for parents only. This is a quiet space where parents can have a coffee and chat with each other often during ward rounds. This area may also be used for parent support with our Family Support Practitioner. At times of high demand this room can be used to double-up as a third overnight flat for parents with babies.



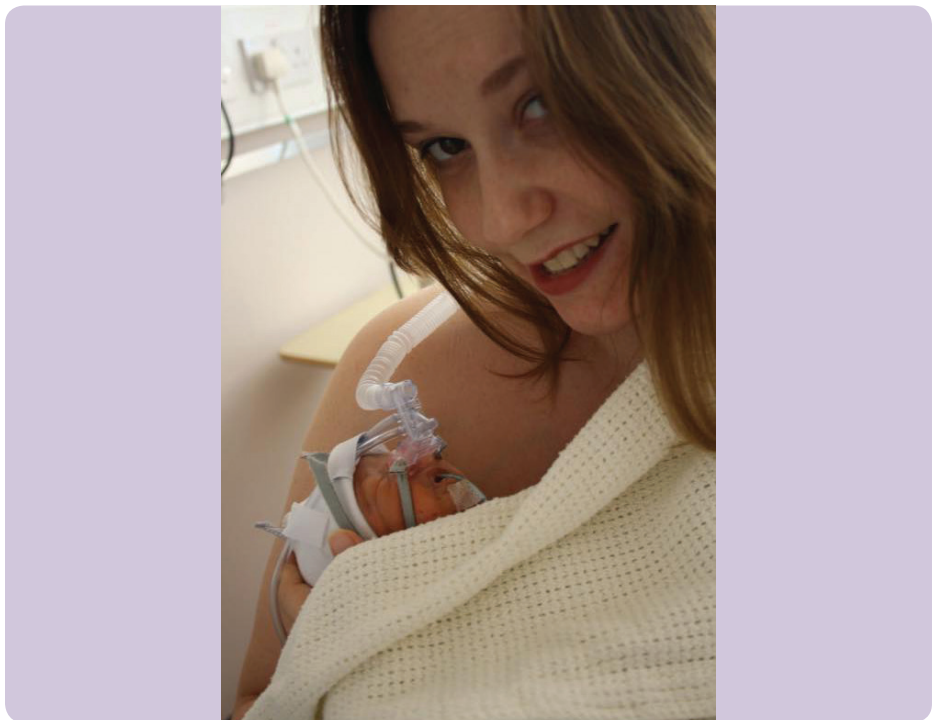
Daily routine on Buscot

Ward rounds

The day normally starts with the doctors' ward round at 9am. The round (usually led by the consultant of the week or one of the registrars) will work through the ward, nursery by nursery. You are more than welcome to be in with your baby during ward round, however you may be asked to step outside when others are discussed in order to maintain confidentiality. Feel free to use the Parents Lounge during this time so you are not too far away, or the Family Room. The Monday ward round may take longer – over two hours.

Caring for your baby

As soon as you feel able, and your baby's condition allows, the nurses will encourage you to participate in caring for your baby. You will be given the support necessary to feel confident in handling and holding your baby.



Nursing shifts

There are two nursing shifts in a 24 hour period (a 'long day' and a 'long night' 0700-1930 and 1900-0730). During the day your baby will be looked after by a nurse who works 12 hours on. There is a nursing change over in the evening. The nurses will perform a hand over and introduce themselves to you when they start their shift.

Visiting Buscot

As a parent you can spend as much time on Buscot as you like. The team will encourage you to rest and take care of yourselves and will support you all of the time that your baby is on Buscot.

Do let the nurses know if you are feeling unwell. We encourage siblings to visit so that they can get to know their brother or sister. There is a play area provided in the Family Room for younger children.



Remember that when visiting, family members can only visit when accompanied by a parent and only one at a time.

Due to limited space in the nurseries, we ask that only one other person visit with you at any time. There is a family room where visitors can sit and wait in comfort. Remember that when visiting, family members can only visit when accompanied by a parent and only one at a time. Also, young children of friends or family are not allowed to visit to help reduce the risk of infection to all the babies in Buscot.

Support from medical staff

The nurses are happy to update you and answer questions. They can do this over the phone, but are only able to provide information to parents. Additionally, if things change with your baby they may call you day or night.

The doctors are generally around all day on Buscot. If you specifically want to see the consultant the best time is at ward round, however, a consultant is always available if you need them and you can request to see them at any time. Please ask the nurses if you would like to meet your baby's consultant as this can be arranged for a time that suits you both. Your baby's specific consultant is the one who was responsible for the unit when your baby was born. However, the daily care of your baby will alternate between consultants on a weekly basis. Upon discharge, any follow-up will be with your specific consultant.

Medical procedures on Buscot

Infection control

Please adhere to the guidelines on hygiene at all times (see earlier section 'Life on Buscot'). This is very important.

Examinations, tests and consent

Your baby will be examined regularly as part of his/her care while on the unit. All babies are routinely swabbed on admission to the neonatal unit; this is to check for any evidence of MRSA. These swabs will be repeated on Monday mornings and again on discharge. Please ask a member of staff if you would like more information. The nursing and medical staff aim to discuss any tests with you but please do ask if you need more information.

Because seeking consent involves clearly explaining each procedure and seeking a signature, the unit may not ask your consent to carry out minor procedures that carry very low risk. Similarly, the team may need to take an emergency decision when they are unable to contact you and some procedures may need to be carried out as an emergency and so cannot be discussed in advanced.

You will be asked to consent if your baby requires planned surgery, medication with potential side effects, a blood transfusion, a hearing screen and any type of vaccination.

Newborn blood spot screening

All babies will have a newborn blood spot screening on day one and day five. This screening is nationwide and will check for a number of conditions present from birth (congenital). You will be given a leaflet about conditions this screening covers on admission. Please feel free to ask for more details.



Information about your baby



Data collection information

Details about your baby will be entered on the neonatal database, this is to assist with providing information when your baby is ready for discharge or requires transfer to another unit. Some of this information is used anonymously in a national database to tell the unit how well they are doing in caring for your baby. If you would like to know more about this please ask the nurses or take a leaflet on the unit called "Your baby's care"

Registering the birth / baby's surname

Soon after the birth, you will need to make an appointment to register the birth of your baby (the appointment must be within 60 days) at the local Registry Office. From birth, all babies will be known by their mother's surname and can only be changed following registration of the baby.

Please provide a birth certificate if you wish to change your baby's surname.

Who's who on Buscot Ward?

Consultants (plain clothes or light blue scrubs)

There are several paediatric consultants who work on Buscot, one of whom will be responsible for the care of your baby during his/her stay on the unit. There is a lead consultant in charge of the unit. Each week a different consultant is in charge of the ward. You will see them each day in the morning ward round.



Other doctors (light blue scrubs)

There most senior doctors below the consultant are the registrars. There are also senior house officers and house officers.



Advanced Neonatal Nurse Practitioners (royal blue uniform)

These are very senior nurses who can do a lot of the things that doctors can do for your baby.



Sister (navy blue uniform with white trim or navy blue scrub)

Gina Outram is the Lead Sister on the unit, she has an open door policy. Please feel free to come and chat to her if you have any concerns about your baby's care.

Sisters are the most senior nurses – usually there is a sister in charge of the shift and their picture is displayed at the entrance to the ward.



Senior staff nurses (royal blue uniform)

Other nurses are also occasionally in charge.



Staff nurses (light blue uniform)

These are the nurses who will look after your baby on a day to day basis.



Nursery nurses (light green uniform)

In the nurseries there are qualified nursery nurses.



Research nurses (navy blue uniform)

There are a number of research projects active on the unit at any one time and if your baby fits in to the project (clinical trial) criteria then these nurses will approach you and talk to you about being part of the trial.



Ophthalmologist (plain clothes)

There is a consultant ophthalmologist who will routinely check your baby's eyes throughout their stay on Buscot Ward, if they are < 32 weeks premature.



Student nurses / midwives (grey uniform)

Buscot regularly has student nurses/midwives on the unit as it is part of their training to look after premature babies.



Ancillary staff (dark pink / purple scrubs uniform)

They ensure the environment and the equipment is cleaned and working at all times.



Ward clerk (plain clothes)

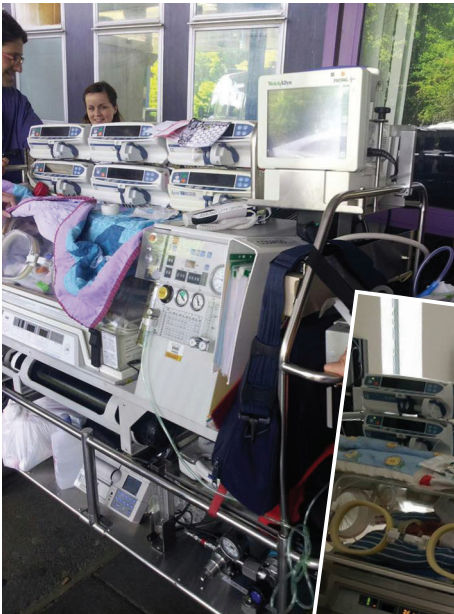
Welcomes visitors to the unit and maintains the medical notes.

Transfers to and from Buscot

Your baby may need to be transferred to another hospital if they are born before 27 weeks gestation or if they require a specialist treatment. The medical team on Buscot Ward will talk to you about the need to transfer your baby before it happens. A dedicated neonatal transport team use a special transport incubator to safely transfer babies by ambulance. Your baby will be accompanied in the back of the ambulance by a nurse from the transport team and there may also be a doctor. Parents are not usually permitted to travel in the back of the ambulance.

Accommodation might be available for you at the destination hospital for the duration of your baby's stay. Please ask the nurse in charge to find out about this for you.

Your baby will be transferred back to Buscot Ward (if the Royal Berks is your local hospital) as soon as it is possible.



Things to bring



You will need to bring a few things in for your baby:

Nappies – you can get premature baby nappies from most supermarkets, pharmacies and online.

Cotton wool – baby wipes are not used in the unit. Cotton wool is used instead and you will be asked to provide this.

As time passes you will want to bring in clothes and bedding including blankets and muslin squares. Babies are also allowed small toys to make their space their own. Your baby will have their own bowls for cleaning their face and bottoms. You will be encouraged and supported to look after your baby from an early stage including feeding and changing them.



Advice and support

Advice and support during your time on Buscot and the months afterwards are going to be important. Given everything you have been through it is easy and common to feel isolated, lonely and distressed. Family and friends are often a wonderful source of support.

Sometimes professional/medical advice is what's needed. Sometimes it's the ear of someone who has been there themselves and understands what you are going through.

There are a number of places where support and information can be found:

Doctors and nurses

If you need medical advice then there is nowhere better to go to get advice. The team welcome questions are more than happy to be asked questions/ give answers. If you're worried – ask!

Family Support Practitioner

BIBS fund a qualified Family Support Practitioner who is on the unit three times a week – usually on a Monday, Wednesday and Friday. She has been working with families of premature/sick babies for a long time and has a wealth of experience and advice.



A Listening Ear:
The BIBS Family Support Practitioner usually visits the ward on Monday, Wednesday and Friday.

Hospital Chaplaincy/ Department of Spiritual Healthcare

You may find your faith a comfort at this time and in the weeks ahead. Baptisms and blessings can take place in the ward and the hospital chaplain is always available for you. The Royal Berkshire Hospital has a team of chaplains from various denominations and faiths who work together to provide spiritual support. Contact 0118 322 7105.

BLISS Charity

The BLISS Helpline is a UK wide confidential telephone service that offers a listening ear, emotional support and information to families whose baby is in or has been in neonatal care.

Call 0808 801 0322 (Operates Monday to Friday, see website for details.)
www.bliss.org.uk/helpline



BIBS

There is a BIBS website full of information and stories. To keep abreast of the charity's recent activity there is a very active Facebook page with all the latest news.

If you would like to get in touch with BIBS, the best way to contact the charity is via our Facebook messenger where you will receive the most prompt reply. Alternatively, you can:

email BIBS on info@bibs.org.uk

or contact us via our website www.bibs.org.uk

Children's Centres

If you live in West Berkshire, Reading or Wokingham Boroughs, Buscot Ward offer you the service of linking you up with the Children's Centres' family support workers. They can be in touch with you following your baby's discharge from Buscot to offer support, advice and information about what's on in your local community.

BIBS Family Support Group – Reading & Wokingham area

There is a Facebook group (search the name above to join) for parents of sick or premature babies in the area following discharge from any neonatal unit.

This group also meet on the first and third Friday of each month at the Red Kite Children's Centre, Chestnut Crescent, Shinfield, RG2 9EJ from 1pm to 3pm. The sessions are informal get-togethers for families who share a similar experience with room for children to play and grown-ups to chat.

Getting to know your baby

Having a baby on Buscot is an immediate challenge when it comes to bonding. All the things that are supposed to create an instant bond may have been bypassed for the baby's health. We know you may not have seen your baby when they were born and that holding them may have been delayed. However, there are lots of things that can be done to help you bond with your baby.

In the early days nurses will do most things but as soon as possible they will get you involved and they will teach you to recognise baby's cues and how to communicate in a positive way.

This will gradually increase to the point of you providing most of the care whilst nurses concentrate on medical needs.

Remember YOU are the continuous presence in your baby's life, you are the person that sees and cares for them every day and this is recognised and acknowledged by all staff on Buscot.

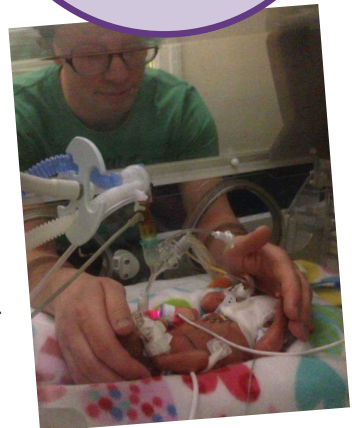
Holding and touching your baby is essential. In the early days touching your baby in the incubator will increase the bond and allow them to know and recognise your scent. If your baby is particularly fragile this may be done through 'comfort holding' which your nurse can teach you.

As soon as your baby can tolerate it the nurses will encourage you to hold your baby and the length of time you are able to do this will increase rapidly. 'Kangaroo Care' is a holding technique where you are skin-to-skin with your baby – both mothers and fathers can do this. It will allow the bond between you to grow and is incredibly special.

If you wish to try to breastfeed then starting to hold your baby to your breast – even if they don't feed at first - will help to increase your bond with each other. It will also increase your milk production.



Babies are thought to respond to your own smell so wear a muslin cloth next to your skin, avoiding perfumes/aftershaves if possible, and then place it in the incubator to familiarise your baby with your scent.



Mum's physical recovery

As a mum your own recovery from the birth may be the last thing on your mind but it is important to remember that you have undergone a major physical experience and your body needs time to recover.

You may have had an instrumental delivery (using forceps or ventouse), a C-section or a normal vaginal delivery. Before the birth some mothers may have been suffering from a number of conditions (HELLP syndrome, pre-eclampsia, obstetric cholestasis to name a few) and may have been hospitalised before the delivery. Whilst the tendency will be to rush around to get things done in order to be near your baby, this may serve to ultimately slow you down and make you unwell.

If you are breast-feeding / expressing milk for your baby you will need extra calories, hydration and rest to restore your body to full health.

Find ways to:

rest – put your feet up while next to your baby – the chairs provided are for that purpose!

eat & drink – bring in packed lunches or meals to heat up in the family room microwave, and make use of the hospital restaurant (ask the nurses for a discount card).

recover – in the time that you are away from your baby try to find some time for yourself and your partner – have a meal together, unwind in front of a favourite TV show, write a diary* or blog of your day/baby's progress, or enjoy a warm bath.



*(ask the nurses for a diary and care plan)

Feeding – early babies

Babies don't normally have the suck-swallow reflex until 34 weeks gestation, so early babies are initially fed via a feeding tube either in their mouth or nose. As time goes by nurses will teach you how to do this under their supervision. It will seem daunting, but you will be fine and then be a pro by the end!



Whilst in the unit your baby will initially be fed by a syringe with small amounts every hour and gradually the gap between the feeds will increase, as will the feed amount.

Once your baby has its sucking reflex the opportunity for breastfeeding will be introduced.

On Buscot mothers will be encouraged to express milk/breastfeed, however, if this is not possible for you, or not your choice, the option of formula is always available. In this situation all the team on Buscot will be completely supportive.



Expressing milk/breastfeeding

Feeding your baby can be very emotional and at times quite challenging, especially if mum and baby are separated by a stay in Buscot Ward. Whilst on the unit there will always be encouragement to feed your baby breastmilk. If you can provide breastmilk – even for a short time - this will be of benefit. Many mums of babies who have been admitted to Buscot ward find expressing breastmilk, and then breastfeeding, one of the special ways in which they can feel closely involved in caring for their baby or babies.

Because your baby is in special care, breastfeeding directly from the breast is often not an option at first, so attention turns to expressing.

After delivery one of the midwives on the maternity wards will go through expressing techniques with you. One of the Buscot nurses will also talk you through expressing milk in the early days of your stay and will help you throughout. You will be loaned a pump and asked to make a £20 donation to help cover the costs of providing you with a double pump expressing kit and for the maintenance of the pumps. You will be provided with leaflets on how to express your milk at home.



It is recommended that you aim to express 8 to 12 times daily (across 24 hours) and do so overnight as well as this tends to lead to an established milk production.

At first you may only express into a syringe a couple of millilitres of milk called colostrum, but this is incredibly good for your baby and all of your expressed milk will be used. Although this tiny amount may feel disheartening, keep going as your milk will 'come in' and the quantity will increase significantly. Expression of breastmilk is wholly supported on Buscot. They will provide you with clean bottles and you can wheel the machine to your baby's cot side and express next to them or you can express whilst you are on the ward in an expressing room. Screens or feeding capes can be provided upon request to give you some privacy if you are expressing or breastfeeding at the cotside. You will be given a box and a microwave sterilising bag to use for cleaning and storing your expressing kit.

Breastfeeding

Breastmilk is sufficient for healthy babies who have been born near or at term. Your baby's feed may possibly be supplemented with fortifier and/or formula feed initially, however, as your baby approaches time to go home it is likely that supplementation may no longer be necessary depending on your baby's rate of growth and development.

You will be encouraged to have skin to skin cuddles with your baby. During this time your baby will be calm and enjoy the feel, sound, smell and taste of your body.

When he or she is ready they may start nuzzling and licking around your nipple. These movements are the first stages for your baby beginning to use the natural instincts and reflexes to breastfeed.

After a while your baby will open his or her mouth and eventually learn to take a big mouthful of breast ('latching on') and begin to suckle. Breastfeeds may be slow at first and your baby may tire quickly.

They may probably still have the majority of their nutrition via the tube and syringe. As your baby grows and becomes stronger you will notice more and more milk being swallowed at the breast. Bottle feeds should not be given without your consent.

The nurses can help you find a comfortable and effective position for feeding your baby.



Feeding at home

If you are still expressing milk for your baby when you go home, you will no longer have use of the hospital pumps so you may decide to hire or buy your own.

Pumps of the same style as the pumps on the ward can be hired from the manufacturer Medela <http://www.medela-rental.co.uk> At the time of writing (Aug 2017) the discount code TAMBA35 will provide a £10 discount on hire prices online.

Your baby may be fully breastfed at this point, (or fully formula fed) in which case you won't need the pump.

There is a lot of support available in the community when you go home. There are also many websites you can access to gain more information and additional help that can be downloaded.

The following sources are particularly useful:

BLISS – For babies born premature or sick – www.bliss.org.uk

BLISS also have a Parent Support Helpline – **0808 801 0322**.

NCT – the UK's largest charity for parents www.nct.org.uk

NCT has a helpline (not just for breastfeeding) which is open every single day of the year between 8am and midnight. Trained breastfeeding counsellors can provide you with ongoing support and information. If your call is not answered immediately it will usually be returned within an hour or two. 0300 330 0700 (calls charged at local rate).

The Breastfeeding Network (BfN)

<http://www.breastfeedingnetwork.org.uk> Printed / downloadable information is available from: **<http://www.breastfeedingnetwork.org.uk/publications-leaflets/>**

Additional support can be accessed through the BfN Supporter line – **0300 100 0212** – where calls are directed locally.

Multiple births

Having more than one baby in Buscot at the same time can bring additional challenges to an already emotionally demanding time.

The Buscot team are accustomed to looking after multiple babies and are able to support you through this time. There will be occasions where one of your babies is struggling more than the other/s and this is always difficult. In times like these it is okay for you to rely on the team to look after any baby you cannot be with and this is completely appropriate. It is normal to feel completely torn at these points but the staff understand that it is a very demanding situation for you as parents.



There is often concern that one of your babies may go home before the other/s. This can and does happen only in discussion and with your agreement. This is the only time a baby discharged from Buscot can go back to the ward. This means that you can spend time with all your babies and tries to limit the separation that you all have.

For support and information please visit the TAMBA (Twins And Multiple Births Association) website: www.tamba.org.uk.

There are local Twins & Multiples Clubs and support groups in Berkshire and neighbouring counties. Simply go to: <https://www.tamba.org.uk/clubs/south-east-clubs>

Dads on Buscot

As a Buscot dad you might feel left out of the care and involvement around the new arrival to the family. However, there are plenty of things that you can do to make sure that you get involved, whilst many of these may be small, it is these small things that make the difference at what can be a very difficult time.

Getting involved starts with making sure that you know about your baby and their care, even if your partner has asked questions before, there is no problem to asking again and getting updated.

Helping with the 'cares' such as bathing and nappy changes is a great way to get some time with your baby, even taking in a favourite book and reading a bed time story is another way to get some daddy and baby time.

Your support in making sure your partner has plenty to eat and drink will be appreciated, especially as she recovers from the birth and if she is breastfeeding or expressing.

Preparing milk is another chance to lighten the load on your partner and another way to help with the care of your baby. Whatever you do to get involved, it all helps towards developing an important bond with your baby.



Family members



Your other children

Your new baby may not be your only child and there may be times when you feel torn between being at home and at Buscot.

It is important to remember that whilst your baby is in Buscot they are being looked after. This is in no way a replacement for you, but the team understand that you have another child/ other children at home that need your attention too. The staff will support your family at all times and understand when you need to be at home and not the hospital.

It is okay and important to bring your children in to meet their new brother and sister so they can bond too. It also helps them understand where mummy and daddy are going.

Other family members

Asking family members to help out so your children at home can spend time with their grandparents/ aunts / uncles often helps them adapt. Family members can be a great source of support at this time however you will need time to yourselves too. Nominate a family member to contact the rest of your family and friends to limit the number of phone calls and conversations you have to make.

Ask family to help with practical things such as:

- **preparing meals,**
- **doing washing,**
- **doing the shopping,**
- **helping with the housework or**
- **helping with lifts to the hospital if you can't drive.**

These are the things that become a strain whilst your baby is on Buscot and they are things that family members can easily help with.



Going home



The day will come when you will be able to take your baby home. To prepare you for this day, particularly if your baby has been in the unit a long time, you may have the opportunity to stay in one of the flats on the unit.

The flats allow you to live as a family, but with help and advice on hand day and night if required. This enables you to gain confidence caring for your baby away from the unit but with help close by. Nurses are available to teach parenting skills and answer any questions.

The flats can be used from one night up to around one week. Most people find that one or two nights is enough before they are ready for home, but they are there to support you as a family and can be used as needed.

There are basic things in the flat including a small fridge, but you will need to bring food and home comforts in with you.

For your baby to go home, you will need to bring their outside clothing and their car seat. Don't forget you will need to bring back the breast pump which has been loaned out to you during your stay in Buscot, so that other mothers can use it.

Once you have left Buscot, your baby's care will be transferred to the medical teams on the paediatric wards (Lion and Dolphin) and should you need to come back in they will know all about you and support you as the Buscot team have.

If you have any concerns or worries during the first few days at home you can always ring Buscot for advice. Alternatively you may speak to your GP or Health Visitor. If you think your baby requires emergency medical attention dial 999.



Going home on oxygen

The thought of coming home on oxygen can be quite overwhelming, but you'd be surprised how quickly you adapt to it. The children's community nurse will come and meet you on Buscot.

Before you leave the hospital

You will have either a concentrator or an oxygen cylinder brought to your home, as well as two small portable cylinders. You'll also be given enough tubing to make sure you can take your baby to every corner of your house.

The concentrator is a machine that you plug in at home and filters oxygen from the air for your little one. It can seem quite noisy at first but after a day or two it just turns into background noise. It has a very loud alarm which goes off if there's a power cut so, in the event of this, you'd transfer your baby on to one of the portable cylinders.

You'll be shown by the oxygen providers how:

- To turn the oxygen cylinders on and off
- The concentrator works
- To transfer your baby from one oxygen supply to another
- To keep an eye on how much oxygen is left
- To work out how long an oxygen cylinder will last, depending on how much your baby needs.

The nurses on Buscot Ward will teach you how to change your baby's nasal cannula and make sure you get lots of practice before you all go home. You will be given a range of nasal cannula to take home with you to make sure you have the correct size. When you are happy with the size, take note of the code for ordering more from the oxygen providers. The Community Children's Nurse will come out to visit you once you are home.



Fundraising for BIBS

We strive to continuously improve support, information, facilities and equipment on the ward – resulting in better experiences for families and better outcomes for babies. But to do this vital work, we need to raise a lot of money – for example each incubator costs in excess of £40,000, and we spent £10,000 improving the Family Room in 2017.

BIBS charity is founded on the generosity of our local community – Buscot families, and their own friends and family who know the heartache and hardship of having a baby in neonatal care are our most loyal and generous supporters.

Without the support of families like yours, BIBS would not be able to keep up the level of support we provide to Buscot Ward and the families that will rely on the care received in future.



How can you help?

If you would like to get involved by donating or as a fundraiser, volunteer or even join our ever expanding Reading Half Marathon team, please do get in touch! In 2017 66 people joined 'Team BIBS' and ran the Reading Half raising a whopping £38,000 between them!

We are always grateful to receive donations, however small, to enable us to continue with our work. The easiest way to donate to BIBS is by credit or debit card through JustGiving. You can make a one-off payment, or set up a regular monthly donation, and also create your own fundraising page. Visit www.justgiving.com/bibsbabies or you can send a cheque made payable to "BIBS" to Babies In Buscot Support, Buscot Ward, Royal Berkshire Hospital, London Road, Reading RG1 5AN





Volunteering

We are always looking for volunteers – especially to help with fundraising events - please search for our 'Buscot Buddies' group on Facebook and request to join. This is where information is posted about volunteering opportunities.

Remember to add gift aid if eligible, as it will increase the amount we receive by 25% at no extra cost to you!



How do I Stay in Contact?

-  BIBS (Babies in Buscot Support)
-  @BabiesinBuscot
-  BIBS (Babies in Buscot Support)
-  By email: info@bibs.org.uk

Further information for parents and families is available on our website: www.bibs.org.uk

Parking & transport


The Royal Berkshire Hospital is a large district general hospital serving the community of Berkshire is located on London/Craven Road in central Reading.

The main choice for parking is the multi-storey car park just off the Central Block on Craven Road. This is a Pay on Foot car park. However, parents are entitled to parking permits during their time on Buscot. These permits are provided by the ward staff and should then be presented to the reception desk in the main foyer. Just ask the nurse caring for your baby and they will provide a permit (usually weekly). There is also mixture of residents permit parking and Pay and Display parking available on streets in the surrounding area.

Out of hours there is also a Pay and Display car park in the endoscopy unit which can also be used.

In terms of public transport bus routes 3, 9, 10, 19a, 19b and 19c directly serve the hospital and the numbers 4, 17 and 21 are a short walk away. For further details contact Reading Buses on 0118 959 4000 or visit www.reading-buses.co.uk Readibus service operates a dial-a-ride service. More information is available at www.readibus.co.uk

There are multiple taxi companies which service the Royal Berkshire Hospital and there is a taxi firm phone in the main foyer.



"Because your baby is on Buscot it is often tempting to drive before you should following a c-section – look into different options available, talk to your insurance company and your GP to check when you can safely drive."

The hospital

Finding your way around the hospital

Buscot is located on the 6th floor of the maternity unit at the Royal Berkshire Hospital. Directions are available from the main reception desk, maternity block security desk and the South Block information desk.

If you are struggling with walking after your birth a buggy service is run from the main entrance reception desk to the Maternity Block lifts.

Shops and cafes

- **M&S is by the main entrance on Level 2**
- **A newsagent is located by the main entrance on Level 2**
- **AMT Coffee Shop is in the main entrance on Level 1**
- **The Pumpkin Café is by the main entrance on Level 2**
- **RVS and League of Friends shops/cafes located at the bottom of the Maternity block.**
This stocks a small selection of lots of handy things including premature baby grows/nappies, food and drink.
- **Jamica Blue coffee shop in South Block near general outpatients**
- **Hospital restaurant and cafe**
Located on Level 1 in South Block and serves breakfast, lunch and dinner every day.
A small discount is available to parents in Buscot buying food in this restaurant*.

*Please ask a staff member on Buscot for the hospital restaurant discount card.

Useful Contacts

| | |
|-------------------------------------|---------------|
| Red - Buscot Intensive Care Nursery | 0118 322 7430 |
| Green Nursery | 0118 322 7435 |
| Yellow Nursery | 0118 322 7433 |
| Blue Nursery | 0118 322 6566 |
| Reception | 0118 322 7431 |
| Patient Relations | 0118 322 8338 |
| Children's Clinic | 0118 322 7531 |
| Iffley Ward | 0118 322 7323 |
| Marsh Ward | 0118 322 8629 |
| Register Office | 0118 901 5124 |

Royal Berkshire NHS Foundation Trust
London Road
Reading RG1 5AN
Telephone 0118 322 5111
www.royalberkshire.nhs.uk

Stories from Buscot Graduates

When your baby is on Buscot, it can be hard to see the road ahead clearly, to have hope, and to envisage what the future may look like.

We thought by sharing just some stories of former Buscot babies – our Buscot Graduates - that it may be helpful for you.

You may be able to identify with some of the struggles faced by previous Buscot families, and to see with your own eyes how some of the babies that were once in a similar situation to your own, have developed further down the line.

We hope you enjoy reading their stories.



Three Buscot siblings' story

Alex, Emma & Sophie

My eldest, Alex, was born at 42 weeks in September 2013, weighing 7lb 8oz. He arrived by emergency Caesarean after showing signs of distress during labour. Alex was not breathing at first as he had inhaled meconium. When Alex was born we were both utterly shocked and scared as we had no idea what had just happened. One minute I was in labour and the next the baby was out, all green and limp, but being resuscitated away from us. Nothing can prepare you for that feeling of helplessness.

He was taken straight to the Buscot Ward where he spent the next week recovering from his traumatic entrance into the world. I found this extremely difficult, but the family support provided by staff and the facilities made our stay a little easier. During Alex's week in Buscot, a high level of calcium was detected in his blood, so he needed special formula which (to complicate matters) was only available from Great Ormond Street Hospital. The nurses were so great with helping me get to grips with both bottle and breastfeeding.

We stayed in the parents flat with Alex for two nights before he came home which was so helpful. Just knowing the nurses were on hand to help if we needed them was a great comfort.





A shock came for me when I fell pregnant again, and this time with twins. I was quite all over the place if I'm honest, as I knew the chance of one or both twins needing a stint in Buscot was likely. But at the same time, having been through it before helped me feel prepared.

My pregnancy progressed well, until a scan at 34 weeks showed that one twin had stopped growing and had a slow heart rate. The decision was made to deliver my twins immediately by c-section. Emma and Sophie were born in the August of 2015 weighing 4lbs and 5lbs 1oz. Emma was not breathing and whisked straight to Buscot and Sophie went into shock and joined her sister upstairs shortly afterwards. After a few days of care, I was able to take Sophie home, but Emma stayed for two weeks. It transpired that she'd followed in her big brother's footsteps and had too much calcium in her blood too. It was hard to be home with one baby, but I took Sophie in to visit Emma every day which meant we could all be together.

The children are now active, loving and full of life... just how we like it! Never did I think I'd have three children so close in age, but couldn't imagine it any other way now!



Bea's story

Bea was born in 2011, nine weeks early and weighing just 3lb 12oz. Early pregnancy had gone smoothly, but everything changed at 22 weeks when I suffered preterm premature rupture of the membranes (PPROM) and started to lose the amniotic fluid that was protecting Bea and helping her lungs to develop and grow. Nine weeks later an infection finally induced labour and Bea was delivered by emergency C-section. We knew, as a result of losing the fluid so early, that Bea would be born with a lung condition called Pulmonary Hypoplasia, which is a lack of lung tissue. Words cannot describe how anxious we were, waiting to see if she would make any promising sounds and trying to read the expressions on the doctors' faces as they whipped her over to the examining area. They held her up for a few seconds and we touched her tiny face, then she was given surfactant and intubated and taken up to Buscot in the travel incubator.



Even though I'd had plenty of time to prepare for having a prem baby, it was still a shock when we went up to visit Bea in Buscot for the first time. I felt very distant from her and could only stare at the little bundle covered in wires that was apparently my baby.

Bea's consultant was concerned at first that her tiny lungs were so underdeveloped that they would not be able to support her. This was devastating news, but I think she must have been listening and decided to show us the strength of character we now know so well! She turned a corner and started to improve. We had some setbacks with infections, blood transfusions and reflux. She needed more oxygen support than the average 31-weeker and was on a ventilator to begin with,



then progressed to CPAP, followed a few weeks later by Hi-Flow and then eventually Low-Flow. Some days she seemed to be doing so well and then the next day she would take a step back and need more support. This was difficult to watch, but I remember the nurses telling me it was normal for babies to have good days and bad days - they are only human after all!

We stayed in the parents' flats for two nights before we took Bea home and it was so comforting to know that the nurses were nearby whilst we practiced being proper parents on our own for the first time. We took Bea home only 6 weeks after she was born which, considering all the problems she had, was a miracle.

Bea is now a bright and active school girl with a larger than life personality. She is VERY loud and loves singing at the top of her voice – you'd never know that she'd had any problems with her lungs, that's for sure! Every day, she shows us the fighting spirit that got her through the first difficult months of her life.

Thomas' story

My son Thomas was born at home – a full term baby, following a happy pregnancy. Unfortunately, during labour Thomas was deprived of oxygen. He was born not breathing and transferred as an emergency to the Royal Berkshire Hospital where we were told the devastating news that he wasn't expected to survive. The wonderful staff worked hard to save him and, after what seemed like a lifetime, they managed to stabilise him. It soon became clear that Thomas had a condition called Hypoxic Ischemic Encephalopathy (HIE), which is brain damage as a result of oxygen deprivation. The decision was made to transfer him that very same day to the John Radcliffe Hospital in Oxford to receive cooling treatment. Everything happened so fast and I didn't have time to think. I just lived hour to hour and got through each day. After a week in Oxford, we came back to Buscot where Thomas spent a further four weeks. To start with it was touch and go. Thomas had suffered aspiration pneumonia (caused by inhaling saliva into the lungs). He needed to be tube fed and was on High Flow oxygen support. I felt very lonely and isolated in those early days in the red room as I came to terms with what had happened.

As Thomas improved, we moved to the green and then the yellow room and it was then that I really started to believe that Thomas was going to pull through and I would be taking my baby home eventually. I got more involved with his daily care routine and chatted to other parents – it helped to talk to them but I struggled to find hope and felt quite different having a sick but full term baby. He was much bigger and noisier than most of the other babies. I started to process the reality that he would be left with long-term brain damage and possibly other disabilities.

At that stage I reached out to the BIBS Family Support Practitioner and it was lovely to have someone to talk to who was so positive and asked after the whole family, rather than just focussing on Thomas and his medical needs. I really looked forward to her visits and her warm, nurturing presence. I felt able to discuss anything with her – my emotions and my concerns for the future once the reality of the situation had sunk in.

There was a lot to organise in terms of equipment at home and training for us in order to take Thomas home. I was so excited to finally have him home in the cot next to my bed that had been empty for so long. My husband took some time off work so that we could spend the first few days getting to know Thomas properly and helping his big brother, Harrison, to bond with his baby brother.

Of course, life is very different to how I imagined it would be, but there is still much joy to be had and we do our best to find it every day as a family. Thomas has cerebral palsy, is tube fed and also has visual impairment, but I'm so grateful that he is here and for the care he received from the unit. I'm proud of the way he is learning how to use his special equipment and excited that he is being assessed for a communication software called Eye Gaze, which will make a big difference to his life. He is such a happy little boy who takes great delight in everything he accomplishes himself. He absolutely adores his big brother and Harrison, in turn, fell in love with his baby brother from the first moment he saw him. They have a really wonderful relationship. He understands that Thomas is special and needs extra care. He is very attentive and shouts for me if there is a problem when I'm out of the room. He even shows other relatives how to take care of Thomas!

I hope my story can help you to find hope during your time on the ward if you find yourself in a similar situation to me. You are not alone and talking to other parents and the BIBS Family Support Practitioner really helps.



Dexter & Alfie's story

After overcoming fertility issues, I was delighted when I fell pregnant with twins. Then at 29 weeks, I suffered a premature rupture of the membranes (PPROM). At 31 weeks, Dexter (3lbs 14oz), and Alfie (3lbs 11oz) were born via emergency C-section in November 2015. I wasn't able to see them for the first 12 hours, which was really difficult. When I was able to go the nurses were so good and welcoming. They talked me through what the various tubes, wires, and machines were all for, and how they were helping them.

The first time I saw them on Buscot I was very overwhelmed and scared. That feeling took a while to subside as every day presented a new change. The BIBS Family Support Practitioner was a very friendly face I immediately warmed to. At times where it was only me in with the boys, she became a great support. Feeding was a big challenge at first. As the boys were so early they were tube fed initially. At one point Dexter was being tube fed 1ml of expressed breast milk every two hours, as his stomach couldn't handle anymore due to constipation.

Alfie seemed to go from strength to strength. He didn't have any major setbacks, one morning however he had a very swollen stomach that caused concern, so he was put back into an incubator and monitored for 24 hours. I was extremely emotional and worried there was something wrong, but after a few tweaks with his fluid levels, x-rays and monitoring he was back into a cot and continued to get stronger.

Dexter however had a few more problems related to breathing that hit a few weeks after birth. Eventually as the boys developed we got involved with tube feeding, nappy changing and bottle feeding. I tried to breastfeed both boys, but in the end expressing and bottle feeding worked best for me and the boys. Dexter struggled a little more but he continued to gain weight, as did Alfie.

We bathed both boys during their time on Buscot. It was amazing becoming more of a 'parent', for some of the time they were there I felt helpless. The nurses understood this though, and were always talking to us and including us in things. The nurses were a welcome sight when it came to things such as eye tests too. I found I had to leave the room as I found it too upsetting.



That was one of the times I was more than happy for nurse to take over and step-up in my place!

We stayed in the flat on the ward prior to Alfie coming home. He came home without his brother on December 14th . It broke my heart separating our family in this way, but I was still able to take Alfie in every day to visit Dexter and the nurses in Blue Room kept a cot out for him, and on occasion I would put him in with Dexter so they could be together. They were each given Christmas stockings and the ward was lovely with decorations and gifts. Dexter came home on oxygen on 23rd December 2015 just in time for Christmas. The breathing apparatus had to be installed in our home and canisters for us to transport out and about when we left the house.

Looking at both boys now you would never know that they had such an uncertain and difficult start. They are typical boys who love to climb, and make mess. They love their food, are growing well, love to play and are very adventurous. Although they can be hard work as can any toddlers, they are adored and are healthy, cheeky boys.

Dexter currently still has checks with his breathing at consultant appointments but they are happy he will have no long-term problems.

Being in Buscot and my boys needing as much support as they did is an experience I will never forget. It was made as pleasant as it could have been, and the nurses and staff were amazing, we owe so much to Buscot and the care given, also the support to us.

