

# **The Royal Hospital for Women Newborn Care Centre Hospital In The Home (HITH) Program**

**Parent Resource Booklet**

**For Baby** .....



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FOR REVIEW: 2029		

# Introduction to HITH Program

The Royal Hospital for Women is providing a program that offers a hospital-in-the-home (HITH) model of care. The program supports you to care for your baby at home to progress from nasogastric tube feeds to all suck feeds of either breast or bottle. HITH allows you to build family life and reduce the stress of the hospital environment experienced by you and your baby. You will be trained to use the nasogastric tube safely at home before leaving the hospital. The HITH nurse will continue to guide you with your baby's care and follow up your progress daily until your baby is ready to be discharged from the care 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 Southeastern Sydney Local Health Service (SESLHD), such as 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 program

# 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 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

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

Your baby's feed is measured and given with a syringe attached to the feeding tube by the principle of gravity.

## 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 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 and position comfortably on their back or in your arm

## 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 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

- 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 to the milk syringe
- Give a push of 2-3mL of milk and then carefully remove the plunger from the syringe
- Hold/secure the feeding syringe above the mattress surface (about 30cm)
- Let the feed run down the nasogastric tube slowly, about 10-30 minutes, until the syringe is empty

- 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
- When feeding completed disconnect the syringe from the feeding tube
- Wipe off excess milk residue with a clean wipe and replace cap
- Record feeding on HITH app or the feeding record

## **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 secured to the face at the measured level as documented on page 4
- 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

## 1. No gastric aspirate or unable to get some

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 to aspirate.

- Lay the baby on their left side and aspirate the stomach content again.
- If there is still no aspirate to test consult the HITH nurse or the Team Leader of NCC for advice as the tube may be blocked or dislodged from stomach. Your baby might need a new nasogastric tube to be inserted.
- If the color on the pH strip is showing more than 6.0 *DO NOT FEED YOUR BABY.*
- Consult the HITH nurse or the Team Leader of NCC for further advice.

## 2. 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 plan 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 your baby progresses 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 baby's feed
- To understand whether a top up (tube or bottle) 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"> <li>• Baby grasps breast</li> <li>• Tongue down</li> <li>• Lips flanged</li> <li>• Rhythmic sucking</li> </ul>
C	Sucking and Swallowing (sucking efficiency and maturity)	None	Intermittent sucking with occasional swallowing	<ul style="list-style-type: none"> <li>• Strong rhythmical sucking</li> <li>• And/or audible swallowing</li> </ul>
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
Yvette Sheehy, modified from Jensen D, Wallace S, Kelsay P LATCH: a breastfeeding charting system and documentation tool JOGNN 1994: 23: 27-32				
<b>Scoring</b> <ul style="list-style-type: none"> <li>• Scoring is carried out at each breastfeed in partnership with the mother</li> <li>• Each element has a possible score of 2</li> <li>• Total possible score of 10</li> <li>• When baby is consistently scoring 8-10, consider increasing the number of breastfeeds per day</li> <li>• Low score in an individual element can identify a need for further intervention or education</li> <li>• When deciding top up amount, consider feeding schedule</li> <li>• Consider maternal supply when deciding on amount of top up</li> <li>• <b>For late preterm and term babies in the first 72 hours, consider elements B and C to assess feed</b></li> </ul> <b>Notes</b> <ul style="list-style-type: none"> <li>• Baby's sucking time is not limited to 10 minutes at the breast, length of feeds will increase as they mature</li> <li>• Mothers are encouraged to watch the baby's behavioural cues when feeding</li> <li>• Mothers are educated to know when the baby is sucking nutritively at the breast</li> <li>• For mothers with low supply, offer second breast if baby still cueing for feed</li> <li>• <b>For late preterm and term babies, always offer the second breast</b></li> </ul>				



# Documentation

## TCC NC HITH app



- Download the TCC NC HITH app from any app stores
- Obtain user ID and password from HITH nurse
- Log on to the documentation pages
- Enter information as requested below
- Use the comment section for additional information, such as weight or behavior
- Upload any photos you wish to share or concerned

### 1. **Feeding Outcomes** - Tracking your baby's feed outcome

- 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

### 2. **Observations**

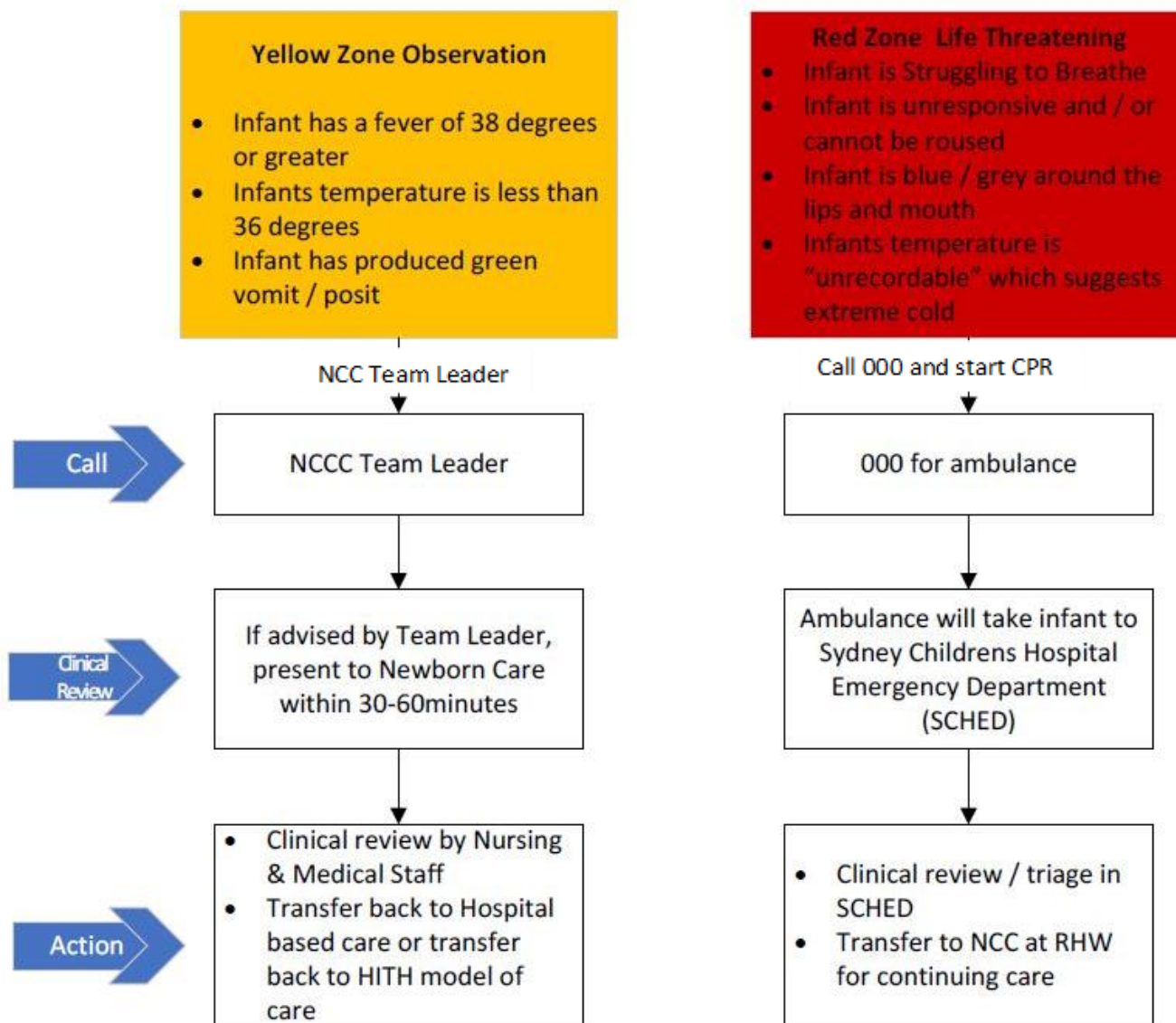
- Check your baby's temperature, colour and breathing *once a day*
- Record these observations **daily**
- Contact HITH nurse if you are worried about your baby's condition

### 3. **Weight gain**

- Record your bay's weight on Mondays, Wednesdays and Fridays

# Red Flags

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



# Home and Car Safety Advice

## 1 Car Safety

All car seats for your baby must, by law 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 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
- An adult 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 to destination

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

- <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.

- **Always place baby on their back to sleep**  
Helps keep the babies' airway clear and supports their own protective reflexes  
Back sleeping reduces the risk of suffocation and choking.
- **Keep baby's face and head uncovered**  
Keep the face and head uncovered during sleep helps reduce the risk of overheating.  
It also keeps 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, Australian standard (AS/NZS 8811.1:2013).
- Safe cot - 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.
- 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**

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

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

### 3 First Aid CPR

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

- **Danger** - Check for danger
- **Response** - Check for response
- **Send** - for help
- **Airway** - Open the baby's airway
- **Breathing** - Check if the baby is breathing normally
- **Cpr** – Start CPR
- **Defibrillation** – Apply defibrillator pads



## 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**

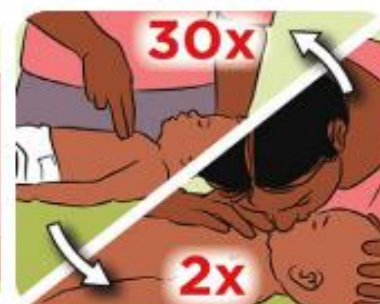


### CPR

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.

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<https://raisingchildren.net.au/newborns/safety/cpr/cpr-for-babies>

# Appointments

You will receive on the HITH Program:

- A daily telehealth or phone call check
- 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

## NCC Appointments

Depending upon your baby's progress and/or care plan, you may request or require an 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.

# Appointments

Date	Time	Type / Location



# 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.



#### 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](http://www.speedtest.net) and check your browser at [www.whatismybrowser.com](http://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](http://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.



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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).



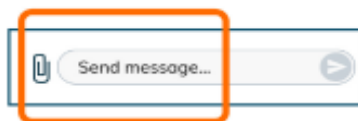
### Microphone

When you are not speaking you can mute the microphone.



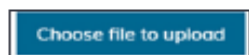
### Chat

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.**



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## Contact Details

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

## Notes

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.