



UW Medicine

晚期早产儿

护理计划

恭喜您宝宝的诞生！本章为您解说我们如何照顾晚期早产的婴儿。

什么是晚期早产儿？

婴儿的预产期是怀孕后 39 至 40 周。在子宫中的最后几个星期是非常重要的。这是婴儿达到成熟的阶段。他们还会储存能量和体液以备维持在出生后头几天以生命。妊娠 39 至 40 周出生的婴儿是足月婴儿。

婴儿的出生时间最好不要比预产期提早 1 周、但是有些婴儿会提早出生：

- **早期早产儿**是在预产期前的 2-3 周出生的宝宝。(胎龄 37 至 39 周)。他们还在继续成熟、但一般来说不会因早产而有健康问题。
- **晚期早产儿**是在预产期前的 3-6 周出生的宝宝。(胎龄 34 至 37 周)他们没能在子宫里渡最后几周的时间、来为他们进入世界做准备。

晚期早产儿可能看起来像足月儿一样。但是、婴儿越早出生、他们需要的特殊护理就越多。

您的晚期早产宝宝可能需要额外的护理来呼吸、保持温暖、吃饱、抵抗感染并预防黄疸。(黄疸是当皮肤因胆红素水平升高而变黄、这是正常现象)。



晚期早产儿可能看起来像足月儿一样。但是、他们需要特殊的护理。

我的晚期早产儿可以和我一起住在母婴室吗？

许多晚期早产儿需要在新生儿重症监护室 (NICU) 或婴儿渐进监护室 (PCN) 几小时或几天的额外护理。年龄较大的晚期早产儿有时就可以与您一起住在母婴室。



您的晚期早产儿在出生的一小时及几天内会得到额外的护理。

我的晚期早产儿需要那些额外的护理？

当您的早产儿与您一起在母婴室时、您的婴儿护理团队会特别注意：

- **呼吸。**儿科医生会在宝宝出生后立即检查宝宝的呼吸。护士会继续仔细观察呼吸的状况。
- **体温。**我们会密切监视宝宝的体温。我们会教您如何通过皮肤贴皮肤（袋鼠式护理）和襁褓来保持宝宝的温暖。
- **哺乳。**我们会观察您如何喂宝宝奶、并鼓励至少每 3 小时哺乳一次。早期早产儿的吸吮力弱、或者在需要喂养时还没醒来或给您喂养提示。
- **感染。**我们会注意观察感染迹象、并在需要时检测血液。我们会严格遵循预防感染的措施。
- **黄疸。**早产儿更容易患黄疸。这是因为他们的肝脏尚未完全成熟。我们会做皮肤检查或检测血液来检查婴儿血液中的胆红素。如您宝宝需要治疗、我们会教导您有关新生儿黄疸的知识、您也参与护理。

我们也要确认您有下列的用品、咨询：

- **手挤奶或抽奶。**我们会教您如何手挤出初奶。这是很重要的、因为挤乳液可以给宝宝提供额外的母乳、并可刺激乳房分泌更多的乳液。喂宝宝母乳有助于抵抗感染。

如需要、我们会以抽乳机帮助您抽奶。乳液供应充分有助于宝宝的哺乳。许多晚期早产儿开始时需要额外的乳液。我们将配合您的宝宝、并确保宝宝得到他们所需的乳液。

我的宝宝什么时候可以回家？

我们知道您很兴奋地要带宝宝回家！但您的宝宝乃需要留在医院、直到我们确定宝宝可以在家中健壮地成长并一切安好。

宝宝的护理计划可能会每天或甚至每小时都不一样。这是因为我们正在关注并回应您宝宝时时有变动的需求。宝宝在医院停留的时间是要依据他们的护理需求。

请至少每天与宝宝的护士和医生讨论一次护理计划。有时、您的主要任务可能就是观察和等待。



一旦护士告诉您可以安全走动了、您就可以花很多时间陪宝宝。

带宝宝回家前需要做的事

我们会与您一起制定带宝宝回家的计划。如需要、您将与儿科医生团队、您的护士、哺乳顾问及社工讨论。如还有其他提供医护的治疗师、您也将与他们会谈。

除了常规的新生儿测试之外、我们还为您宝宝做**汽车安全座椅测试**、以查看他们坐在汽车安全座椅中的反应。护士会把宝宝放在您的汽车安全座椅上、与监视器相连、以观察他们的呼吸情况、持续90分钟。

在您离开医院之前、我们会协助您计划儿科门诊、做**重要的首次检查**。

回家

请放心、当您带宝宝回家时、您对宝宝的照顾和哺乳会感到自在和自信。在您宝宝离开医院之前、我们会与您讨论需要注意的警示。我们也会讨论正常的增长和发育的迹象。

我们衷心地祝福您回家与宝宝一起建立一个美满地家庭。

现在、请回到本手册的目录并勾选此题材的框框、以便让护士知道您已经阅读了本章。

您有疑问吗？

我们很重视您的提问。如
对您的宝宝有疑问、请致
电您的儿科医生。

紧急事故、请打 911.

Late Preterm Infants

Plan of care

Congratulations on the birth of your baby! This chapter explains how we care for babies who are born late preterm.

What is a late preterm baby?

A baby's due date is 39 to 40 weeks after conception. The last few weeks in the womb are very important. This is when babies finish maturing. They also store up energy and fluid to sustain them in the first days after birth. Babies who are born at 39 to 40 weeks gestation are **full-term** babies.

It is best for babies to be born no more than 1 week before their due date, but some babies are born earlier than that:

- **Early-term** babies are born 2 to 3 weeks before their due date (37 to 39 weeks gestation). They are still maturing, but they usually do not have health problems from being born early.
- **Late preterm** babies are born 3 to 6 weeks before their due date (at 34 to 37 weeks gestation). These babies did not have those last few weeks in the womb to prepare them for entering the world.

A late preterm baby may look like a full-term baby. But the earlier a baby is born, the more special care they need.

Your late preterm baby may need extra care to breathe, stay warm, feed well, fight infection, and prevent *jaundice*. (Jaundice is when skin becomes yellow from increased levels of *bilirubin*, a normal chemical in the blood.)



A late preterm baby may look like a full-term baby, but they often need extra care.



Your late preterm baby will receive extra care in the first hours and days after birth.

Can my late preterm baby stay with me on the Mother Baby Unit?

Many late preterm babies need extra care for several hours or days in the Neonatal Intensive Care Unit (NICU) or the Progressive Care Nursery (PCN). Older late preterm babies sometimes are well enough to stay with you on the Mother Baby Unit.

What extra care does my late preterm baby need?

When your late preterm baby is on the Mother Baby Unit with you, your baby's care team will pay special attention to:

- **Breathing.** A pediatrician will check your baby's breathing right after birth. Nurses will keep careful watch for normal breathing.
- **Temperature.** We closely monitor your baby's temperature. We will teach you how to keep your baby warm with skin-to-skin holding (kangaroo care) and swaddling.
- **Feeding.** We will watch how your baby feeds, and encourage feedings at least every 3 hours. Late preterm babies may have a weak suck or may not wake up or give feeding cues when they need to feed.
- **Infection.** We will watch for signs of infection and test blood if needed. We will closely follow practices to prevent infection.
- **Jaundice.** Late preterm babies are more likely to become jaundiced. This happens because their livers are not fully matured. We will do a skin test or blood test to check bilirubin in your baby's blood. We will teach you about newborn jaundice and include you in the care if your baby needs treatment.

We will also be sure that you receive this extra support:

- **Hand-expressing or pumping milk.** We will teach you how to hand-express your early milk. This is important for giving extra milk to your baby and to stimulate your breasts to make more milk. Feeding your baby your own milk helps fight infection.

If needed, we will help you with breast pumping. A good milk supply helps your baby breastfeed well. Many late preterm babies need extra milk at first. We will work with your baby and you to make sure your baby is getting what they need.



Once your nurses tell you it is safe for you to move about, you can spend lots of time with your baby.

When can my baby come home?

We know you are excited to take your baby home! Before that can happen, your baby needs to stay in the hospital until we are certain your baby can thrive and be well at home.

Your baby's plan of care may change from day to day or even hour to hour. This is because we are watching and responding to your baby's needs, which change over time. Your baby's length of stay in the hospital will be decided by their care needs.

Talk with your baby's nurses and doctors about your baby's plan of care at least once a day. Some days, your main job may be to watch and wait.

Things to Do Before You Take Your Baby Home

We will work with you to **create a plan** for taking your baby home. You will talk with the team of pediatric doctors, your nurse, the lactation consultant, and the social worker if needed. If there were other therapists helping with care, you will also talk with them.

In addition to the usual newborn tests, we will give your baby a **car seat test** to see how they respond to being in the car seat. A nurse will put your baby on a monitor while in your car seat and watch their breathing for 90 minutes.

Before you leave the hospital, we will help you **plan for the important first checkup** with your baby's clinic.

Going Home

Be assured that when it is time to take your baby home, you will be comfortable and confident about caring for and feeding your baby. Before your baby leaves the hospital, we will talk with you about warning signs to watch for. We will also talk about the signs of normal growth and development.

And we will congratulate you, as you go home to take the next steps in building a family life with your new little one!

Now, please go back to the Table of Contents in this workbook and check the box so your nurses will know you have read this chapter.

Questions?

Your questions are important. If you have questions about your baby, call your pediatric provider.

In an emergency, call 911.