

These things might include:

- Your baby is feeding easily by mouth
- Your baby is taking at least one ounce (30mL) or more with each feeding
- Your family feels comfortable feeding the baby on your own
- Your baby is gaining weight (20 to 30 grams per day)
- Your baby maintains normal body temperatures while in an open crib
- Your baby's bilirubin level is going down and they don't need treatment with phototherapy
- Passing a *car seat trial*. This means your baby keeps normal oxygen levels while placed in their car seat for 90 minutes. This is one of the last things done before discharge. Sometimes, a baby doesn't pass the car seat trial the first time and the test needs to be repeated the next day.

### Questions?

While in the hospital, the neonatal or pediatric team caring for your baby is happy to answer any questions you may have.

After discharge, please direct questions to your baby's primary care provider.



## Late Preterm Babies FAQ

*Frequently asked questions and answers*

Congratulations on your baby! This handout will help answer questions you may have about your late preterm baby.



## What does late preterm mean?

*Late preterm* means a baby was delivered between the 34<sup>th</sup> week and the end of the 36<sup>th</sup> week of pregnancy.

If this was the case for your baby, they were born *prematurely* (about 4 to 6 weeks before your due date).

## What do I need to know about having a late preterm baby?

Premature babies need extra time in the hospital after being born. “Extra time” may mean a few days, or it may mean a few weeks. Because every baby is different, this time will depend on your baby’s unique needs.

Common issues that affect late preterm babies more than full-term babies are:

- **Feeding.** Late preterm babies have immature suck and swallow reflexes and need more time to learn how to feed. Some preterm babies need a few weeks before they are ready to breastfeed. Ways of feeding late preterm babies while they learn how to feed on their own may include:
  - *Tube feedings:* A tube is placed down the baby’s throat
  - *Finger feeding:* A finger is placed in the baby’s mouth with a tube
  - *Tube at breast:* The baby feeds on both a tube and the mother’s nipple
- **Jaundice.** This means a high level of *bilirubin* (a product made when red blood cells break down) in your baby’s blood. Jaundice will make the skin yellow. Some late preterm babies need treatment for jaundice with *phototherapy* (treatment with a special light).

- **Staying warm.** It is difficult for late preterm babies to stay warm. Some need an incubator to help keep their body temperature in the normal range.
- **Low blood sugar.** When babies are delivered late preterm, your care team will check their blood sugars regularly. These checks will usually be for the first 24 to 48 hours, when low blood sugar happens more often. If your baby’s blood sugar is low, your baby will be given a form of sugar to increase the level.

## What will my baby’s care team be paying extra attention to because my baby is late preterm?

Your care team’s priority is keeping your baby safe. They will be paying extra attention to:

- Your baby’s blood sugar
- If your baby needs tube feedings
- How much your baby is eating
- How much practice your baby needs to learn to eat
- If your baby has jaundice (see page 2)
- Your baby’s vital signs: temperature, heart rate, *respiratory rate* (breathing), and oxygen saturation
- Your baby’s weight
- If your baby needs an incubator

## When will my late preterm baby be discharged?

Rather than telling you how long your baby will stay in the hospital, your baby’s care team will watch your baby’s development. When your baby can do certain things, the care team will decide your baby is ready to go home.