Making critical care decisions for your baby
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Introduction

Your baby’s doctors have given you this booklet because your baby is in a very critical condition. The doctors and nurses will have spoken to you about this, and you now have to think about the next steps for your baby’s treatment and care.

This booklet aims to help as you make these important choices. It explains what to expect and how the doctors and nurses will work with you as part of a team. It also suggests where to find people who can offer understanding, advice and practical help. This booklet may be hard for you to read and you may wish to come back to it again.

This will be an incredibly difficult time and you probably feel vulnerable and frightened. No parent wishes to be faced with the thought of their baby dying.

Whatever happens, please be assured that everyone involved will always put your baby’s best interests first, and treat your baby with gentleness, respect and kindness.

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 – and keep asking until you really feel you understand the situation. It can be helpful to write your questions down. We have provided spaces in this booklet for this. You should always have the chance to voice your own opinions.

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.

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.

If you have a religious or spiritual adviser, this is someone you might want to talk with. You can also ask to see the hospital chaplain.
You can call our freephone Family Support Helpline at Bliss. Or phone one of the many organisations that support families through a baby’s critical illness or death. You’ll find contact details on page 17 of this booklet. We are all here to help you.

**Putting your baby first**

No matter how sick your baby is, or what decisions you make, you can expect your baby to be treated with gentleness, respect and dignity at all times.

Controlling pain and making sure that your baby is comfortable are top priorities. If you are ever worried that your baby is in pain or distress, don’t hesitate to tell the nurses or doctors right away so they can help.

Putting your baby’s best interests first is a professional duty for all doctors and nurses. They will always seek to provide the care that is most beneficial for your baby. Doctors are trained to consider the benefits and risks of any treatment and any pain or suffering it might cause your baby. They will explain things to you in a way you understand and help you weigh up the options to choose what is best for your baby.

**Space for notes**
What to expect

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.

Every baby is an individual. It seems logical that babies with the same medical diagnosis should have the same outlook, but in reality this is not how it works. You may hear about survival rates and other statistics but these do not necessarily reflect your own baby’s condition or the outcome you can expect for your baby.

Sometimes even the most experienced doctors can’t predict exactly what will happen. And your baby’s medical condition can change from day to day or even hour to hour. This can be really hard on you. Just when you get used to one idea, the doctors may need to suggest different care. This might happen once or twice – or many times.

In some situations, the doctors and nurses may tell you clearly that intensive care treatment of any kind would not work and offers no benefit or hope of survival for your baby.

Your baby’s doctors and nurses can take some of the pressure off you by sharing in the responsibility of making any decision. 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 to the discussion. All the information is weighed up so you can feel confident in the decisions that you all make.

Space for notes
Keepsakes

Some neonatal units give parents a ‘journey box’ when your baby is admitted so you have a place to keep special reminders. You could also make a journey box yourself and the staff will be able to help.

Memories are precious for parents and so are the moments you have here and now with your baby. Don’t be afraid to touch and stroke your baby. Ask the nurses to help you hold and cuddle your baby. It builds a bond between you and gives your baby comfort.

Many parents gather keepsakes of their baby’s time in hospital, starting when they are first born or admitted. These significant objects can be very important memories for you in the future. Here are some items that parents often save:

- a hospital bracelet or cot card
- photographs of you, your baby and family together
- a hat or special clothing
- handprints and footprints
- cardiac monitor sticker or syringe
- cards and letters from family and friends
- a diary, poems or notes that you jot down.

Doing these small but positive things may help you cope with the feelings of stress and grief that can overwhelm parents at this time.
Care choices

If your baby is not getting better from their treatment, there will be some hard choices to make. Should intensive care be continued for a while longer? Should it be stopped? If so, what arrangements will best ensure your baby’s comfort in a private and quiet place?

Try to get as much information as you can. Talk about the options with the nurses and doctors. Ask to see your baby’s test results and ask for an explanation of what these findings mean.

You can also ask your baby’s doctor for a second opinion from another doctor. This will not offend your baby’s doctor – in fact, they are likely to welcome the viewpoint of another professional colleague.

In addition, you can get information from the hospital’s Patient Advice and Liaison Service, known as PALS, or from Bliss and other medical or family support charities (see pages 17 and 18 for contact details).

Along the way, feel free to ask questions and to repeat them as often as you need to. There’s a lot to take in so write things down and ask for information to read. This helps you remember facts and gives you a chance to reflect.

If you’re feeling overwhelmed, don’t hesitate to ask for extra help. If you would like a counsellor, spiritual adviser or family member to be with you when you talk to the doctor, this can be arranged – just ask the hospital team.

It might help you to know more about some of the care and treatment options for a very sick baby. The next section of this booklet explains what happens with each of these possibilities;

- Continuing intensive care
- Stopping intensive care
- Moving to palliative care.

Whichever option you and your baby’s care team choose, the doctors and nurses will always work to keep your baby comfortable, relieve any pain and support you as a family.
Questions to think about

When you are considering the options for your baby’s care, it might help to ask yourself some questions and reflect on the answers. Here are some questions to start with:

- What benefits can further treatment offer my baby?
- Are there any other treatments that may benefit my baby?
- Given my baby’s medical problems, what quality of life could be expected in the long term?
- Is prolonging treatment causing my baby pain or distress?
- What are my own thoughts and beliefs about the options?

You will have many other questions of your own. Looking at the problem this way can help you think more objectively at a time when emotions are running high.

The doctors and nurses should talk to you about the care you want for your baby. When a decision is made, the details should be written down ahead of time in a formal care plan, which you have helped to develop. The plan will talk about what kind of treatments you want your baby to have and – just as importantly – what kinds of treatment you do not want for your baby. For example, everyone might agree that resuscitation should not be attempted if your baby’s heart stops. This plan is not set in stone and if the situation changes it can be looked at again.

“As a parent you need to be content, that on balance everything has been done, that could be done for your baby at this time... if you have any doubts you must ask more questions and/or discuss your situation with others. You will always have to live with your decision so it must be right for your baby and you.”

Paula Johnson, mum to triplets, Aiden (died at one week), Nathaniel and Charlotte, born at 28 weeks.
Continuing intensive care
Together with the doctors and nurses, you may decide that the best thing for your baby is to continue with intensive care in hospital.

Intensive care usually involves using a machine called a ventilator, which helps your baby to breathe, and giving drugs to help your baby. To connect your baby to a ventilator, a tube is passed down the windpipe and into the lungs. The machine works by expanding your baby’s lungs to take in air and oxygen. Your baby’s doctor might recommend other types of breathing support. This might mean giving your baby oxygen or a treatment called continuous positive airways pressure (CPAP). This is an alternative to a ventilator and works through small tubes into your baby’s nostrils.

During intensive care your baby will receive support and medication to relieve any discomfort and pain. This will be continued for as long as necessary. The doctors and nurses will make frequent checks to ensure your baby is comfortable. Don’t hesitate to let them know immediately if you think your baby is distressed, so they can help. As a family you will also continue to be offered support.

Stopping intensive care
If everyone agrees to stop intensive care, the tube helping your baby to breathe will be removed, monitors and alarms will be taken away. Any drugs, except those needed to relieve pain or keep your baby comfortable, will be stopped. After this your baby’s breathing may stop – but it may also become irregular or simply continue for some time. Your baby’s doctor will continually reassess your baby’s condition.

If your baby’s breathing stops the heart may still go on beating. It is not possible to predict how long it will take the heart to stop. The doctor will check your baby with a stethoscope from time to time and ensure that pain and discomfort is managed effectively. When your baby’s heart stops beating, this marks the time of death.

You may wish to take your baby to another room when, or after, the ventilator is removed, so you can be alone. You can hold and cuddle your baby as long as you want to. Your baby’s doctor will explain any physical changes in your baby that you may notice. The nurses, doctors and other hospital staff will continue to offer support to you and your family.
Moving to palliative care

Palliative care aims to keep your baby comfortable and control symptoms. Pain relief is very important so that your baby will be peaceful. Families are also offered continuing support, even after the baby has died.

Aspects such as pain relief, comfort measures and support for your family are always offered, no matter what care options you choose. But if everyone agrees that successfully treating your baby’s medical problems is an unrealistic goal, then more emphasis is placed on these aspects.

You should be able to choose where your baby receives palliative care. This might be in the hospital, preferably in a quiet, private area.

Or you might want to take your baby home and get help from nurses who visit your house to care for your baby. If you are at home with your baby, it’s important that you still have people to support your own emotional and spiritual needs.

If you live in an area with a children’s hospice, this might be another place your baby can receive palliative care. A hospice 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 they can offer you and your family a lot of support too, both now and in the future.

Space for notes
Deciding together

You have already had discussions with the doctors and nurses about your baby’s condition. They will keep working together with you to make choices that are best for your baby. Shared decision making between you and your baby’s doctors and nurses is a fundamental part of medical care for all critically ill children.

Everyone has something to contribute to these discussions;

• as a parent, you are closest to your baby
• you also know what’s best for your family and understand your values and beliefs
• nurses and doctors can offer their professional knowledge
• nurses and doctors also have experience with babies in similar situations and their outcomes.

You should never feel pressured into making an important decision. Steps should always be agreed between you and the doctors and nurses caring for your baby.

This kind of shared decision-making means your baby gets the benefits of everyone’s viewpoint. It can also mean the burden of responsibility does not fall on your shoulders alone.

Quite often families say that it is their baby who helped guide the decision.

It’s ideal for parents, doctors and nurses to reach an agreement on the best way forward. But if this is not happening despite everyone’s best efforts, there are more options including:

• Getting a second opinion from another doctor.
• Consulting an advice or advocacy service (see pages 17 and 18). This is a person who helps you understand what’s happening and can support you to make sure your views are heard.
• Requesting a meeting that involves other experts from the local NHS and/or social services - a ‘case conference’ or ‘clinical ethics committee’, where a group of professionals discuss your baby’s situation and try to resolve uncertainties about your baby’s condition and treatment.
• Using a local mediation service (see page 18). This is an independent person who can help you and the doctors and nurses get through difficult conversations in a more constructive way.
If there’s still no agreement, you or the hospital can seek legal advice about the possibility of asking a judge to decide. Approaching the court does not have to be seen as a battle – rather it can be a positive way of exploring all the options and helping everyone know they’ve done their best for your baby.

Bliss can help you to access any of these services that you may wish to contact.

Common emotions

You are not alone – other parents have also struggled with the idea of stopping intensive care for their baby. It’s an emotional time and your reactions might not be what you would expect. Here are some of the experiences that parents in your situation have described:

- Feeling like this is happening to someone else – being detached and not connecting with your own life.
- Getting angry – at the nurses and doctors, or the world in general.
- Living in a daze – not taking in conversations, information, events.
- Wanting to run away and leave the situation far behind.
- Being withdrawn and silent.
- Feeling cold – emotionally and physically.
- Losing control of your feelings and how you express your emotions.
- Feeling inadequate, like you’re letting your child down.
- Feeling guilty, especially if you decide to stop intensive care.
- Worrying you’ve made the wrong decision.
- Loving your baby but resigned to fate – believing there is nothing else you can do.
Getting help and support

As you’re looking ahead, don’t forget to live in the present. Whatever happens, you are with your baby here and now.

Emotions are probably near the surface so be gentle with yourself. It is an exhausting time and you may be feeling very fragile. You probably worry whether you are doing the right thing.

Try to find some quiet time and a calm place to think. Also, it can really help to talk to someone who understands what you are going through.

You might want to be around family members or other people who are important to you. Visitors other than parents, siblings and grandparents are usually discouraged in neonatal intensive care units, to protect other babies from infection. But if you want family or friends to visit, it might be possible. Do ask the nurses.

You can also talk to a professional counsellor or an adviser from Bliss or other charities that support families (see pages 17 and 18 for contact details).

Spiritual advisers like your priest, minister, rabbi or imam are also there to help and advise families at difficult times. You can have a religious or spiritual ceremony for your baby, either from your own faith leader or the hospital chaplain. If the hospital chaplain is not from your own religion, they will still be very happy to help with any spiritual arrangements you want.

“Fearing that my daughter would die was frightening, painful and exhausting, and I felt completely helpless. It was empowering to me to ask many questions and know as much information as possible.”

Valerie Nelson, mum to Caitlyn born at 26 weeks, died at one month old.
A baby’s death

Some people might think that parents grieve less over the death of a very young baby, because they have not had as much time to get attached. This simply is not true. The grief is just as strong.

At first, some parents feel shocked or numb, unable to take it in. Or the feelings can be overwhelming.

Difficult as it may seem, there are also some legal requirements that need to be met when a baby dies.

Registering the birth and death

Both the baby’s birth and death must be registered, usually at the local registry office. If your faith requires an immediate funeral, some areas offer an out-of-hours registry service. In England, Wales and Northern Ireland the death must be registered within five days. In Scotland it must be registered within eight days.

Post-mortem examination (autopsy)

Sometimes when a child dies, a post-mortem examination may be required by law. Your baby’s doctor will explain everything if this happens. In this case, you will not be able to take your baby’s body away from the hospital until the post-mortem examination is completed. In discussion with your baby’s doctors you may also agree to a post-mortem examination as this may help to explain further the reasons for your baby’s death. Any additional information from the post-mortem examination may be of help to you and your family in the future.

Organ donation

Some families take comfort from helping other children with an organ donation. In a small number of cases heart valves can be donated at some hospitals.
Saying goodbye

Choosing how to say goodbye to your baby is an important step to take. The hospital should have a bereavement counsellor who can 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.

Once all of the legal requirements have been met you can take your baby home for a while before the funeral, if this is what you want to do. If your baby has a post-mortem examination, you should still be able to have your baby at home when this is finished. You can take your baby home in a Moses basket, a car seat or in a casket. You can ask a funeral director to take your baby to your house or to a funeral home.

A hospice may also be able to provide a place for your baby’s body to rest before the funeral.

Mourning for your baby is a long process which does not stop at their funeral.

Some neonatal units have a bereavement counsellor who will follow up with you, especially in the early days and on important anniversaries like the date of your baby’s birth and death. Hospices do this routinely. Many hospitals have an annual remembrance service and you may receive an invitation.

Mourning for your baby is a deeply personal experience and you will find your own way to live with what has happened. Your hospital may have a counselling service and you should be offered a follow-up appointment with your baby’s doctor within two months as you may have questions you didn’t think of at the time. If you want to, you can also ask your GP to refer you to a counsellor or support group. You can also talk to one of the charities listed on pages 17 and 18.

If you want to talk to other parents in our network or to an adviser on our freephone Family Support Helpline, we are always here for you at Bliss.

“Facing the death of my daughter was the most terrifying experience in my life, but I am incredibly grateful to have known her - she remains my daughter and is always in my heart.”

Valerie Nelson, mum to Caitlyn born at 26 weeks, died at one month old.
Useful contacts

How Bliss can help

Bliss is the national charity that supports babies born premature or sick and their families. We can offer advice and support in the way that suits you best. We can also provide information on other organisations you may want to talk to, or help you with practical things such as finding suitable clothes for your baby.

The Bliss Family Support helpline is open 9am to 9pm Monday to Friday. Call Freephone 0500 618140 to talk to one of our trained advisors. We can put you in touch with other parents who have been through a similar experience.

www.bliss.org.uk

On the Bliss website you can find information about premature or sick babies and their care, talk to other parents on our message board and find out more about our many other services for parents.

ACT
Works for the best quality of life and care for children and young people not expected to reach adulthood.

Helpline 0845 108 2201
e info@act.org.uk
www.act.org.uk

ARC (Antenatal Results and Choices)
ARC provides support and information to expectant and bereaved parents throughout and after the antenatal screening and testing process.

Helpline 020 7631 0285
e info@arc-uk.org
www.arc-uk.org

Child Bereavement Charity
Supports families when a child dies, or when children are bereaved.

Helpline 01494 446648
e support@childbereavement.org.uk
www.childbereavement.org.uk

Child Death Helpline
A helpline for anyone affected by the death of a child of any age, from prebirth to adult, under any circumstances, however recently or long ago.

Helpline 0800 282 986
e contact@childdeathhelpline.org
www.childdeathhelpline.org.uk

Bliss 2010 – Making critical care decisions for your baby
Children’s Hospices UK
Can help you find a children’s hospice service in your area.
† 0117 989 7820
e info@childhospice.org.uk
www.childhospice.org.uk

The Compassionate Friends
Supporting bereaved parents and their families.
Helpline 0845 1 23 23 04
e helpline@tcf.org.uk
www.tcf.org.uk

Cruse Bereavement Care
Promotes the well-being of bereaved people and helps them understand their grief and cope with their loss.
Helpline 0844 477 9400
e helpline@cruse.org.uk
www.cruse.org.uk

Sands (Stillbirth and Neonatal Death Charity)
Supporting anyone affected by the death of a baby. Also have information on post-mortem examinations.
Helpline 020 7436 5881
e helpline@uk-sands.org
www.uk-sands.org

Support and advocacy services
Patient Advice and Liaison services in NHS Trusts (England) and Community Health Councils (Wales) provide support, advice and mediation for children and parents. Each hospital will have a PALS office – ask for details
www.pals.nhs.uk
www.communityhealthcouncils.org.uk

Information about independent advocacy for children and parents in Scotland can be found at www.partnersinadvocacy.org.uk

Information about the Northern Ireland Children’s Advocacy Service can be found at www.niccy.org

Children First for Health is a NHS resource to help children and parents share their experiences and get advice and information
www.childrenfirst.nhs.uk
Translations available

Your baby’s doctors have given you this leaflet because your baby is in a very critical condition. As a parent you now have to think about the next steps for your baby’s treatment and care. This leaflet aims to help you as you make these important choices. Ask the doctors or nurses to arrange a translator for you if you need one. For advice or information call Bliss’ free Family Support Line on 0500 618140 - a language translation service is available.

Arabic
قام أطباء طفلكما بإعطائك هذا الشهرة لأن حالة طفلكما حرجة للغاية، وكانين بتعين عليكم أن التفكير في الخطوات التالية لمعالجة طفلكما واعتناقه. تهدف هذه المكتبة إلى مساعدتك في تحديد هذه الاختيارات حالات الطفلكما. برزت الأطباق من الأطباق أو المعجوبات التي يوجد مترجم حالات طفلكما للمشكلات أو للحصول على المزيد من المعلومات، الرجاء الاتصال بطريقه المجاني من Bliss على الرقم 0500 618140 – حيث تتواجد خدمة ترجمة إلى اللغات المختلفة.

Bengali
আপনার বাচ্চার মা মামলার এই ডাক্তারদের নিয়মের কারণে আপনার বাচ্চার গ্রহণ করা হয়েছে। একটি নিয়ম করা সময় আপনার বাচ্চারকে আপনার জন্য সুন্দর করে দেন। ডাক্তারদের মত অন্যান্য বাচ্চারকে প্রথমে দেখানো হয়। মামলায় আপনার বাচ্চারকে নিয়ম করার জন্য নিয়ম করা হয়। নিয়ম আপনার বাচ্চার জন্য 0500 618140 নিয়ম করা ডাক্তার। সকল নিয়ম একটি নিয়ম করা হয়।

Chinese
您的婴儿的医生给您的这传单，是因您的婴儿目前情况危急。身为家长的您，现在必须考虑下一步应该采用的治疗和护理步骤。这份传单旨在帮助您做出这些重要的决定。如果您需要翻译，请向医生或护士提出安排请求。有关咨询或信息，请致电 Bliss 的免费支持热线 0500 618140，本热线可提供翻译服务。

Farsi/Persian
در حال حاضر کودکتان در وضعیت خیلی بحرانی بود و به‌همین‌خاطر به شما جوانه‌ای را زد که شما به‌دست آن بپذیرید. دراین مقطع از زمان‌سازی در درمان و درمان‌های گرفتار از کودک خود به‌طور فوری می‌توانید به‌اجام‌اند این انتخاب‌های مهم به‌شما کمک خواهد کرد. در صورت اطمینان از اینکه یا پرسیدن به‌جواب‌های که شما می‌توانید اطلاعات دریافت با تلفن رایگان حمایت از خانواده "بلیس" 0500 618140 ممکن حاضر فرمایید - خدمات متعدد همچنین موجود می‌باشد.

French
Le pédiatre de votre nouveau-né vous a donné cette brochure car votre bébé est dans un état très critique. En tant que parent, vous devez maintenant réfléchir aux prochaines étapes concernant le traitement et les soins apportés à votre bébé. Cette brochure vous guidera dans ces choix importants. N’hésitez pas à demander aux médecins ou aux infirmières l’aide d’un traducteur si vous en avez besoin. Pour des conseils ou renseignements, n’hésitez pas à appeler Bliss au 0500 618140 (ligne gratuite d’aide aux familles), un service de traduction est disponible.

Gujarati
તમારા દલ્લણના દેશપાર્દેશ તમને આ યોજનાયિક આપવાનું છે કારણકે તમારું પ્રણાલીની સાર્થક અચંદાઉરને હેલ્પવાને વિશે મદદ કરવા માટે તમારી મુખ્ય પ્રશ્નો પર વિચાર કરી શકો છે. તમને મૂલ્યપૂર્વ પાસે રહેવાની જરૂર પડે, તેવા કારણે ટીકાપત્રી આપવા નથી. તમારી મોટી ભલી મોટી રીતે સાથે અંગે માહિતીગત મેળવવા પરસ્પર લાખના 0500 618140 પર હોલ કરો --ટીકા અનુદય સેવા ઉપલબ્ધ છે.

Hindi
आपके शिशु के चिकित्सकों के चिकित्सकों ने आपको यह पत्र इस्तेमाल किया है क्योंकि आपका शिशु है। नाजूक स्थिति में है। माता-पिता होने के कारण आपको अपने शिशु के उपचार और देखभाल के अपने कदम के बारे में सीखना चाहिए। यह पत्र आपको इन महत्वपूर्ण चरणों के समय मदद करने का तेजी से रखता है। अगर आपका स्वास्थ्य से आपके शिकारी या नर्स से अनुभव करने के लिए कहते हैं तो साक्ष्य या जानकारी के लिए डिस्क के निश्चित फाइल में स्पर्श साइट को 0500 618140 पर कॉल करें - भाषा अनुवाद सेवा उपलब्ध है।
Polish


Portuguese

O médico do vosso bebé entregou-lhes este folheto porque o estado do vosso bebé é bastante grave. Como pais, devem pensar agora nos próximos passos a tomar relativamente ao tratamento e cuidados a prestar ao vosso bebé. Este folheto tem como objectivo ajudar-vos a tomar estas decisões importantes. Solicitem um tradutor aos médicos ou enfermeiros caso precisem de um. Para obter aconselhamento ou informações, contactem a Linha Bliss de Apoio à Família gratuita através do número 0500 618140 – está disponível um serviço de tradução.

Somali


Spanish

Los médicos de su bebé le han entregado este folleto, porque su bebé se encuentra en estado crítico. Como padre, usted debe pensar ahora en las siguientes fases de tratamiento y atención de su bebé. Este folleto tiene por objeto ayudarle a tomar estas decisiones importantes. Solicite a los médicos o al personal de enfermería que hagan las gestiones necesarias para que disponga de un intérprete, si lo necesita. Para obtener asesoramiento o información, llame a la Línea de Atención Familiar gratuita de Bliss, en el 0500 618140. Disponen de un servicio de interpretación de lenguas.

Turkish


Urdu

آپ کی بچے کی داکٹر کو نہ آپ کو ہاتھ پاہوئی کے لئے پہنچ جانے کے لئے کہ لئے ہے کہ آپ کی بچے کی حالت بہت نازک ہے۔ پہلو والدین آپ کو اپنے بچے کی علاج کے لئے دکھ کر قابال ہے اس کے لئے سوچیں۔ اس کتابچے کا معیشہ اپنے اہم انتخابات کے لئے آپ کی مدد کرنا ہے۔ آپ کو اپنے مزاج کے پرورش بھی تو آپ کی بچی کے انتظام کیلئے یہ کتاب ہمین ایک رسرس ہے۔ معلومات لینے کے لئے 0500 618140 پر بیلبی کی مفت فیلمی سپورٹ لائن پر فون کریں۔
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