

The Royal Hospital for Women Newborn Care Centre Hospital in the Home (HITH) Program

Parent Resource Booklet

For Baby

Include Baby's Admission Surname

Medical Record No.

Contents of Booklet

Contents	Page Number
Introduction to HITH Program	3
What is nasogastric tube feeding?	4
Tube Feeding Preparation and Administration	5-6
Troubleshooting	7
Breast feeding and top ups - Modified LATCH Assessment Tool	8
Feeding Outcomes and Observations	9
Red Flags	10
Home and Car Seat Advice	11-12
CPR for babies under 12 month	12-13
Appointments	14-14
myVirtualCare user guide	16-17
Contact Details	18
Notes	19

AUTHORSHIP

Primary	NCC HITH Team	21.10.2021
Reviewed	E Jozsa	24.05.2022
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Introduction to HITH Program

The Royal Hospital for Women has launched a program that provides a hospital-in-the-home (HITH) model of care for parents to care for their babies at home, whilst gradually progressing from nasogastric tube feeds to all suck feeds at either the breast or bottle. This program allows babies to start integrating with family life, and reduces the stress of the hospital environment experienced by you, the parents. You will be trained to tube feed your baby safely at home before leaving the hospital. The HITH nurse will continue to work with you, guide you with your baby's care and continue to follow up daily until your baby is ready to be fully discharged from the supervision of the RHW Newborn Care Centre.

The HITH program can be considered if:

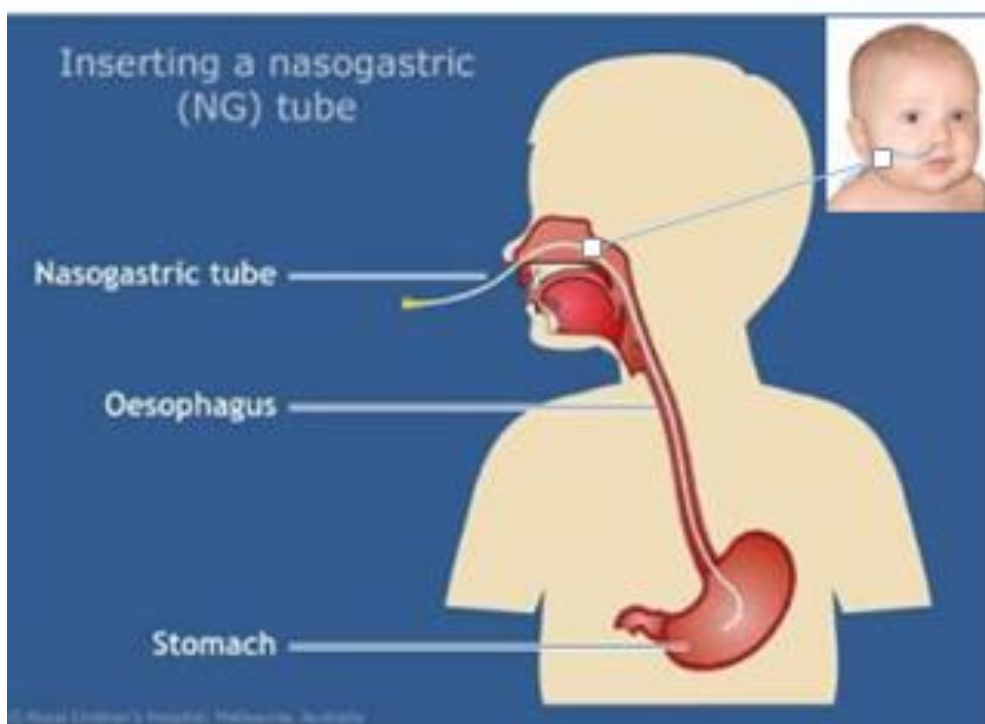
- You and your baby live within the catchment area (North-Eastern section of the South Eastern Sydney Local Health Service (SESLHD). This is comprised of the Local Government Areas of Bayside, Randwick, South Sydney, Waverley, and Woollahra).
- You are actively involved in your baby's care at NCC and willing to learn how to tube feed
- Your baby is on 3-4 successful breast feeds / suck feeds per day
- Your baby is maintaining body temperature in an open cot
- Your baby's heart rate monitor is no longer needed
- Your baby is growing and gaining weight
- You have completed the trainings set out in the HITH Neonatal Parent Checklist

What is Nasogastric Tube Feeding?

Tube feeding is a way of giving milk/formula feeds to a baby who is not ready or unable to suck enough volume for their stage of growth and development. . Milk/formula feed is given through a temporary thin, soft feeding tube that is required to be changed weekly.

The feeding tube is inserted through your baby's nose and goes down the oesophagus into the stomach.

Figure 1: Feeding tube position



Record of Tube Insertion Length

It is important that we record the length of tube inserted so we can tell whether in the future the tube gets misplaced.

Date Inserted	Length inserted	By (Surname)	Comments

Tube Feeding Preparation and Administration

How is milk feed given through the feeding tube?

Your baby's feed is measured and given with a syringe attached to the feeding tube. The principle of gravity is used for the feed to go through the feeding tube into the baby's stomach. You will be shown how to measure and safely administer feeds to your baby at home before you take your baby home. .

To give a feed you follow these steps:

1 Prepare and warm the milk feed in a syringe/bottle

- Wash your hands with soap and water before preparing a feed
- Check your baby's **HITH Home Feeding Plan** for the required volume of milk to be administered
- Measure the required amount of milk into a syringe and cap the syringe with a purple stopper
- Leave the syringe out of the fridge to return to room temperature before it is administered. A syringe can be left out of the fridge for 60 minutes before use.
- Alternatively, measure out the feeds into a feeding bottle and warm milk in a milk warmer. Once warmed, draw milk into syringe for use.

2 Position your baby for tube feeding

- Swaddle your baby with their arms inside the body wrap
- Position your baby comfortably on their back

3 Check the tube position

- Check the insertion length of the nasogastric tube as recorded in page 4
- Remove the cap from the end of the nasogastric tube.
- Attach a 5 mL or 10 mL syringe to the nasogastric tube and pull the plunger back until some stomach content (aspirate) comes up the tube into the syringe
- Remove the syringe from the nasogastric tube
- Put the aspirate on the pH strip
- Match the pH strip color to the pH chart:
 - The aspirate will normally have a pH reading of 5.0 – 6.0 or below, which shows that the nasogastric tube is accurately placed in the stomach. The acidity of the stomach contents causes the color change on the pH strip.
 - If the aspirate is too milky, it may not change the pH strip. More aspirate with partially digested milk is needed.

4 Give tube feed as follows

- Remove the cap from the pre-measured feeding syringe
- Pull back the plunger as far as possible
- Remove the cap from the feeding tube and attach the milk syringe
- Give a push of 2-3mL of milk and then carefully remove the plunger from the syringe
- Hold the feeding syringe above the mattress surface while the feed is running down
- Let the feed run down the nasogastric tube slowly until the syringe is empty
- Allow 10-15 minutes to infuse the feed
- If the feed is infusing quickly, lower the feeding syringe to slow down the flow of milk
- Always stay with the baby while the feed is running
- Disconnect the syringe from the feeding tube
- Wipe off excess milk residue at the tip of feeding tube with a clean wipe
- Record feeding on the feeding record or app

5 Care of feeding tube and other equipment

- Wash your hands before handling the feeding tube or any feeding equipment
- Check that the feeding tube is in the nose and secured to the face at the measured level as documented on page 4
- Keep the taping on the feeding tube dry
- Secure the feeding tube with new tapes if found to be wet or lifting off the skin
- Discard feeding syringes after every use
- Do not use the feeding tube if you are concerned about the tube positioning or the pH of the aspirate – contact the HITH nurse or the Team Leader.
- Use disposable expressing kits for 24 hours and discard after
- Keep expressing pumps clean and dry

Troubleshooting

What happens if there is no aspirate?

There is a possibility that the feeding tube is resting up against the stomach wall or there is no milk in the baby's stomach aspirate.

1. If there is no aspirate, lay the baby on their left side and aspirate the stomach content again.
2. If there is still no aspirate to test consult the HITH nurse for advice as the tube may be blocked or dislodged from stomach. Follow the instructions from the HITH nurse; your baby might need a new nasogastric tube to be inserted.
3. If the color on the pH strip is showing more than 6.0 **DO NOT FEED YOUR BABY.** The pH strip can read pH 6-7 if your baby is on anti-reflux medication or fresh milk in stomach present. Consult the HITH nurse for further advice.

Accidental removal of a feeding tube

- Contact the HITH nurse if:
 - The feeding tubing has moved out of position indicated by the marking
 - The strappings holding the feeding tube have come off the baby's face
 - The baby has accidentally pulled out the feeding tube
 - The baby appears to be unwell
- Follow instructions from the HITH nurse:
 - You may need to return to RHW NCC outside of the HITH nurse's home visiting hours for a member of the clinical team to replace the feeding tube
 - You may be able to make arrangements with the HITH nurse during their working hours to get the feeding tube replaced either at home or at the NCC

Breast Feeding and Top Ups

As the baby progress towards full suck feeds, you will be gradually increasing the number of breastfeeds is taken (unless bottle fed). The volume of milk per feed outlined in your baby's **HITH Home Feeding Plan** cannot be accurately gauged during a breastfeed. That is why you should use the score sheet below

- To score the success of your bay's feed
- To understand whether a top up (typically by tube), is required.

The Modified LATCH Assessment Tool				
Elements		0	1	2
A	Feeding Assistance	Nurse Assisted	Nurse Verbally Guided	Mother Unassisted
B	Attachment (oral muscle tone)	Baby too sleepy or reluctant to breastfeed No latch achieved	Baby has repeated unsuccessful attempts to attach to breast Holds nipple in mouth but doesn't maintain attachment	<ul style="list-style-type: none"> • Baby grasps breast • Tongue down • Lips flanged • Rhythmic sucking
C	Sucking and Swallowing (sucking efficiency and maturity)	None	Intermittent sucking with occasional swallowing	<ul style="list-style-type: none"> • Strong rhythmical sucking • And/or audible swallowing
D	Breast Drainage	No change	Breast a little softer	Breasts considerably softer following feed
E	Length of Feed	< 5 minutes	5 – 10 minutes	> 10 minutes
Use elements A to E above to determine need for top up		Score 0 – 3	Score 4 – 6	Score 7 – 10
		Give full feed (IGT)	Give half the usual feed (IGT)	No extra feed required Allow baby to feed as long as baby wants, based on clinical condition
<p>Yvette Sheehy, modified from Jensen D, Wallace S, Kelsay P LATCH: a breastfeeding charting system and documentation tool JOGNN 1994: 23: 27-32</p> <p>Scoring</p> <ul style="list-style-type: none"> • Scoring is carried out at each breastfeed in partnership with the mother • Each element has a possible score of 2 • Total possible score of 10 • When baby is consistently scoring 8-10, consider increasing the number of breastfeeds per day • Low score in an individual element can identify a need for further intervention or education • When deciding top up amount, consider feeding schedule • Consider maternal supply when deciding on amount of top up • For late preterm and term babies in the first 72 hours, consider elements B and C to assess feed <p>Notes</p> <ul style="list-style-type: none"> • Baby's sucking time is not limited to 10 minutes at the breast, length of feeds will increase as they mature • Mothers are encouraged to watch the baby's behavioural cues when feeding • Mothers are educated to know when the baby is sucking nutritively at the breast • For mothers with low supply, offer second breast if baby still cueing for feed • For late preterm and term babies, always offer the second breast 				

Feeding Outcomes

Tracking your baby's feed outcomes

- Feed your baby according to the [HITH Home Feeding Plan](#)
- Document **all** feeds
- Contact the HITH nurse if you are worried about how your baby is feeding or if no wet and/or dirty nappies changed for two consecutive feeds

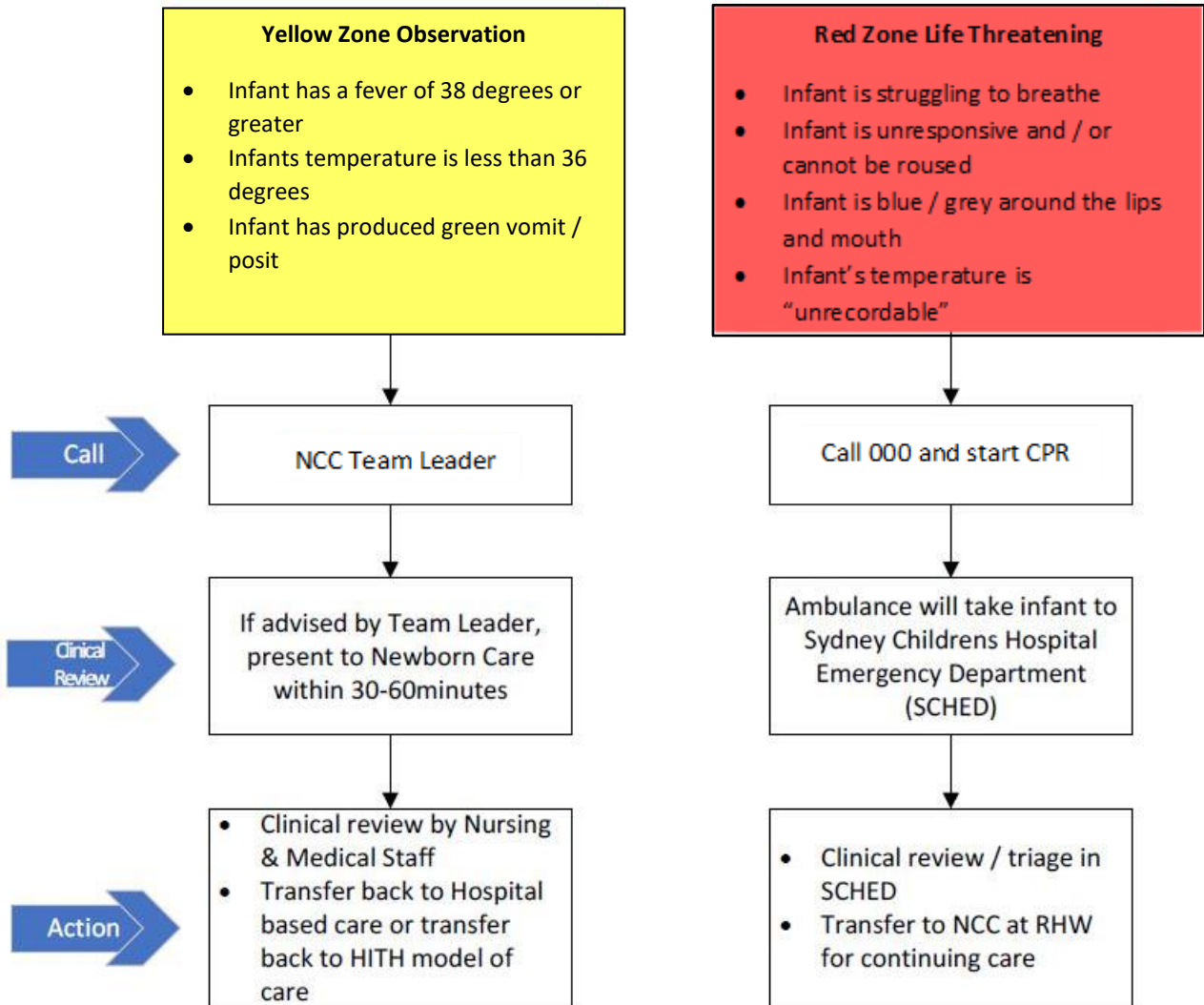
Observations

When to do baby's observations

- Check your baby's temperature, colour and breathing *once a day*
- Record these observations **daily**
- Contact HITH nurse if you are worried about your baby's condition

Red Flags

If any of the following observations are made, please seek further assistance as directed by the flowchart below to ensure your baby receives prompt medical attention:



Home and Car Safety Advice

1 Car Safety

By law, all car seats for your baby must meet Australian/New Zealand Standard. Check for the safety standard for any accessories bought separately.



General Safety Precautions:

- Have the car capsule/seat installed by a qualified professional and according to manufacturer's instructions
- Position is rearward facing in the back seat of the car for under six months of age
- Do not feed the baby while the car is moving to avoid choking
- A parent/carer to sit next to the rearward facing baby or use a mirror to be able to see baby
- Stop for a half-hour break every 2 hours if you are travelling on a long journey. Remove baby from the car capsule/seat to have stretches
- Baby is not to be left alone in the car even for a short period of time
- Remove baby from the car capsule/seat and put the to bed when arrived – do not leave the baby sleeping in the capsule/seat

For more information about Car Seat Rules and Safety including Australian Car Seat Law visit the following websites:

- <https://roadsafety.transport.nsw.gov.au/stayingsafe/children/childcarseats/index.html>
- <https://raisingchildren.net.au/preschoolers/safety/car-pedestrian-safety/child-car-seats-restraints>

2 Safe Sleeping

Safe sleeping is a critical part to prevent Sudden Infant Death Syndrome (SIDS). There are a number of simple steps that can be taken to create a safe sleeping environment. For 0-12 months of age it is recommended:

- **Always place baby on their back to sleep**
Helps keep the babies' airway clear and ensures their protective reflexes work.
Back sleeping reduces the risk of suffocation and choking.

- **Keep baby's face and head uncovered**

Babies control their temperature through their face and head, so keeping the face and head uncovered during sleep helps reduce the risk of overheating.

It also keep their airways clear to reduce the risk of suffocation.

- **Keep baby smoke free, before and after birth**

Smoking around baby increases the risk of Sudden Infant Death Syndrome (SIDS).

Please, don't smoke around your baby and never smoke where the baby sleeps.

- **Safe sleeping environment, night and day**

The safest place for baby to sleep is in their own space with a safe mattress and safe bedding. Baby should always be placed on their back to sleep, with their feet at the bottom of the bassinet or cot.

- Safe mattress - Firm, flat, right size for cot and meets Australian standard (AS/NZS 8811.1:2013).
- Safe cot - Meets Australian standard AS/NZS 2172:2003
- Safe bedding - Lightweight blanket or top cover, firmly tucked in on both sides and at the end of the bed. Only pull the cover up to the chest.
- Safe sleeping bag - Well fitted across the neck and chest, with baby's arms out

- **Sleep baby in a safe cot in parents' or caregiver's room for the first 6-12 months**

- **Breastfeed baby**

Breastfeeding has been shown to reduce the risk of sudden infant death.

For more information about SIDS/SUDI and safe sleeping, visit the following websites:

- <https://rednose.org.au/article/red-nose-six-safe-sleep-recommendations>
- <https://raisingchildren.net.au/babies/sleep/sleep-safety>

3 First Aid CPR

Before leaving the NCC, you will complete a CPR training session. Remember the acronym DRSABCD

- Check for **DANGER**
- Check for **RESPONSE**
- **SEND** for help
- Open the baby's **AIRWAY**
- Check if the baby is **BREATHING** normally
- Start **CPR**
- **DEFIBRILLATION**

CPR for babies under 12 months

Before starting baby CPR: danger, response, send for help



Danger

Check around you for danger. Remove baby and yourself from any danger.



Response

Check baby for a response. Ask baby to open their eyes. Squeeze their shoulders.



Send for help

If baby is unconscious, not responding or breathing abnormally, call 000 for an ambulance.

Next steps: airways, breathing



Airway

Check baby's mouth for airway blockages like the tongue, food, vomit or blood. If there's a blockage, use your little finger to clear it. Place baby on their back with head in a neutral position (head straight, chin not bent down or up) to open their airway.



Breathing

If there are no blockages or you've cleared blockages, check for breathing. Look for chest movements, listen for breathing sounds, or feel for breath on your cheek.



Baby breathing normally? Place baby in the recovery position on their side with their head tilted down. Check baby regularly for breathing and responses until the ambulance arrives.

Baby not breathing? Baby not responding or baby breathing abnormally? Start CPR.

Start baby CPR

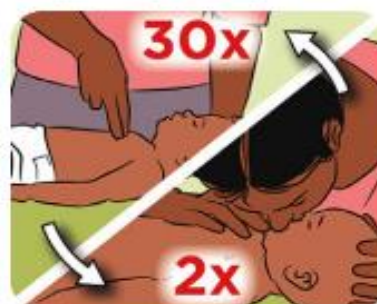


CPR

Put two fingers in the centre of baby's chest. Do 30 compressions at a rate of **2 compressions per second**. Each compression should push the chest down by about one third.



Hold baby's head so that their chin doesn't drop down. Take a breath and seal baby's mouth and nose with your mouth. **Blow gently** and watch for the chest to rise. Take another breath with your head turned towards baby's chest. Watch, listen or feel for air leaving the chest. Repeat.



Keep giving 30 compressions followed by 2 breaths until medical help arrives. If baby starts breathing normally and responding, put baby into the recovery position. Keep watching baby's breathing. **Be ready to start CPR** again at any time.

Appointments

You will receive on the HITH Program:

- A daily telehealth check by the multidisciplinary clinical team
- A weekly/or more frequent at-home visit from the HITH Nurse

Telehealth Appointments

The link to access telehealth is:

<https://myvirtualcare.health.nsw.gov.au/public/#/sesncchith>

- When you log in you enter a waiting room, from where the clinical team will then add you to the daily consultation
- Please test the link to ensure you have no issues with firewalls, etc.
- Please log in 5 minutes ahead of the daily appointment time
- Appointments will typically last around 15 minutes
- A User Guide for the My Virtual Care platform can be found below

At Home Appointments

When the HITH Nurse visits your home, they will complete a risk assessment confirming that it is a safe environment for them to enter.

NCC Appointments

Depending upon your baby's progress and/or care plan, you may request or require an ad hoc in-person appointment at the NCC. This will be discussed as part of your daily telehealth check or can be arranged directly with the HITH Nurse. When you attend the NCC, please bring your baby's My Health Record or Blue Book.

User Guide for myVirtualCare Portal

myVirtualCare Portal

User guide for patient and carers

Accessing myVirtualCare

You will be provided with a link to join the consultation. Open a compatible browser (see TIP below), then follow the link and steps to connect to your appointment.

1. Enter your details and identify your role by using the dropdown list.
2. Click the **Next** button.

The image shows two side-by-side screenshots of the 'Join NSW Health Clinic' registration form. Both forms have the title 'Join NSW Health Clinic' and the instruction 'Please fill out below'. The left form shows 'Full Name' as 'John Smith', 'Phone (optional)' as '0498509217', and 'Role' as 'a patient'. The right form shows 'Full Name' as 'Stacey Smith', 'Phone (optional)' as '0490009985', and 'Role' as 'a relative, carer or friend of patient'. Both forms have a green 'Next' button at the bottom.

TIP





Successful connection to myVirtualCare depends on your internet speed, device and browser. An upload and download speed of at least 1Mbps is required.

You can test your connection speed at www.speedtest.net and check your browser at www.whatismybrowser.com

More system requirement information is available at www.aci.health.nsw.gov.au/_data/assets/pdf_file/0018/630252/MyVirtualCare-Recommended-System-Requirements.pdf

Approximate data usage for a 15 minute video call is 80MB and for an audio-only call is 10MB.

Browser compatibility

	Apple Safari version 11.1 and later
	Google Chrome version 80+
	Mozilla Firefox version 60+
	Microsoft Edge version 80+

Audio and video test

You will automatically be prompted to test your audio and video devices prior to joining the consultation.

1. Select your preferred microphone from the **Audio Settings** dropdown.
2. Click the **Test Microphone** button, say something and it will be played back to you.
3. Select your preferred **Camera** from the **Video Settings** dropdown list, click the **Test Video** button.
4. You should see the video from your camera displayed on screen.
5. Once complete, click the **Next** button.
6. Rate your Audio and Video quality and click the **Finish** button. Your clinician will see the results of your device test. If you have any technical issues connecting please contact your service provider.

The image shows a 'Test Audio and Video Settings' dialog box. It has a title bar with a close button (X). The dialog is divided into two sections: 'How was the sound?' and 'How was the video?'. Each section has three buttons: 'Good' (green), 'Bad' (grey), and 'No sound'/'No video' (grey). At the bottom, there are two buttons: 'Back' (red) and 'Finish' (green).

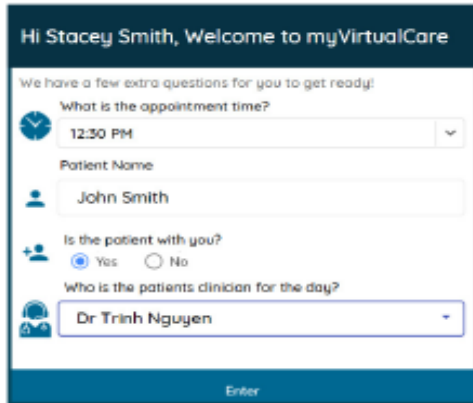


Health

ACI/D21/334 | ACI 0351 [02/21]

7. Enter your appointment time and if prompted, select your clinician.

Carers will be asked some additional questions.



8. After logging in you will be transferred to a virtual waiting room. On entry, a notification will be sent to your clinician to notify them that you are waiting.



Consultation call controls

These call controls will auto-hide at the bottom of the window and reappear when you activate the screen (move mouse/touch screen).



Microphone

When you are not speaking you can mute the microphone.



Chat

You can chat by typing into the **Chat Window** and pressing **Enter** on your keyboard, or clicking the **Send** icon.



You can also attach documents and photos via the chat window.

1. Click the **paper clip** icon.
2. Click the **Choose file to upload** button and click the **Finish** button.



Concluding the consultation

When your appointment has finished, simply click the telephone button in the Call Control bar at the base of your video screen.



1. Click the **Yes** button.

You will be asked to complete a short survey following your consultation. We appreciate your feedback about your experience.

If you have any technical issues connecting, please contact the service who organised your appointment.

Contact Details

RHW front desk	02 9382 6111	24/7
RHW NCC	02 9382 6160	24/7
HITH nurse	0456 587 735	8am – 4.30pm Mon – Fri [not including Public holiday]
Team Leader	0429 098 642	Out of hours [outside of HITH nurse hours above]
For emergencies	000	24/7

Notes

A series of horizontal dotted lines for writing notes.

