

## 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.**