

Reference Number: UHBOBS383 Version Number: 1	Date of Next Review: March 2024 Previous Trust/LHB Reference Number: N/A
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Hot Cots in Maternity: Guidelines for the use of

Introduction and Aim

The purpose of this Guideline is to provide Midwifery and Transitional care staff with information and awareness on how to use hot cots effectively and to maintain normothermia in babies at risk.

Regulation of infant temperature is critical in the first few hours of life for the term infant but can remain critical for days in pre-term infants.

Maintaining a stable body temperature is to ensure minimum energy is used for temperature control and therefore maximise energy available for growth. The maintenance of body temperature within the normal range also involves minimum oxygen consumption and stability of blood glucose levels (Bruggermeyer, Gundon and Kenner, 1993).

Objectives

The maintenance of body temperature within the normal range

Keeping mothers and babies together

Scope

This procedure applies to all of Midwifery and transitional care staff within the UHB.

Equality Health Impact Assessment	An Equality Health Impact Assessment (EHIA) has been completed. The Equality Impact Assessment completed for the policy found here to be a positive.
Documents to read alongside this Procedure	Thermoregulation in Newborns
Approved by	Maternity Professional Forum and Q+S

Accountable Executive	Title of post holder
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Version Number: 1		Date of Publication: 17/03/2021
Approved By:MPF and Q&S		

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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	March 2021	March 2021	New Document

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2 Hot Cot Guidance

The Hot Cot mattress only becomes warm with the weight of the baby.

- Gel mattress set at 37°C-38°C
- Place gel mattress into baby nest (nest can be adjusted by pulling the string)
- Only when the desired set temperature is reached (indicated by a green smiley face on display) should you place the baby on the nest
- Dress baby in nappy and vest only (hat optional for preterm infants)
- Thin sheet can be placed over the nest for hygiene reasons
- One blanket to cover baby

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3 Temperature Checks

Check baby's temperature 30 minutes after starting

If the axilla temperature is below 36.6°C the mattress can be increased to 39°C

- If the baby is still unable to maintain a normo-thermic temperature, consider using a radiant heater and inform the neonatal team.

Check temperature every 30 minutes after starting

- If baby's temperature above 37.5°C reduce mattress temperature by 0.5°C until within normal parameters.

Check temperature every 30 minutes until a stable normo-thermic temperature is achieved, then check temperature 4 hourly, adjust the mattress temperature accordingly.

- Reduce hot cot by 0.5°C if the baby's temperature >36.9°C until mattress is set to 36.5°C

The hot cot can be turned off once the mattress temperature is set to 36.5°C and their temperature has remained between 36.5°C and 37.5°C at this setting.

Keep the baby in the hot cot with it turned off until you are happy the heat source is no longer needed. Dress the baby in a vest, baby grow, hat and blankets.

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4 Cleaning

- Do not use bleach
- Use soap and water
- Clinnell wipes and disinfectant may be used

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4.1 Control Unit

- Disconnect from mains electricity supply, remove mains cable and the heating pad
- Wipe clean with clinnell wipes

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4.2 Baby Nest

- Machine wash at temperatures up to 60°C
- Tumble dry
- Always wash between patients
- Blue nest-reusable
- White nest- disposable.

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5 Storage

- Keep hot cots plugged in and switched on set at 37°C

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6 Summary

If unable to maintain adequate temperature of infant in normal cot (36.5-37.5°C) then contact Neonatal Team and discuss the use of a hot cot

6.1 Commencing the Hot Cot: Flowchart

