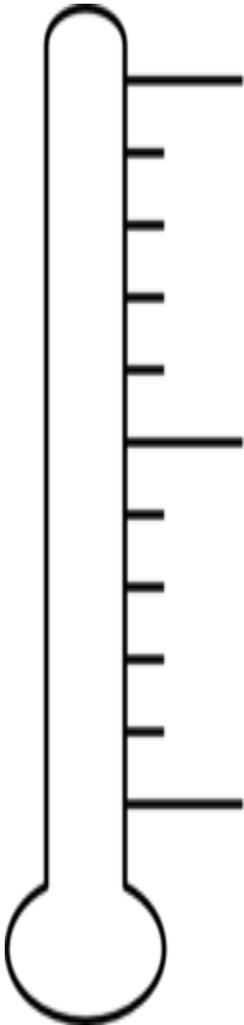
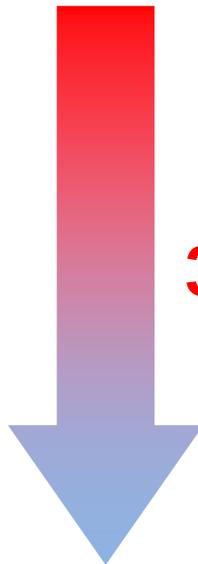


Cooling Treatment for babies with HIE (Hypoxic Ischaemic Encephalopathy)



Information for parents



33-34°C

Cooling Treatment for Babies with HIE

Information for parents

Your views are most important and we want to keep you fully informed about how we plan to care for your baby. This leaflet explains about the cooling treatment we use for babies with HIE.

What is HIE?

HIE occurs due to an interruption of oxygen and/or blood supply to your baby during labour or birth. HIE can range from being mild to severe, and whilst we are particularly concerned about effects on the brain, other organs in the body can also sometimes be affected, depending on the severity.

What happens to a baby with HIE?

A baby with mild HIE does not normally need treatment and is expected to recover fully. However in moderate or severe HIE there is a risk of longer lasting damage to the brain. Babies should be cared for in a Neonatal Intensive Care Unit (and may need to be transferred to a different hospital for this). Some babies may have breathing difficulties, some may have abnormal movements (fits) and some may have problems with their kidneys or other organs. Some babies recover without problems, some babies don't survive and some babies develop disabilities in the longer term.

Cooling Treatment for HIE

There is now good scientific evidence that cooling a baby with moderate or severe HIE to a temperature of 33-34°C, can help to reduce the severity of the injury to the brain and improve the longer term outcome for the baby. There is also some evidence that the faster the baby is treated, the better the outcome.

Is cooling a standard treatment?

Cooling is now standard treatment in neonatal intensive care units worldwide. In our region (Kent, Surrey and Sussex) we have introduced a programme where every hospital where babies are born will have access to an automatic cooling system for babies, so that cooling can begin promptly and accurately before they are transferred for intensive care to a NICU.

If babies can be cooled in my hospital, do they still need to be transferred to the NICU?

Yes, babies with HIE can require a lot of careful intensive care and close monitoring, of which the NICU teams have extensive experience. Additionally, HIE sometimes worsens and it is important that the baby is managed in a specialist neonatal service

Are there any risks of cooling?

Cooling in babies has been shown to be safe, so long as it is carried out correctly and monitored in a safe environment. This is why babies are transferred to the NICU for ongoing care.

How do we cool babies?

We use machines which automatically cool and regulate the baby's temperature. The temperature is monitored by a thin probe placed in the baby's rectum. This is not painful. Babies will also be given some light sedation to ensure they are comfortable. Babies are normally cooled for 72 hours and then slowly rewarmed. Sometimes the neonatologist caring for your baby may decide that a shorter (and rarely a longer) course of cooling is appropriate.

Who should I ask if I have any queries?

The Doctors and Nurses on the neonatal unit should be able to answer any questions you might have about this or any other matters.