**NOTE:**

**For text that is blue AND bold, it is a link that can be clicked but hasn’t been (a black box… is there a page after, isn’t there, who knows?!?)**

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**Before birth**

Being told your pregnancy is high-risk, your unborn baby is ill or you’re likely to give birth early is frightening news. You might feel guilty, as if your body is failing to do its job, and you might also feel helpless because there’s little you can do. But by visiting this website you have already taken the first step to preparing yourself, as much as possible, for what lies ahead.

The causes of preterm birth (before 37 weeks) are not well understood and there are many different reasons for babies arriving early, including multiple pregnancies, pre-eclampsia and poor growth in the womb. If your waters break early the doctors will probably give you two sets of drugs – one to delay labour and the other to help your baby’s lungs to mature.

Preparing yourself

Finding out what might happen can make you feel like you’ve regained a tiny bit of control over your situation. Prepare yourself by:

•Asking your doctor questions (take notes to help you remember later).

•Researching conditions your doctor mentions – but only from reliable sources such as this website and nhs.uk

•Asking if you can look around a neonatal unit. Entering a NICU for the first time can be intimidating. You can also take a tour online.

•Talking to someone who has had a premature baby. The Bliss messageboard is a great place to connect with other parents who have been through similar experiences.

•Looking at other sections of this website, but take your time and don’t get overwhelmed by reading everything at once.

Take care of practical considerations earlier than usual so you are ready: pack your hospital bag; plan your route to the hospital; find out about parking; arrange childcare if necessary; and have all the contact numbers you need to hand.

If your baby comes early they might need to be fed through a tube at first. Breast milk is especially important for premature and sick babies.

Expressing milk by hand and machine are techniques you can read up on now in preparation.

Looking after yourself

Managing your weight by eating healthily and staying active can reduce your risk of developing complications that could lead to your baby being born prematurely. Stay well – and help your baby to develop and grow – by eating plenty of:

•Fruit and vegetables – at least five portions a day.

•Starchy foods (carbohydrates) such as bread, potatoes and pasta.

•Meat, poultry and eggs for protein, but make sure everything is cooked through.

•Fish – try to eat two portions a week, one of which should be oily fish such as salmon, sardines or mackerel.

Foods to avoid include liver, pâte, soft cheeses with white rinds, soft blue cheeses and raw or undercooked meat and eggs.

Unless your doctor has told you otherwise, do something active every day. This doesn’t have to be an organised exercise class – walking counts too!

Smoking, drinking alcohol and taking drugs have all been linked with premature labour so you should give up now if you haven’t already. Giving up alcohol completely is safest but if not, limit your intake to one or two units (a small glass of wine) once or twice a week.

Looking after your mental health is crucial. Try to cut out some daily stress by accepting offers of help from friends and family, whether it’s doing the housework or looking after other children. Shop for groceries online and consider getting a cleaner or paying for extra childcare if you can afford it. Try to do something you enjoy at least once a week.

If you would like to speak to someone or for further information please call the Bliss helpline on 0500 618140.

**In hospital**

* You and your baby

For many families, having a baby admitted to a neonatal unit is a unique and frightening experience. Although a number of families will be diagnosed as having a high risk pregnancy, for the majority, this situation is neither expected nor prepared for.

This section explores some of the reasons why your baby may have arrived early, why they have been admitted into special care and the help and support that you can receive.

**Why your baby may have arrived early**

**Why your baby may be in special care**

**How you might be feeling**

**How Bliss can help**

**Financial advice for families**

**Useful organisations**

* About neonatal care

Neonatal units in hospitals specialise in the care of babies born early, with low weight or who have a medical condition that requires specialised treatment. Literally neonatal means ‘new born’.

One in nine babies born in the UK will spend at least a few days in a neonatal unit which specialises in looking after preterm, small and sick babies. Some babies may have an infection and need antibiotics; others need breathing support or monitoring, or may be suffering from other medical conditions. The length of a baby’s stay may vary from days to weeks or months, depending on their needs.

Going to a neonatal unit and seeing your baby for the first time can be distressing. They may be surrounded by lots of frightening equipment and technology to help them breathe and monitor their progress. Your baby may also be very small and their appearance might not be what you imagined. Many of the babies in the neonatal unit are extremely tiny and immature. The equipment surrounding them is designed to keep them warm, to monitor many of their bodies’ functions, and to support their breathing.

If you are shocked when you walk into the neonatal unit, you’re not alone. Having a premature or sick baby can be traumatic, but all the staff members know you are under stress and are there to help you, as well as your baby.

In this section we will help you understand the different levels of care your baby can receive, the equipment and terminology that will be used by medical staff and any other worries you may have whilst your baby is on the unit.

**Introduction to a neonatal unit - video series**

**Different levels of care**

**Who's who on the neonatal unit**

**Equipment on the unit**

**Baby transfers**

**Unit tour**

* Visiting your baby

It is normal for parents of special care babies to have lots of questions about their child and the neonatal unit. Each unit will work slightly differently, but there are some standard policies that will apply wherever you have been admitted.

I’ve got a cold. Is it OK to visit my baby in hospital?

Different neonatal units will give you different advice on this. It is always essential to practice good hygiene, such as hand washing on arrival at the unit, to avoid passing on any viruses or germs.

As parents, your role in supporting your baby is essential. A decision to stay away or to be with your baby should be well thought out between you and the medical staff in the light of your baby’s current health.

The thought of this may seem unbearable, but if you do decide to stay away, look after yourself and you will have even more to offer your baby when you return.

My baby is in hospital and looks so fragile and different from other babies that I’m afraid to touch him/her. Is this normal?

It’s normal for you to feel this way. It will help you and your baby if you get to know each other. Your voice may already be familiar from when your baby was in the womb and your smell is unique. While the staff may be trying to handle your baby as little as possible to avoid over-stimulation, it’s good for you to spend some time talking to and touching your baby.

What can I do to get to know my baby better?

Positive touch is a way of communicating your love and reassurance to your baby and hearing your baby’s needs in return. Babies do communicate. By watching and listening to your baby, you can learn what kind of touch to use and when it is appropriate, safe and pleasurable for your baby. To start with you may find it much easier to recognise when your baby is over-stimulated or distressed. In time you will get to know your baby’s individual ways and your baby may respond to you more often.

There are several ways to give your baby an experience of positive touch. Still and containment holding is the most appropriate for very young or highly sensitive babies. Kangaroo care and baby massage may, in time, become appropriate.

For more information on comfort holding, Kangaroo care and baby massage, please click here.

When will my baby be able to come home?

This will vary for each individual baby. It depends on your baby’s birth weight and gestation as well as their medical condition at birth and throughout their stay in special care. As a very rough guide, most babies do not come home until they have reached their expected due date.

**Taking part in daily cares**

**Skin-to-skin and Kangaroo Care**

**Family-centred care**

* Medical conditions and procedures

Premature and low birth weight babies have little ability to fight infection and this is a common problem that needs treatment.

Sometimes infections are caused by germs collecting on long lines, which may need to be removed, or on ventilation tubing in the windpipe. As a result, infection is a common problem; however not all infections are the same and not all of them are severe.

This section explains some different types of infections and other medical conditions as well as common tests and procedures that your baby may need.

**Sepsis**

**Necrotising Enterocolitis (NEC)**

**Meningitis and septicaemia**

**Pneumonia**

**Patent ductus or patent ductus arteriosus (PDA)**

**Brain haemorrhage**

**MRSA**

**Hypoxic-ischaemic encephalopathy (HIE)**

**Common tests and procedures**

**Common medical terms**

* Multiple births

Babies in a multiple pregnancy are much more likely to experience some level of additional care in hospital after birth, known as ‘special’ or ‘neonatal’ care.

Sometimes one baby may be admitted to the neonatal unit, or transferred to another, while the other baby or babies are able to stay in the maternity unit. It is perfectly natural in this situation to give your attention to the baby you are able to care for. This situation can create problems with visiting and establishing routines and it is normal to feel torn. The staff should be able to support you in juggling your babies’ needs and provide the help you need to bond with them.

It may also be necessary to transfer you to a different hospital whilst you are pregnant, during labour or after delivery. This occurs if your local unit does not have spare cots, sufficient staff resources or cannot provide the level of care needed. It is important for families to be fully informed of their rights and choices. You can find out more information about transfers **here**.

The **Twins and Multiple Births Association** (Tamba) in conjunction with Bliss have produced a guide to help prepare and support multiple birth parents, Multiple births – A parent’s guide to neonatal care. You can order or download this publication from our **online shop**

* Feeding

Before your baby was born, you probably dreamed about what it would be like to hold and feed him or her. You may have already decided how you were going to feed your baby, but now that your baby is in a neonatal intensive care unit (NICU), you may need to adjust your plans.

Feeding can be a very stressful time for parents of premature babies. It is often a huge source of anxiety and concern. It is important to remember that all babies will develop at their own pace and should always be cared for as individuals.

In the womb, your baby will have got all of his or her nutrients and fluid via the placenta and umbilical cord. When a baby is delivered prematurely, he or she will need to receive these nutrients in a combination of ways, depending on his or her maturity and health.

This section of the website contains information about the different feeding methods that may be used for your baby. You can find information on weaning your premature baby here

**Total Parenteral Nutrition**

**Tube feeding**

**Expressing**

**Breastfeeding**

**Complications with expressing and breastfeeding**

**Bottle feeding**

**Feeding multiple babies**

**Colic and wind**

**Reflux**

**Weaning**

**Going home**

* Going home with your baby

Over the weeks or months that your baby has been on the neonatal unit, you will have got used to a high level of support, always having people around to answer questions or give advice. At home you will be the main person caring for your baby. So as well as being a happy time, bringing your baby home can be emotional and worrying too.

It is very common to feel nervous and unsure about being able to cope. The transition from hospital to home is a big step for you, your baby and the whole family. But remember - your baby is only coming home because he or she is well enough to leave the unit, and the staff are confident that you and your partner are able to look after them.

**The right time to go home**

The staff involved in the care of your baby will have kept you up to date with your baby’s progress while on the unit. To decide if your baby is ready to go home, they will assess if your baby is able to control their temperature, how well they are feeding and if their cares can be continued outside of the unit, without constant professional support. If your baby still has certain feeding or breathing difficulties or requires specialist attention, they may well still be able to go home, but only once you have been given enough information on how to look after your baby confidently and follow-up support has been arranged.

It is also very important that you feel it is the right time to bring your baby home too. You may well have questions or concerns, so make sure you discuss them with the staff or discharge team.

**Will my baby have to stay in hospital until they reach their due date?**

Not always. In your discharge planning meeting, which should take place in what would have been week 33/34 of pregnancy, you will meet the multi-disciplinary team and they will assess your baby’s progress. If your baby is feeding well, gaining weight and has no other problems, they may be well enough to go home before their original due date.

**What if my baby is on medication or is very small when I am told they can go home?**

The staff on the unit wouldn’t discharge your baby if they thought it was unsafe. Even though some babies may still have ongoing medical issues, these issues will be ones that staff are sure you are able to cope with at home. You will have access to advice and support if you need it, and staff will explain to you all you need to know to become the main carers of your baby.

**I have twins - what if one baby is ready to go home before the other?**

When you have twins or triplets, it sometimes happens that one of the babies will be ready for discharge before the other/s. This can be very difficult for parents, both on an emotional and practical level, with visiting and caring for two or more babies in different places. Your babies will only be separated if there is likely to be a long period between them being ready for discharge; if it’s a matter of a few days, it would be reasonable to expect them to come home at the same time.

**Will my baby's development be the same as for a baby of the same corrected age?**

Your baby’s prematurity will be taken into account when looking at their development. However, this does not necessarily mean that your baby will be at exactly the same stage of development in all areas as babies of the same corrected age. Like term babies, premature babies will have their own individual pace and abilities, which may be faster or slower.

For certain things, such as immunisations, your baby’s age will be worked out according to their actual birth date, not their corrected age.

There is more information in our free booklet, Going home: the next big step. You can **order or download this publication** free of charge in our online shop.

* Preparing to go home

It may be hard to believe that the day your baby will be well enough to come home will ever arrive, when they are so small and sick. But the weeks do go by, and as well as fitting in hospital visits, looking after the family and keeping things running smoothly at home, you now have to get ready for your baby’s home-coming.

**Getting organised**

If you get organised in advance, you will be able to spend more time with your baby when they come home. Share your concerns or practical difficulties with the staff on the unit. In any case, the hospital will arrange a meeting with you before your baby goes home.

You should have easy access to a telephone. A mobile will do, but a landline is better if your baby has complex needs. If you do not have one, ask staff on the unit to put you in contact with social services, who may pay to install a phone at your house if your baby needs ongoing specialist care. If you need to have your line repaired, tell your telephone company that repairing the line is urgent, because you need to be in contact with the hospital and emergency services.

If you will be expressing or bottle feeding your baby at home, it is helpful to bring in the bottles and teats so that your baby can start to get used to them. You will also need your own breast pump if you are planning to express milk at home. If the pump that you used in hospital is working well for you, it may be worthwhile either buying or renting the same machine.

You may also like to bring in a brightly coloured or musical toy (check whether it’s appropriate with the staff first) for your baby’s cot and something which smells of home, for example, a special blanket. Once your baby arrives home, they will be comforted by familiar objects and smells.

**Rooming in**

Before going home, all hospitals should offer the chance to 'room in'. This means you stay in a room on or near the unit and care for your baby overnight for a few days.

It is a good idea to use this opportunity if you can. It will give you more confidence in caring for your baby, while the unit staff are on hand to help you if necessary. It will also help you to find out what you need to know before taking your baby home.

There is more information in our free booklet, Going home: the next big step. You can **order or download this publication** free of charge from our shop.

Click on the button below for a checklist of what you will need to know about your baby's care.

**Before you leave**

* Before you leave

As well as getting to know your baby, it is important to make sure you are completely confident with providing your baby’s care. For example:

* + Do you know how to make your baby comfortable and reassured?
  + Do you know how to give your baby a bath?
  + Have you been shown how to give your baby medication?
  + Have you been shown how to use any specialist equipment?
  + If you are expressing or bottle feeding, do you know how to sterilise bottles and make up - your baby’s feeds?
  + Have you received resuscitation training?
  + Do you know how to monitor and control temperature?
  + Are you aware of techniques to prevent cot death?
  + Do you have enough information and support to breastfeed?

If you don’t feel sure about any aspect of your baby’s care, ask staff on the unit – they will be happy to help you.

* Going home on oxygen

The unit staff will have already discussed with you why your baby is now ready to go home. Usually it means that he or she is generally in good health, gaining weight and growing and feeding in a way that can be continued at home.

Some babies who need extra help with breathing will go home 'on oxygen'.

**Discharge**

Unit staff will arrange a meeting with you before your baby is discharged so that you can discuss the future and ask any questions. If there is a community outreach worker or family care worker attached to the unit (someone who will visit you once your baby is at home), it is likely they will co-ordinate the discharge. This will include talking to you about the practical side of caring for your baby at home and what it means for the family.

If you do not have a community outreach worker, then someone from the special care baby unit (SCBU) will arrange the discharge instead. You should not be expected to do anything at home that has not been explained and demonstrated to you by a health professional.

**Home on Oxygen Order Form (HOOF)**

A member of staff will order your baby’s oxygen on a Home Oxygen Order Form (HOOF). They will also fill out a prescription or HOOF for the amount of oxygen your baby will need. This will be forwarded directly to the home oxygen provider covering your area and they will contact you to arrange for delivery and installation of the oxygen supply to your home. You will be asked for consent for the company to get in touch with you.

Although it seems daunting at the beginning, having your baby at home will mean that you can start caring for and enjoying him or her in your own way. As confidence grows, you will develop a routine and become more of an expert on your baby’s oxygen needs than the medical staff.

**What is oxygen?**

Oxygen is a gas that is necessary for all cells in the body to generate energy and function properly. The air we breathe normally has 21 per cent oxygen. A maximum of 100 per cent oxygen can be given. If your baby is prescribed oxygen it is important to follow the guidelines given to you by your baby’s doctor or nurse for administration.

Your oxygen supplier will have a call centre open 24 hours a day, 365 days a year, for urgent enquiries regarding the equipment.

**Why does my baby need home oxygen?**

Your baby’s lungs are not working well enough for him or her to get enough oxygen from the air. The most common reason for this is because of inflammation resulting from premature birth and insufficiency of the lungs. Your baby may, however, need oxygen for other reasons. If you are in any doubt, ask the staff looking after your baby.

Our booklet Going home on oxygen will help you and your family prepare for taking your baby home on oxygen. It is available to **order or download** free of charge from our online shop.

* Transporting your baby

Having a car seat for your baby is an essential item, even if the only car journey you are going to make is from the hospital to home.  
  
By UK law, all children up to the age of 12 must use a car seat. You must always use a suitable rear-facing baby car seat, even on the shortest of journeys. If you do not own a car, it is still advisable to borrow or hire a baby seat when taking your baby home from hospital by car or taxi. There may be a local loan scheme - it’s worth asking.  
  
**Car seat essentials**

* To ride in a car, every baby has to use a car seat.
* It is always best to try putting your baby in the car seat before going home, to make sure they are comfortable and safe. Unit staff will be able to advise you.
* Your baby can experience breathing difficulties if the seat does not fit properly.
* You can get ‘head hugger’ supports to fix into car seats – these are useful if you have a very small baby.
* Practise fitting the seat into your car.
* Only use a rear-facing seat.
* Never use a seat in the front if a passenger-seat airbag is fitted.
* Do not buy or use a second-hand seat unless you are fully aware of its history.
* No hospital will loan car seats, but social services can provide one.

It is a good idea to check with the staff on the unit if they think it safe for your baby to travel in a car seat. All babies weighing under 1500g should have a ‘car seat challenge’ before they leave the unit. This is a test to check if they fit properly in their car seat.  
  
**RoSPA car seat guidelines**

The Royal Society for the Prevention of Accidents (RoSPA) has issued guidelines on the use of car seats with premature and low birthweight babies. In the USA, research has indicated that this category of babies can have breathing problems if they stay in a car seat for long periods.  
  
Here is a brief summary of RoSPA’s guidelines:

* Avoid keeping your baby in the seat for any longer than is necessary.
* Recline the seat as much as possible when in the car (carefully following the manufacturer’s instructions).
* Never leave your baby unattended in the car seat.
* Only use the seat in the car.
* Keep car travel to a minimum for the first few months if possible.
* Always ask for advice if you are unsure about any aspect of car safety.

For more information, visit **[RoSPA's website](http://www.rospa.com/" \t "_blank" \o "RoSPA website).**

**At home**

* Settling in at home

It is extremely common for parents of special care babies to feel nervous and unsure about being able to cope. The transition from hospital to home is a big step for you, your baby and the whole family. It is often a time of mixed emotions. It takes time, but gradually you will learn what you need to do.

If you find that you do not feel confident about caring for your baby at home, remember that help is at hand. You can speak to your health visitor or your community neonatal nurse and explain to them how you are feeling - often some practical, objective advice is all you need. You may also be able to see a counsellor or a psychotherapist through the unit that discharged you. Contact your unit for more information.

Alternatively, call the Bliss freephone Helpline on 0500 618 140, and an advisor will be able to help. The line is open from 9am to 9pm, Monday to Friday. You can also email us at **hello@bliss.org.uk**

Find out more about caring for your baby at home by clicking on the links below. You can also **download or order** our free booklet, Going home: the next big step.

**Help at home**

**Visitors**

**Feeding Q&A**

**Breastfeeding Q&A**

**Vitamin supplements**

**Follow up appointments**

**Immunisations**

**Your baby's development**

**Readmission to hospital**

* Safe sleeping

Coming home is a big change for your baby. Everything is new and different: noises, temperature, smells, colours. They may need lots of cuddles for reassurance. It can take some time for babies to settle into a new environment.

Remember that premature babies have more active sleep than term babies, so although they may be moving around at night, they may well be sleeping better than you think.

If your baby is unsettled, you can try stroking them to reassure them you are there. This will be easier if you have a Moses basket next to your bed. You may also want to try leaving a night light on.

Baby massage is a great way of bringing you closer to your baby, and is also very good for your baby’s health and sense of wellbeing. Massage has been shown to be especially useful for premature and sick babies. It can help you bond by making your baby feel loved and helping you learn about your baby’s needs. You will also both find it very relaxing.

Allow your baby time to try and settle on his or her own. Many babies cry briefly before going to sleep, and it is better not to pick them up or disturb them if they are trying to settle down. Watch out for what your baby likes to do before falling asleep and you will soon be able to read his or her cues.

For more information on safe sleeping, including a video, see the information provided by the Lullaby Trust

If you need advice or reassurance on safe sleeping, you might also find it helpful to talk to another parent or visit a local support group. Alternatively contact the Bliss Family Services Helpline on 0500 618 140 for more information.

Click on the links below to find out more about safe sleeping.

**What is the best sleeping position?**

**Can my baby sleep with me?**

**Temperature**

**Smoking**

* Multiple babies

It is quite common for one baby to be ready to go home from the hospital before the other/s. This can be a confusing time for parents of multiples as it can be traumatic to leave a baby behind. It is crucial for you to continue bonding with the babies or baby that remains in hospital; this is best achieved by **skin-to-skin** contact when you are visiting. You may like to leave a photo near the baby’s cot, and also take one home for the remaining family members.

It can sometimes feel like favouritism to be spending time with the baby at home, but it’s important to remember that you will soon be able to have your babies together again. Treating twins and multiples as individuals is good for their long term development.

**Sleep time and safe sleeping**

Many multiples share a cot initially and research suggests that these babies tend to develop similar sleeping patterns, not waking any more often than babies who sleep apart. This research also suggests that cot-sharing twins have not been linked to an increased risk of cot death or SIDS (sudden infant death syndrome).

Babies should sleep on their backs, with their feet to a firm base to stop them wriggling under covers, covered with separate blankets. Most newborn twins/triplets/multiples start off by sleeping side by side at the foot of the cot. As the babies get larger they may stay in this position or sleep head to head. These both comply with the ‘feet to the foot of the cot’ recommendation aimed at reducing sudden infant death syndrome.

For more information on safe sleeping, including a video, see the information provided by the **Lullaby Trust**

* If your baby is unwell

The change in atmosphere, drier heat and more dust at home compared with the unit may make some babies more snuffly. Don’t worry, particularly if your baby seems well and is able to feed. The snuffling will settle down, but this may take a few weeks. Check your baby’s temperature if you think he or she might be unwell; if it is lower or higher than normal, or if your baby is struggling to keep warm, ask your GP or health visitor for advice.

Check whether your baby is becoming unwell:

* Are they more fretful than usual?
* Do they have a raised or lower temperature?
* Are they not interested in/reluctant to feed?
* Have they been vomiting, more than usual?
* Has there been a change in stools – more frequent, watery or ‘explosive’ than usual?
* Are they less aware of you (not as responsive, not waking up as easily, more ‘floppy’, breathing more rapid and noisy)?
* Do they have blotchy skin or a rash that doesn’t become much lighter when a glass tumbler is pressed against it? Are they pausing for a few seconds between breaths and paler than usual? These two options could possibly be serious, and you should get medical advice urgently.

Make sure you have details of the nearest A&E with children’s services.

How can I protect my baby from the risk of infection?

If your baby was ventilated, needed oxygen or was very premature, he or she may be more at risk from infections that affect breathing. It is not possible to completely protect your baby, but there are steps you can take.

If you are worried that your baby is unwell, seek medical advice.

You can find out more about common winter illnesses [**here**](http://www.bliss.org.uk/common-winter-illnesses)

* Common winter illnesses

Coughs, colds and stuffy noses affect us all throughout the year. Nobody is entirely immune but some are at higher risk of catching an infection than others.

For the very young, and in particular those born prematurely, with lung problems or with a congenital heart condition, the high season of October to March can prove to be particularly challenging. These babies could be at higher risk of becoming more seriously ill following an infection.

One of the very best ways to avoid infections, especially if your baby is at high risk, is to be prepared. Talk to your GP, health visitor or staff on the neonatal unit before the high season begins in October, so that you are aware of the potential risks and know what to expect.

If your baby has been in hospital longer than eight weeks, he or she should have received their routine immunisations. If your baby was discharged from hospital before eight weeks, please contact your GP for further information regarding immunisations.

Reducing the risk of infection  
  
Washing hands is vitally important in the fight against infection. Wash with warm, soapy water and dry your hands well before handling your baby. Encourage others to do the same.  
  
**Other ways you can reduce the spread of colds:**

* Use disposable tissues to wipe your baby’s runny nose and a clean piece of damp cotton wool to wipe each teary eye individually to avoid the spread of infection.
* Use a tissue to catch your own sneezes, as the cold virus spreads through droplets produced when you sneeze.
* Clean toys, highchairs and worktops regularly, as germs can live for up to 48 hours on surfaces.
* Avoid contact as much as possible with other adults and children with cold-like symptoms.

For further information you can [**order or download**](http://www.bliss.org.uk/Shop/common-winter-illnesses) our booklet Common winter illnesses from our online shop.  
  
**When to call the doctor**

* If your baby has a fever – a temperature over 38°C (100.4°F).
* If their temperature rises suddenly or the fever continues for more than two days.
* If a cough lasts for more than a week or becomes wheezy, or if your baby  
  develops any breathing difficulties.
* If you notice a rash on your baby’s body.

Where to get help

[**NHS 111 England**](http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/NHS-111.aspx)[**NHS Direct Wales**](http://www.nhsdirect.wales.nhs.uk/)[**NHS 24 Scotland**](http://www.nhs24.com/)

* Weaning

All ages given here are calculated from the date your baby was born, no matter how premature that was (unless otherwise stated). This is known as your baby’s ‘chronological’ or ‘uncorrected’ age. A corrected age is the age of your baby from the date your baby was due.  
  
What is weaning?

‘Weaning’ is the gradual introduction of solid foods to a baby who has only ever had breast milk or baby milk formula as their nourishment.

Why wean?

* Babies reach a point when breast or formula milk no longer supplies all the nutrients they need to grow well.
* New tastes and textures help encourage babies to eat a good range of foods later on, and ensure that their diet is well balanced.
* Solids help babies to practice lip, tongue and jaw movements.

Why treat premature babies differently?

The process of weaning may take longer in babies born prematurely than in term babies. The information here is intended to provide guidance on weaning your healthy preterm infant. Babies with ongoing medical conditions that affect feeding or growth should follow advice from their local team.  
  
If your baby has developed a long-term illness, for example developmental delay or ongoing gastro-oesophageal reflux, they may have more specific nutritional and/or feeding problems. If so, you may be referred to your local paediatric dietitian or speech and language therapist. If you are not and you feel you need help, make sure that you ask your health visitor or doctor, who can refer you.  
  
Your baby's growth  
  
Each baby will have his or her own individual growth pattern, particularly if he or she has long-term health problems. Many preterm babies will be small; some catch up, and others don’t. For those who don’t, this may be perfectly normal for them, as long as they are following their own growth curve.  
  
The best way to see how well your baby is growing is for health professionals to regularly measure his or her weight, length and head circumference. It is important that this is done accurately and at the best time intervals (a common pitfall is doing it too often). Your local baby clinic is the best place for this. Ask your health visitor for more information.

You can find out more about weaning from our free booklet Weaning your premature baby. [**Order or download**](http://www.bliss.org.uk/Shop/weaning-your-premature-baby) a copy from our online shop.  
  
[**When to start**](http://www.bliss.org.uk/when-to-start)[**Important things to remember**](http://www.bliss.org.uk/important-things-to-remember)[**Meal times**](http://www.bliss.org.uk/meal-times)[**First foods**](http://www.bliss.org.uk/first-foods)[**Introducing more foods**](http://www.bliss.org.uk/introducing-more-foods)[**Finger foods**](http://www.bliss.org.uk/finger-foods)[**Family foods**](http://www.bliss.org.uk/family-foods)[**Food refusal**](http://www.bliss.org.uk/food-refusal)[**First year drinks and beyond**](http://www.bliss.org.uk/first-year-drinks-and-beyond)

**Growing up**

* Development milestones

Reaching developmental milestones may take longer in premature babies and it is likely that they will reach major milestones later than babies born full term. This is because they are in fact younger and your baby should be assessed according to their corrected age. This is the age they are from their term due date. Your baby’s development will be regularly assessed and monitored by their healthcare professional. This should reassure you that your baby is doing well and also address any concerns you may have.

Some babies may need extra support from a physiotherapist or occupational therapist to help develop their strength and muscle tone. Your baby may be given some gentle exercises or activities for you to help them achieve this. If you have any concerns about your baby’s development, then you should discuss this with your healthcare professional.

Further advice, support and publications can be requested by phoning our Family Services Helpline on freephone **0500 618 140**. The line is open from 9am to 9pm, Monday to Friday. You can also email us at [**hello@bliss.org.uk**](mailto:hello@bliss.org.uk)

* Starting Primary school in England

In England, all children have the option to start in the reception year of school in the September following their fourth birthday. A small number of children born prematurely encounter difficulties in starting school at this time. Some parents feel their child will benefit from starting reception following their fifth birthday, which is compulsory school age and the age a child has to be in formal education. One reason you might want to delay your child’s school start is, because of your child’s premature birth, they have now fallen into the ‘wrong’ year group. You may also feel your child hasn’t reached the developmental level they need to be at to be ready for school, so you might want to consider delaying their school start for these reasons too.

There is no legal barrier to children starting school in a year outside of their chronological age group. However, schools are often reluctant to allow children to start reception year when they are five and new **Government Guidance on the Admission of summer born** **children** stresses that parents ‘can’t insist’ their child is placed out of their normal year group.

In this section we explain some of the options available to parents in this situation, outlining the advantages and disadvantages of deferring or delaying school entry. It is intended to help you if you feel your child will benefit from starting reception a little later. Although we have listed several different possibilities, it does not mean that your child will be affected by any or all of these issues. Each child is an individual.

Different processes and rules exist in Scotland, Wales and Northern Ireland. Make sure you read our nation-specific advice **here** if you live outside of England if you want more information on your options, or you're concerned about your child starting school when they are not ready.

If you would like more information please download our **Delay factsheet**.

Bliss also campaigns to ensure premature children are able to start school at a time that's right for them. Find out more on our **campaigns pages**.

**Your options**

**What the law says**

**Your application pack**

**Appeals and complaints**

**Long term considerations**

**Delaying school entry in the rest of the UK**

* Advice for families with a disabled child

Babies who are born premature or sick sometimes start life with a disability. In this section you will find information about the help and benefits that are available for families with a disabled child.

Think carefully about whether this could apply to your child. For example, if he/she went home on oxygen, he/she would be classed as disabled. Make sure you also read our **section on financial advice for families**. If your child is disabled, you may get some of the benefits listed there at a higher rate. It’s important to apply straight away if you think you are entitled to a benefit - delaying may mean you miss out on benefits which you're entitled to.

**Get advice**

The benefits system is complicated, especially if you are claiming for a disabled child. It’s advisable to seek independent expert advice on this matter.

Hospital staff or the **Patient Advice and Liaison Service** (PALS) might know about other people who can help you claim benefits. If your baby has a disability, ask the hospital team if they can refer you to a social worker who can help you claim benefits. A social worker can also help you get the care and education your child will need over the longer term.

The charity **Contact a Family** provides support to all families with disabled children. It puts families in touch with one another for mutual support. It can also refer you to other charities that specialise in your child’s specific disability or health condition, if this would be helpful to you. Contact a Family can provide information about medical conditions, claiming benefits, social services, education and your family’s rights.

The **Citizens Advice Bureau** is another good place to go for advice about disability rights and benefits. Your council (local authority) should also be able to advise you about benefits for disabled people.

**The next pregnancy**

When you’ve already had a premature or sick baby, the thought of getting pregnant probably feels very risky. Will it happen again? Could I cope if my baby has to stay in neonatal care? If you’ve had a baby who has died, you might wonder if you could endure another loss. Yet there is a good chance you will bring home a healthy, full-term baby ­- the risk of a second premature birth is about 10 to 15 per cent (depending on why it happened in the first place).

**Looking back**

Before you conceive, it’s a good idea to seek advice from a consultant (ideally one who was involved in your previous pregnancy). Ask your GP to refer you. Questions you might want to ask include:

• Why did I give birth early/have a sick baby last time?

• What are the chances of it happening again?

• Is there anything you can do to prevent my next baby being premature?

The doctor will go through your notes and in some cases be able to give you clear answers. For other parents, the cause will never be known but you can still make a plan for your next pregnancy together.

**Close monitoring**

You will be monitored closely and your pregnancy may well be consultant-led rather than midwife-led. Extra scans for reassurance might be offered, but if not, don’t be afraid to ask. Depending on your history and what your scans show, you might be offered a cervical stitch, progesterone suppositories or aspirin to help prevent premature labour.

**Healthy body, healthy mind**

Eating healthily and staying active are practical steps you can take to help improve your chance of having a full pregnancy. It’s normal to feel anxious - self-help techniques such as meditation or breathing exercises can work. If you still feel anxious, speak to your doctor.

**Coping with loss**

* Making critical care decisions

One of the hardest things about having a very sick baby is that no one can tell you exactly what to expect. Your baby’s condition can change quickly and therefore the treatment options can change rapidly as well.

Making the decision to limit or stop your baby’s intensive care is devastating and very few parents feel emotionally prepared to deal with this. You may disagree with the medical staff or even your partner about it. You may feel that you are not ready to make that decision.

Take your time and talk to the nurses, doctors and other support staff around you; with their experience and knowledge in these matters, they can be invaluable at such a crucial time. All information and advice will be given with your baby’s best interests at heart. Your unit may have a counsellor on site to help you and there should also be spiritual support available, should you wish.

Getting as many facts as possible will give you more confidence that you are doing what is right for your baby. It’s important that the doctors and nurses talk openly with you so you know what’s happening and so that they recognise all of your concerns. Don’t be afraid to ask lots of questions, or the same questions over again. Keep asking until you really feel you understand the situation.

Your baby’s condition can change rapidly and you may need to respond by making decisions quickly. But wherever possible, you should have time to think, seek more advice and find support. You should never feel pressured into making a decision you don’t really agree with.

Your baby’s doctors and nurses can take some of the pressure off you by sharing in the responsibility. Making decisions together with parents is the way that doctors and nurses are expected to work, under professional guidelines and the law. They bring their knowledge and experience to these difficult decisions. At the same time, you are closest to your baby and bring your own perspective. All the information is weighed up so you can feel confident in the decisions that you all make.

You don’t have to face this alone. Talk to the people you are closest to – your partner, family and friends. You may also want to have friends and relatives near you and your baby at this time.

* Palliative care

Medical care for preterm and sick babies has made huge advances. But some babies are so unwell that they are not likely to make a straightforward recovery. It’s a terrible situation for parents when they hear their baby might not survive. The fact that it can all happen very quickly makes it even harder.

**Making difficult choices**

At a time like this, you may have to make some difficult choices. You and your family should receive care that helps you find the right information and support at the right time to make these decisions for your baby. Along with the doctors and nurses, you might decide to start or continue intensive care for your baby. This means a ventilator to breathe for your baby and other life support and drug treatments. You may decide that it is time to stop all or some of the active medical treatment for your baby, or not to start any new treatment, should your baby’s condition change.

Whatever you choose, keeping your baby pain-free and comfortable will be a priority for all the doctors and nurses. This is often referred to as palliative care. This care is for babies and their families when the baby is recognised as having a life-threatening or life-limiting condition. It does not necessarily mean that your baby won’t survive. Palliative care focuses on improving quality of life, reducing pain, and supporting you and your family, helping you make practical arrangements and cope with your emotions.

It should be possible to have the care you want for your baby in the place you want – at home, in hospital, or in a children’s hospice. The hospital team should also offer you and your family emotional, spiritual, psychological and practical support.

If you live in an area with a children’s hospice, this offers more home-like surroundings than a hospital. People working in a hospice are very skilled at caring for children with life-limiting conditions and can also offer you and your family a lot of support, both now and in the future.

* Bereavement

Every parent's experience is individual, and every circumstance is different, but the death of a baby can bring a grief that is deeper and lasts much longer than most people realise.

"There’s never a day goes by when I don’t think of him." Sarah, mother of Daniel (born at 28 weeks, lived to six months).

**Caring from the start**

Many parents who have been through this experience have talked about not wanting to get too attached to their baby because they are afraid that their baby will not survive. However, research has shown that those who did get involved in their baby’s care, even though their baby eventually died, say that knowing they had done all they could while their baby was alive helped them to deal with the loss of their baby later.

**How you might feel**

The grief that comes from losing your baby can be much deeper and last longer than most people expect. Although people may say that you will ‘get over it’, you are likely to ‘contain’ the experience and carry it with you for the rest of your life. Everyone’s circumstances are different and every experience is individual.

In the first few days, you may find it difficult to believe that your baby is no longer with you and it may seem as if you are in a bad dream. The reality will slowly unfold and you may experience the pain at its worse just when you, and others, think that it should be ‘getting better’.

Parents, especially mothers, easily blame themselves for their baby’s condition and often feel guilty, as if they should have been able to stop the death from happening. You may feel angry with yourself, your loved ones and the health professionals who looked after your baby.

The death of a baby is a devastating experience. The effects of grief can be overwhelming and it can be hard to take in information, to make decisions or to imagine how you are going to cope. Often parents feel overwhelmed and frightened by the intensity of their emotional and physical pain. The grief process will take its course, but if you are concerned, it may be beneficial to seek help.

Talking things through with someone who understands can make you feel less isolated and help you see that your feelings are entirely appropriate. Understanding the grieving process can help to reassure you that what you are feeling is normal. It may be helpful to talk to your GP, a bereavement counsellor or another professional supporter.

If you would like to talk to a Bliss counsellor or to a trained advisor, please call our freephone Helpline on **0500 618 140**. The line is open Monday to Friday, 9am to 9pm. Or email us at **hello@bliss.org.uk** anytime and we’ll get back to you as soon as possible.

You might also find it helpful to download or order the Sands booklet **Saying goodbye to your baby**

* Saying goodbye

When your baby has died around the time of birth, you may have only a few memories of him or her. You may also have very few keepsakes.

Hospital staff now offer parents opportunities to create memories of their baby and to collect keepsakes that will help them to remember their baby. Although you may feel unsure about doing this, photos and other items can be precious, especially in the years to come. Having keepsakes to share with family members and friends may also help them to understand what the death of your baby means to you.

The staff caring for you will suggest a range of things you could do. Take time to think about what is right for you. If your baby died in the neonatal unit, you may have had time to start doing some of these.

The neonatal unit will probably have a room where you can be alone with your baby if you wish. Staff may ask if you wish to wash and dress your baby, or if you would prefer them to do this for you. Most units will take a photo of your baby, if you give permission. You might also receive a memento card with a footprint or handprint and a lock of your baby’s hair. Some parents keep the baby’s nametag and hat. Keepsakes like this affirm that this baby was part of your family and always will be.

It varies in each hospital, but in most units you should be able to stay with your baby for as long as you like. Many hospitals have multi-faith prayer rooms and chaplains to offer their support if or when you need it.

The hospital should offer some bereavement counselling to help you. Local hospice staff will also be able to tell you about the various procedures and choices. You can also talk to your faith leader or a funeral director.

Sands have produced a booklet, 'Saying goodbye to your baby'. You can order a copy from Sands or download it **here**. It has been written for parents who have lost a baby and is based on information gathered from bereaved parents. The booklet contains chapters on how you may feel now and in the weeks and months ahead. It also covers practical aspects such as registering your baby’s birth and death, telling your family and friends, creating memories, post mortem examinations and deciding about a funeral.

**Support for siblings**

It can be extremely difficult to explain to your other children why their brother or sister has died. Try to encourage your children to talk about how they are feeling and to acknowledge what has happened to their baby brother or sister. Be as open and honest as you can about what has happened and explain things in language that they will understand. Most of all, be honest and open about how you feel. Do not be afraid to show your emotions, likewise let them cry.

At some stage, most children blame themselves for the death of their baby brother or sister, so explaining the death in terms of ‘it was nobody’s fault’ is very important. A recent study found that the most important things in dealing with a child’s grief included:

Recognising and acknowledging their grief.

Including the child in family rituals.

Keep the memory of the baby alive in the family.

For more information and support for the death of a baby sibling, visit the **Child Bereavement UK website** or **The Compassionate Friends Website**

**Financial help**

Financial difficulties can also have an impact at this time and add to the anxieties that you may already be facing. The rights and benefits to which bereaved parents may be entitled are complicated and depend on many things, including the length of the pregnancy, whether your baby was stillborn or lived for a short time after birth, whether you are employed and your earnings before the birth.

You can find more detailed information about financial benefits on the **Money Advice website**.

The Sands booklet **Saying goodbye to your baby** also contains practical financial advice.

**Remembering your loved one**

Bliss has many ways in which you can remember someone special in a positive and lasting way. Precious Star Funds are a wonderful way for friends and family to make a monetary contribution, in your baby’s name. It can be comforting to know that all of the money raised in your loved one’s memory will help Bliss with our important work in improving the chances of survival in babies born premature or sick. If you would like to find out more, please take a look **here**

**Support**

* Helpline

Need to talk to someone? Call the Bliss Family Services Helpline on 0500 618140 to speak to one of our qualified advisors.

The Family Services Helpline is a UK-wide service that offers advice and support to families and friends of anyone with a baby who is in, or has been in, neonatal care. We also offer advice and information to professionals working with families.

Our team of qualified advisors can provide you with support and advice as well as referring you to our other services, many of them free of charge.

**The Helpline is free to call from landlines and is available Monday to Friday between 10am and 4pm and Monday to Wednesday between 7pm and 9pm. All calls are confidential.**

When the helpline is closed you can still email **hello@bliss.org.uk** any time and we’ll get back to you as soon as possible.

The Bliss and Netmums **forum** offers a large community of other parents to speak to for advice and mutual support. Parents can also visit the **'We're here to help'** section of our website for information and advice.

**Interpreting services**

Bliss is a member of Language Line, the telephone interpreter service, which has access to qualified interpreters in over 170 languages. Just call the freephone helpline number 0500 618 140 with your name, telephone number and language you require.

We will then call you back with a qualified interpreter in your chosen language, so you can receive the best support and advice. This service is free of charge to all parents. Calls are arranged during office hours.

**Typetalk**

For callers who are deaf or hard of hearing, it is easy to access the helpline via Text Relay by calling 018001 0500 618 140. You can find out more information about how the Text Relay service works **here**

**Email**

If you would prefer to receive practical or emotional support by email, contact the Family Services team at **hello@bliss.org.uk**. You can email us at any time and we will get back to you as soon as possible.

**Counselling**

We continue to have a network of Bliss trained counsellors who families can contact directly for support. Please see the map below to find a counsellor in your area.

You may also wish to speak to staff at the hospital where your baby was born to see if they offer a counselling service, or you can view a full list of psychological therapies available on the NHS here: **http://www.iapt.nhs.uk/services**/

Map showing where Bliss counsellors are located within the UK. To search by postcode, please expand the map.

**\*\*MAP HERE\*\***

* Messageboard

From 20 April 2015 the Bliss messageboard has been transferred to Netmums, as part of a new co-branded partnership between Netmums and Bliss. Please visit our **news section** to find out more.

Please click on the link below to visit the Bliss and Netmums forum for premature and sick babies.

**Visit the Bliss and Netmums forum**

If you have any queries about registering on the Netmums site please go to **www.netmums.com/home/member-support/member-support-registration-queries**

If you have any questions about the Bliss and Netmums forum please get in touch with us at **hello@bliss.org.uk**

* Young parents

**Are you a young parent?**

Bliss is here to support all parents of premature or sick babies. Many young parents tell us that they would welcome talking to somebody during this difficult time, but don’t realise that support is available. Bliss is here to help you through it. We offer all parents a wide range of free support and information, as well as face-to-face services via neonatal unit volunteers and family groups, where you can meet and chat with other parents who have been through a similar situation.

If you would like free, confidential support, call the Bliss helpline on 0500 618 140, email **hello@bliss.org.uk** or find support in your area **here**

**Would you like to share your story with Bliss?**

If you are a young parent under 20 and would like to share your experience, in order to raise awareness and give hope to other parents, please email **hannahc@bliss.org.uk** for more information.

You can also read about other young parents' experiences here:

**Georgia's story**

**Kayla's story**

* Bliss buddy scheme

The Bliss Buddy scheme is a one-to-one service for families of babies who have been, or are in, neonatal care. Parents who may need a bit of extra support are matched with other parents who have previously been through the experience of having a baby in special care. Although each parent’s experience is unique, feedback suggests that peer support of this type can offer a great deal of benefit.

**Who are Bliss Buddies?**

Bliss Buddies are parent volunteers who have experienced first-hand the challenges of having a premature or sick baby, and are willing to offer their time to support other parents. They can provide a personal rather than a professional understanding of your experience. All Buddies have been carefully selected and trained for this role.

**What can you expect from a Bliss Buddy?**

A Buddy provides a listening ear and emotional support. The methods of support include phone, email and text, and, in some parts of the country, face-to-face support. For many parents, one phone call will provide the support they need, but you are welcome to keep in touch with your Buddy for up to three months from the time of your first contact.

**When can I request a Buddy?**

You can ask for a Buddy whenever suits you. Some parents find once they are discharged home with their baby, they can start to feel isolated or anxious. Support is available whenever you need it.

**Are your conversations with your Bliss Buddy confidential?**

Your conversations are confidential as long as the Buddy believes that nothing you say indicates a risk of harm to yourself or to someone else. Where confidentiality needs to be breached, the Buddy will contact a member of the Bliss staff team to discuss your situation. You might need support that is different from the support that a Buddy can provide.

**Can you change your Bliss Buddy if you’re not happy?**

To ensure maximum benefit to you, we want you to have a positive relationship with your Buddy. If you feel that you are not receiving the support you need, we would encourage you to get in touch with us so that we can try to find you a different Buddy.

**What happens at the end of my Buddy relationship?**

We will give you a short questionnaire to complete at the end of the service. Your feedback will help strengthen our service to parents.

**How can I get support from a Bliss Buddy?**

All you need to do is to phone the Bliss Helpline on **0500 618 140** or email **hello@bliss.org.uk**. An advisor will take some details and match you up with a Buddy within a few days.

* Support in your area

The Bliss network of local Family Groups, Buddies and Champions provides help and support to families throughout the UK with a premature or sick baby. The support network provides everything from one-to-one support, to group meetings, social events, family fun days and fundraising.

**Bliss Family Groups** provide a local network for parents and families of premature and sick babies. They are run by volunteers (often parents, relatives, friends and healthcare professionals) who have had experience of special care and can provide practical and emotional support to families. The group provides a network for parents and other relatives to socialise, get advice, share information and provide mutual support. Groups also undertake fundraising and other activities on behalf of Bliss as part of their programme of events.

**Click here to find out what support is available in your area**

**Bliss Buddies** provide one-to-one support, to help parents returning home make the transition from the neonatal unit.

**Click here to find out more about the Bliss Buddy scheme**

**Bliss Champions** provide a vital link between parents, neonatal units and Bliss services, to ensure that families can gain access to the information and support services that we provide. Bliss aims to ensure that all families with a baby on a neonatal unit for more than 24 hours have access to our resources and support.

* Support in other languages

Bliss is a member of Language Line, the telephone interpreting service, which has access to qualified interpreters in 170 languages. Just call the freephone Helpline number **0500 618 140** with your name, telephone number and language you require.

We will then call you back with a qualified interpreter in your chosen language, so you can receive the best support and advice. This service is free of charge to all parents. Calls are arranged during office hours, Monday to Friday 9am to 5pm.

As well as the Language Line translation service, Bliss produces its Parent Information Guide and Family Handbook in languages other than English.

These are available as PDF downloads free of charge from our **publications section**

* Useful organisations

A

Action on Pre-eclampsia (APEC) Information and support services. Helpline 020 8427 4217; Email info@apec.org.uk

Air Liquide UK Suppliers of oxygen for healthcare purposes

Ameda Breastpumps and accessories

Angelcare Produces a range of sound and movement monitors as well as nappy disposal systems

Antenatal Results and Choices (ARC) Information and support during and after antenatal testing. Helpline 0845 077 2290 Email info@arc-uk.org

Association for Postnatal Illness Offers information and support to mothers that may be struggling with postnatal depression. Helpline 020 7386 0868

Asthma UK Information and support around asthma. Helpline 0800 121 6244

B

BabyCentre Information and advice around pregnancy and parenting

Birth Trauma Association Offers support to all women who have had a traumatic birth experience

Bliss Counselling Service

Aims to help you find a counsellor trained in the issues surrounding prematurity. Helpline 0500 618 410

BOC Healthcare UK Supplies medical gases and related services

Brain and Spine Foundation Information on neurological disorders. Helpline 0808 808 1000

British Association of Counselling and Psychotherapy (BACP) Provides a search facility to help you find a local counsellor or therapist. t 01455 883 300

British Heart Foundation Helpline 0300 330 3311

British Insurance Brokers Association Insurance advice and products. t 0870 950 1790

British Lung Foundation Support, advice and a network of Breathe Easy support groups. Helpline 0300 0030 555

C

Carers Trust Information, advice, discussion and support for carers. t 0844 800 4361

Carers UK Support for carers and their families. Helpline 0808 808 7777

Cerebra Foundation for brain-injured children and young people. Helpline 0800 328 1159

Child Accident Prevention Trust (CAPT) The UK’s leading charity working to reduce the number of children and young people killed, disabled or seriously injured in accidents. t 020 7608 3828

Child Bereavement UK Leaflets, books and videos for the bereaved. t 01494 568 900; Helpline 0800 028 8840

Child Car Seats Information and advice around suitable car seats for children

Child Death Helpline Freephone service for anyone affected by the death of a child. Helpline 0800 282 986

Citizens Advice Bureau Free, independent, confidential and impartial advice on your rights and responsibilities

Cleft Lip and Palate Association Information and support services

Contact a Family Provides information and support to families with disabled children. Helpline 0808 808 3555

Counselling We can help you find a counsellor trained in the issues surrounding prematurity. Helpline 0500 618 410

Cruse Bereavement Care Face-to-face support and practical advice for bereaved people. Helpline 0844 477 9400

Cry-sis Support for families with excessively crying, sleepless and demanding babies. Helpline 08451 228 669

D

Dad.Info A place where fathers can share ideas and find information

Department for Work and Pensions Responsible for welfare and pension policy within the UK

Down’s Heart Group Information and support relating to heart conditions associated with Down’s Syndrome. t 0300 102 1644

Down’s Syndrome Association Information and support to help people with Down’s syndrome, their families and carers. t 0333 1212 300

F

Family Fund Grants for disabled children. Also provide travel insurance for families. t 08449 744 099

Family Lives Offers help and support in all aspects of family life. Helpline 0808 800 2222

Fatherhood Institute Information on fatherhood and dad-friendly services. t 0845 634 1328

G

Gingerbread Information and support to lone parents through a network of local groups. Helpline 0808 802 0925

Group Strep B Support Information and support to families affected by group B Streptococcus. t 01444 416 176

H

Home-Start Support for families with young children. Helpline 0800 068 6368

I

IPSEA – Independent Parent Special Education Advice Free legally-based advice to families who have children with special educational needs. Advice line 0800 018 4016; Tribunal Helpline 0845 602 9579

IASS - Information, Advice & Support Services Network. Information and support for parents and carers of children and young people with special educational needs (SEN). Formerly the National Parent Partnership Network. t 020 7843 6058

K

Kari Me Baby Slings Manufactures and supplies comfortable fabric baby slings.

L

La Leche League GB For friendly mother-to-mother support from pregnancy through to weaning. Helpline 0845 120 2918

M

Marriage Care Offers relationship counselling to couples and individuals face-to-face and by telephone. Helpline 0800 389 3801

Mothercare Produces a range of baby products including premature clothing. Available in-store and online

The Multiple Births Foundation For information on and support surrounding multiple births. t 020 3313 3519

N

NCT The UK’s largest charity for parents. Provides information and support, and introduces to local parent network. Helpline 0300 330 0700

National Deaf Children’s Society Provides information and support. Helpline 0808 800 8880

National Debtline Free, confidential and independent advice about debt problems. Helpline 0808 808 4000

National Parent Partnership Network - see IASS

Newlife Help and care for sick and disabled babies, children and their families. t 01543 462 777; Nurse services 0800 902 0095

NHS Pregnancy Smoking Helpline t 0300 123 1044

P

Pampers Produces specialist micro and premature nappies. t 0800 328 3281

Parentline Plus (Family Lives) Offers support to anyone parenting a child. t 0808 800 2222

Patients Association Campaigns to improve healthcare services and provides advice on dealing with problems or complaints. Helpline 0845 608 4455

R

RAC Information around driving with children in the car and suitable car seats.

Relate Offers advice, relationship counselling, and support face-to-face, by phone and online. Helpline 0300 100 1234

RNIB Offers support and advice to blind and partially-sighted people in the UK. Helpline 0303 123 9999

RoSPA – The Royal Society for the Prevention of Accidents Information about road and child safety. t 0121 248 2000

S

Samaritans Confidential counselling service. t 0845 790 9090

Sands Supporting those affected by the death of a baby. Helpline 020 7436 5881

Scope Support for disabled people and their families. Helpline 0808 800 3333

Steps Provides support for anyone affected by clubfoot, hip dysplasia and other lower limb deficiencies. t 01925 750 271

T

Tamba (Twins and Multiple Births Association) Providing support for families with twins, triplets and more. Helpline 0800 138 0509

Tax Credits Helpline Provides advice to families on tax credits. t 0345 300 3900

Tesco newborn nappies Produces a specialist range of nappies for premature babies. t 0800 50 5555

The Breastfeeding Network Information and support for breastfeeding women and those involved in their care. Helpline 0300 100 0212

The Compassionate Friends Supports bereaved parents and their families. Helpline 0845 123 2304

The Lullaby Trust Supports bereaved families and provides advice on safer baby sleep. Advice 0808 802 6869; Helpline 0808 802 6868

Tiny Life Northern Ireland’s premature and vulnerable baby charity. t 028 9081 5050

Together for Short Lives Information and support around children’s palliative care. Parent helpline 0808 808 8100

Turn2Us Information about accessing benefits and grants. t 0808 802 2000

U

UK Association for Milk Banks (UKAMB) Offers information on your nearest milk bank and also how to become a milk donor. t 020 8383 3559; e info@ukamb.org

UNICEF UK Baby Friendly Initiative Leaflets, information and research about breastfeeding.

W

Whizz Kidz Offers a range of support and advice services for disabled children. t 020 7233 6600

Working Families Information on employment rights, childcare and flexible working. t 0300 012 0312