



What is a late preterm infant?

Any baby born between 34 weeks and 37 weeks gestation.

How do late preterm infants differ from full-term babies?

While your baby may look like a full-term baby, he/she is premature, and therefore may experience some challenges during the newborn period. He/she is probably smaller and has less fat and energy reserves compared to a full-term baby. This can make it hard for him/her to keep his temperature up and to feed.

What problems can affect late preterm infants?

There are several problems which are unique to late preterm babies:

- 1) **Breathing:** Your baby's lungs may not be fully developed, and she may not breathe well. We will watch her closely after birth to make sure she is doing well. Some babies need to spend time in the nursery being watched closely.
- 2) **Feeding:** Preterm babies often (but not always) lack the breastfeeding ability and stamina of a full-term baby. Sometimes they do well for the first 24 to 48 hours after birth, but exhaust their smaller reserves and start to have feeding difficulties just when they are discharged home. Plus, breast feeding ineffectively leads to a low-milk supply. While in the hospital, you will work with a lactation consultant and your pediatrician to develop a feeding plan. This plan will change as your baby grows.

Babies often need to be supplemented with pumped breast milk and/or formula to keep from losing too much weight. Babies born early can have trouble keeping their blood sugars up which makes feeding regularly even more important. We will check your baby's sugar levels soon after delivery.

We recommend that you:

- Pump with a breast pump for 15 minutes (both breasts) after each breast feeding to encourage milk production. Start pumping soon after delivery.
 - Limit total feeding time to 45 minutes to prevent tiring your baby out.
 - Feed your baby every three hours. Preterm babies are sleepier and she may need to be woken to feed.
 - Avoid pacifiers.
- 3) **Temperature:** Your baby is probably small and has little fat, therefore maintaining a normal temperature is a concern. The nurses will check her temperature every four hours along with her vital signs. A normal temperature is between 36.5 – 37.5 degrees Celsius. Some babies cannot keep their temperature normal and need to be placed under the warmer or in an isolette in the nursery. Make sure to keep your baby skin-to-skin or covered appropriately with blankets and a hat.
 - 4) **Jaundice:** This condition causes your baby's eyes and skin to become yellow from too much bilirubin, a chemical released by the normal breakdown of your baby's red blood cells. Many babies, both preterm and full term, have trouble with jaundice during the first week of life. Normally your baby's liver breaks down bilirubin but it takes several days for the liver to learn how to do this, even later in a preterm baby. Also, every time the baby stools, she gets rid of bilirubin. Feeding well and making lots of stools is the best way to lower bilirubin levels. Preterm babies have more trouble getting rid of bilirubin and can have higher levels later than a full-term baby (five to seven days old versus three to four days old). Blood tests may need to be done to determine how high your baby's bilirubin is and if treatment is needed.

- 5) **Infection:** Sometimes an infection can cause babies to be born prematurely. Your pediatrician may order blood tests to look for any signs of infection. Sometimes babies will be placed on antibiotics soon after delivery if the suspicion for an infection is very high. The doctor seeing your baby will discuss these possibilities with you and make recommendations for your baby.

What do we need to know about going home?

1. **Breathing:** We will do a "car-seat test" on your baby before going home. The baby will be placed in your car seat for one hour with a monitor to watch her heart rate and oxygen levels. We do this for all preterm babies going home to make sure they are safe in the car seat.

If you think your baby is having problems breathing, call the doctor. If your baby stops breathing, call 911. Even though your baby passed the car-seat test, you should limit the time she spends in an upright position, including swings, infant seats and strollers. Your baby may get tired and have problems breathing if left in this position for too long unobserved.

2. **Feeding:** Good feeding is needed for growth and normal levels of blood sugar and body water. Be sure to understand the feeding plan for home before leaving the hospital. If your baby is not feeding well or has a decreased number of wet diapers, call the doctor for an appointment.
3. **Temperature:** Your baby's temperature must be normal for at least 12 hours before going home. Room temperatures should be warm enough to maintain the baby's normal temperature. A good rule of thumb is to dress your baby in one more layer than you are wearing. You do not routinely have to check his/her temperature at home unless he/she feels cold or hot or is not acting well. Call the doctor if the temperature is less than 96 degrees or greater than 100.4 degrees Fahrenheit.
4. **Infection:** Your baby has an immature immune system, placing him/her at greater risk of infection. You should ask everyone to wash his/her hands before touching your baby. Do not allow any visitors who are sick to be around your baby. If he/she gets a cold, fever or has trouble breathing, call the doctor.
5. **Jaundice:** If your baby looks more yellow to you after you leave the hospital, call the doctor. At your clinic appointment, the doctor will be looking for jaundice and may order a blood test to check the bilirubin level.
6. **Sleeping:** All babies should be placed on their backs for sleep. This reduces the chance of SIDS or crib death. The baby should sleep on a firm surface without comforters, pillows or stuffed animals close to the baby.