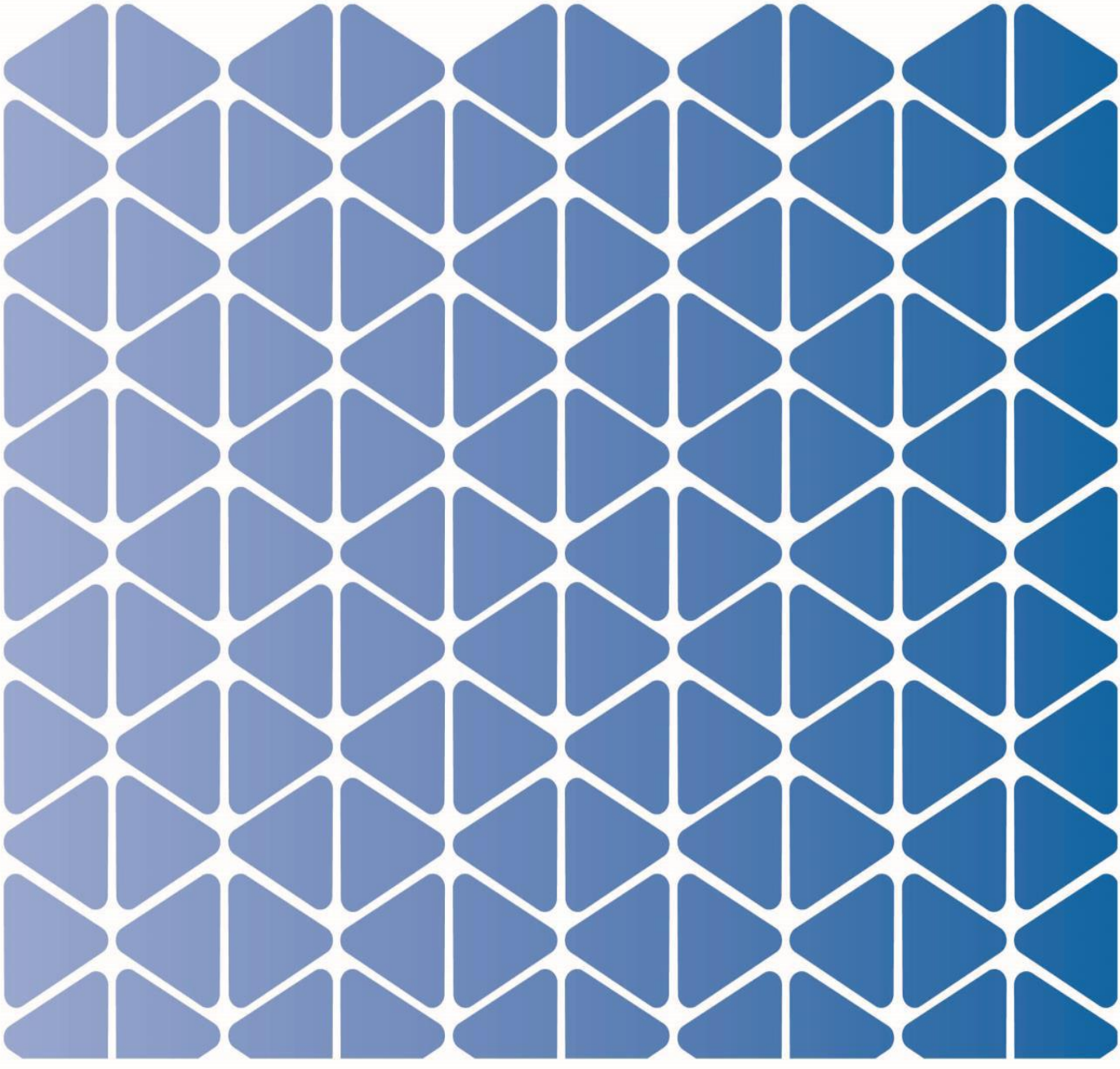
PATIENT INFORMATION

Worcestershire Acute Hospitals NHS Trust

APNOEA, BRADYCARDIA, DESATURATIONS AND YOUR BABY



01 What is an apnoea, a desaturation and a bradycardia?

- **Apnoea** is a pause in breathing that: Lasts longer than 15 – 20 seconds. They can cause baby's colour to change, they can become pale or bluish and they can make the oxygen levels in the blood fall. They can also cause a bradycardia.

- **Bradycardia** is a slowing of the heart rate; it often follows an apnoea or periods of shallow breathing.

- **Desaturation** is a decrease in the oxygen levels in the blood.

02 Why do premature babies have apnoea?

- Premature babies have immature breathing centres in their brain, which means that they sometimes 'forget' to breathe.

- They may also pause or have a few very shallow breaths followed by a deep breath. This is the most common reason for a baby to have apnoea.

- Apnoea and bradycardias can also sometimes be caused by infection, heart problems, a high or low temperature, certain medications, being stressed or having a low blood sugar.

03 How do I know if my baby is having an apnoea?

- Your baby's breathing will be monitored by staff.

- If your baby is on a saturation monitor an alarm will sound if baby is having a desaturation or bradycardia.

- If your baby is on an apnoea monitor an alarm will sound if they stop breathing or if they aren't taking deep enough breaths.

04 What will happen when the monitor alarms?

- A nurse or doctor will watch your baby's breathing, heart rate and skin colour, if necessary, they will gently stimulate baby to remind them to breathe.

- If baby's colour changes, oxygen may be given.

- If baby doesn't respond to stimulation, some breaths can be given with a mask by staff.

- If needed your baby may be moved to a different room for continuation of their care. This may be because they are needing additional oxygen or breathing support like high flow or CPAP.

05 How will your baby's apnoea be treated?

- Baby's apnoea may be treated with a medicine called caffeine citrate.
- Caffeine is a medicine that stimulates the breathing centre in the brain and helps to prevent apnoea.
- Caffeine is usually given once or twice a day, either through your baby's cannula, or by the feeding tube that is used to give milk to your baby.
- If your baby's apnoea is suspected to be caused by infection, they will have bloods taken to check infection markers and will be started on IV antibiotics.

06 When will caffeine be stopped?

- Caffeine will usually be stopped by the time your baby gets to 34 weeks corrected.
- Caffeine can be continued past this gestation but it is dependant on each baby individually.
- Caffeine can be stopped earlier if baby is no longer having apnoea's.
- Your baby will need to continue on monitoring for at least 7 days after caffeine has been stopped.

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.