

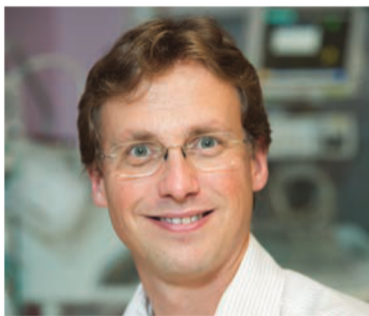




CARING FOR OUR TINIEST BABIES

Our neonatal unit provides world-class care to some of the smallest and sickest babies in the UK. Here, we join some of the team for a peek behind the scenes.

MEET THE TEAM



Giles Kendall
Consultant neurologist and clinical lead for neonatal medicine

Being the clinical lead is a bit like being a parent – I take the responsibility for the team. My work is very hands on. I lead ward rounds, attend resuscitations and complex births and treat babies with a wide variety of medical problems including neonatal strokes, seizures and those born with heart defects. I do a lot of teaching and spend a lot of time with parents and families. We follow-up our babies after they leave the unit to ensure we keep learning from the care we have given. We also work closely with our fetal medicine unit and with Great Ormond Street.



Becky Shelley
Matron

I am responsible for 108 staff and work alongside divisional managers to make sure everything runs smoothly, including rotas, recruitment, budgets and staff training. My main responsibility is to make sure the unit is a safe environment for our babies, parents and staff. I joined UCLH as a nursery nurse in 1997, before training as a nurse. The continued support of UCLH and my colleagues was key to my being seconded to the role of matron earlier this year. Even though I am a matron now, I'm still involved in the care of our babies – it's a part of the job I really love. I can't imagine ever not being hands on.



Bronwen Shuttleworth
Infection control nurse

Infection control is critical on the neonatal unit and, as a senior nurse, I'm ideally placed to oversee it. You have tiny, premature babies with a very limited immune response, lots of staff and parents passing through and huge amounts of complicated equipment to be kept scrupulously clean. Babies do everything in their incubators, sleep, have nappy changes and receive feeds - and these could result in their incubator becoming an infection control risk. I'm blessed to work with a team that's so experienced in managing such complex patients and I love the way that I can use my skills to ensure the very safest care.

NEONATAL UNIT: THE FACTS

- We care for more 1,000 babies a year. Some stay just a few hours – others for more than three months.
- The unit has 33 cots in eight nurseries – small wards that group babies by the intensity of care needed.
- Specialities include operating on babies mid-C-section to allow them to breathe normally.
- Babies born as early as 23 weeks into pregnancy and weighing as little as 500g (just over 1lb) have survived (the average healthy baby weighs eight times this).
- It has one of the highest survival rates for very premature babies and is the UK centre for the birth of conjoined twins.



Subhabrata Mitra
Clinical academic consultant

One key part of my job is to help lead our neonatal MRI service. We were the first unit in Britain to get an MRI compatible incubator – a special cot that can be put into the scanner with the baby inside it still hooked up to any drugs or equipment. But our neonatal unit doesn't just treat babies – it also researches the treatments of the future. I am working on an optical device which provides an instant readout of the health of the brain at the cot-side.



Pam Stepany
Senior specialist neonatal dietician

It may be weeks before the most premature babies are able to suck well enough to be breast or bottle-fed completely. They are initially fed through a drip into a vein and given expressed breast milk through a feeding tube – as little as 1ml every four hours to begin with (just over a teaspoon a day). I also monitor growth and help run a clinic for babies and toddlers who aren't eating properly.



Diego Bertoia
Staff nurse

I like communicating with babies - there is another language to learn to recognise what they need. When you see a sick baby getting well and going home it is very satisfying. I look after their basic care – weighing them each day, making sure they are receiving the correct amount of feed, advising on breastfeeding, supporting mums or other carers and making sure the environment is the best it can be to help them get the rest they need. Is there too much light? Too much noise from visitors? The environment can affect brain development and making sure there's a calm, quiet atmosphere is part of my job.



Jo Serwa
Housekeeper

Our team of three keeps the unit going. We order all the equipment and stock up the trolleys with everything this nurses need. We set up the incubators and wash the babies' tiny, tiny clothes. Our work allows the nurses to spend more time caring for the babies. This is my first job in the NHS and I love it. You are constantly on the go and never know what the next five minutes will bring.



Katie Cullinan
Speech and language therapist and lactation consultant

A large part of my job is encouraging mothers to breastfeed. We encourage mothers – and fathers – to hold their baby against their bare chest, sitting in a special reclining chair. This skin-to-skin contact helps with bonding and triggers the release of a "feel-good" hormone that is involved in breastfeeding.

Join the team!

Would you like to join our fantastic team? Matron Becky Shelley and clinical practice facilitator Mae Nugent would love to hear from you. You can contact them by emailing rebecca.shelley@uclh.nhs.uk and mae.nugent@uclh.nhs.uk

ALSO PICTURED ARE:

Niamh McKeown, advanced neonatal nurse practitioner

Cara George, data manager

Sarah Hines, neonatal physiotherapist

Francine Mampuya, clinical nurse facilitator

Iona Mitchell, staff nurse