



# If Your Baby Is Born Early

**Every year in the U.S., about 12% of babies are born early (*prematurely*). This means they are born before 37 weeks gestation.**

**This handout answers common questions parents have when their baby is born early.**

Early in your pregnancy, your provider told you your “due date,” based on 40 weeks of pregnancy. Babies born from 38 to 42 weeks are considered “full-term.” Babies born 3 to 6 weeks early (34 to 37 weeks) are called “near-term” or “late preterm.” All infants born before 37 weeks are called “premature.” These babies may face different and more serious health problems than most full-term infants.

This handout may help you think about what your near-term baby’s needs will be and what plans you may need to make if your baby is born early.

## **Where will my near-term baby be cared for after birth?**

Babies born before 34 weeks go to the Neonatal Intensive Care Unit (NICU). Babies born between 34 and 37 weeks who weigh more than 1,800 grams (about 4 pounds) may be able to go to the Progressive Care Nursery (PCN). The PCN is on the same unit where you will be staying. At the time of birth, your pediatric team will decide which unit is best for your baby’s care.

## **What kinds of problems are common in near-term babies?**

### *Feeding*

To be able to breastfeed, a baby must latch on to the breast, suck, swallow, breathe, and stay alert. Near-term babies may need help getting enough food to grow because they don’t have enough energy to do all these steps. Their bodies need some time to develop before they can eat on their own.

### *Temperature*

Near-term babies are born with less fat to insulate their bodies than full-term babies. Sometimes, near-term babies cannot maintain a normal body temperature and need to be kept in a warm incubator for a while.

### *Other Problems*

Near-term babies, like preterm babies, may have problems with blood sugar levels, jaundice, or an increased risk of infection. Your pediatric team will check your baby for these conditions.

## **How long will my near-term baby be in the hospital?**

The length of the hospital stay depends on your baby's condition. Babies need to be able to take in enough food to grow and maintain their body temperature in their normal clothing and blankets before they can go home. The pediatric team will talk with you every day about your baby's condition. Most times, they can tell you a day before it is time to take your baby home so that you can make plans to leave the hospital.

## **Where can I stay if my baby needs to be in the hospital after I am discharged?**

You will need to make this decision soon after your baby's birth. Here are some options to consider:

- Do you have family or friends who live in the area and can provide a place for you to stay?
- If you have Medicaid and live far away, your social worker may be able to find lodging for you so that you can stay in Seattle.
- If your baby is in the PCN and will be there for a short time, we may be able to provide you with a room on the Mother-Baby Unit, even though you are no longer a patient. Talk with your nurse or social worker about this option.

If you want to stay in one of these rooms, keep in mind:

- **Meals are not provided, and you will not receive nursing or medical care.**
- We can offer you this option only when we do not have patients who need these rooms.
- We can offer a hospital room for only 1 night at a time.

## Questions?

Maternity and Infant  
Center Inpatient Unit  
206-598-4616

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Maternity and Infant  
Clinic:  
206-598-4070

## If my baby is not full-term, why am I being advised to give birth now?

Your doctors may advise you to have labor induced or have a Cesarean delivery (“C-section”) before 37 weeks. If this is the case, the doctor will explain the risks to you and offer advice. You are an important part of the decision-making process, and we want you to understand our advice and why we give it.

Some of the reasons your doctors may advise an early birth are:

- The fetal monitoring and ultrasounds we use to check on your baby may tell us that there is a problem. Your doctor may decide that it is safer for your baby to be born early than to remain inside you.
- If *you* are having problems and your condition worsens, your doctor may decide it is safer for you if the baby is born early.
- You and the baby may not yet be having problems, but the risks of staying pregnant are greater than the benefits of the baby staying inside you longer.

## What if I’m in the hospital with preterm labor?

If preterm labor is the reason for your hospital stay, we want to help your pregnancy continue until it is safest for your baby to be born. If your pregnancy can continue to full term, you will be sent home when it is safe for you to leave the hospital.

You may want labor to start because you are tired of being in the hospital or tired of being pregnant. But helping your baby get to full term means your newborn will be more likely to be able to stay in the room with you, rather than in the NICU or PCN. And, a full-term baby will have more mature breastfeeding skills, which makes it easier for both you and your newborn.

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