

Your Baby at 27 to 32 Weeks

If you may have a preterm delivery

We care about your family. Our goal is to keep you and your baby safe and healthy. No matter what happens, our Maternal-Fetal Medicine and Neonatology teams will be with you every step of the way.

Finding out that your baby may be born early (preterm) can bring up many emotions. You may feel scared, sad, angry, confused, and hopeful, all at the same time.

We want to know how we can best support you and your family. Please tell us what you would like us to call your baby – for example, if there is a name you have chosen.

Talking About What May Happen

We know that thinking about the future can cause worry. You may want to know what to expect and also not want to think about it. We want to give you the information you want and need. We also want to help you imagine what life might be like for your baby.

Some parents want to hear about the most common outcomes for babies who are born early. Other parents want to hear about “best case” and “worst case” situations. Others want to hear numbers and statistics.

- **What would be helpful for you to know?**
- **What do you want to hear about what might happen in the future?**

Quality of Life

Families have different ideas and beliefs about what would be a good quality of life for their child. You may want to talk with your loved ones about what it might mean to have a baby with lifelong health needs from being born early. We can also help you connect with other parents who have had a baby born early.

Making Decisions

If you do have a preterm delivery:

- What is most important to you as parents?
- What are your hopes? What are your worries?

Your answers to these questions will help us support you as you make decisions. They will also help us give your family the best medical care.



A newborn baby at 30 weeks.



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Your Preterm Baby

In the Delivery Room

The Neonatal Intensive Care Unit (NICU) team is always there when a baby is born preterm. Babies who are born this early need some help with breathing. Some babies need to use a breathing tube or an oxygen mask. We may also give a preterm baby *surfactant* in the delivery room. This medicine helps keep their lungs expanded so they can breathe.

In the NICU

The NICU team brings preterm babies to the NICU on the 4th floor as soon as it is safe to move them.

Parents can be with their baby in the NICU any time, day or night. If you are recovering, delivery nurses can help you come to the NICU to see your baby.

Your Baby's Care Needs

At 27 to 32 weeks, a baby's lungs, heart, and other organs are still growing. This is why preterm babies need special care. The NICU team is trained and ready to handle the medical challenges that will happen. We will share all test results with you, the baby's parents.

Breathing

Babies born early have problems breathing. This is called *respiratory distress syndrome* (RDS). Many babies born at 27 to 32 weeks need to use a breathing machine (*ventilator*) during their hospital stay. Most of the time, their breathing improves as they grow. But some babies need breathing support and extra oxygen for a longer time.

Pauses in breathing happen in babies born this early. This problem, called *apnea*, usually goes away as a baby grows. Some babies need caffeine or breathing support to help them as they grow out of this.

Infection

Some infants born at 27 to 32 weeks have infections. The NICU team works hard to protect babies from infection. We closely watch for any signs of infection so that we can treat it early.

One health issue that preterm babies may have is *necrotizing enterocolitis* (NEC). NEC affects the *bowel* (intestine) and can cause infection. Treatment may include stopping feedings, giving antibiotics, or even surgery to remove part of the bowel.

Brain Health

Some babies born this early have bleeding in the brain. This is called *intraventricular hemorrhage* (IVH). Brain bleeds range from mild to serious. Many get better on their own.

IVH increases the risk for long-term changes in a baby's ability to move and think. We provide special care to try to prevent IVH. Preterm babies receive regular ultrasound exams of the head to check for bleeding.

Eye Health

Extra blood vessels may grow at the back of a baby's eyes, causing a condition called *retinopathy of prematurity* (ROP). Babies in the NICU have regular eye exams to check for ROP. Treatment may include laser surgery to stop the growth of the blood vessels.

Heart and Blood Health

Babies born at 27 to 32 weeks may have these health issues:

- *Anemia* (low red blood cell count). Most babies need at least one blood transfusion.
- *A heart murmur* caused by a *patent ductus arteriosus* (PDA). Some babies may need medicines or surgery to treat this problem.
- *Jaundice of prematurity*. This is often treated with blue light.

Nutrition

At first, your baby will get *intravenous* (IV) nutrition. Once their stomach can digest food, we give nutrition in other ways.

- Early feeding is by a tube that goes from the baby's nose or mouth into their stomach. If we can, we will use your breast milk to feed your baby. If not, we will provide other healthy nutrition. One option is donor breast milk.
- Some babies begin to breast or bottle feed around 34 to 35 weeks. Other babies are not yet ready to take food by mouth that early.

Learning to both swallow and breathe can be hard for preterm babies. Your baby's care team will help them learn this skill. Some babies still use a feeding tube when they leave the NICU.

Support for You and Your Family

We know that this is a very stressful time for you and your family. It may help to get support from other loved ones, friends, counselors, clergy or spiritual leaders, or parent support groups.

Families may travel a long and uncertain journey while their baby is in the NICU. Even when care in the NICU goes smoothly, this is a stressful time for parents. Please ask questions, seek help, and advocate for yourself and your family. We are here to support you every step of the way.

Your NICU Care Team

Many providers will care for your family in the weeks ahead. Your NICU team includes an attending *neonatologist* doctor who supervises care. Some teams also have *neonatology fellows* and *pediatric residents*. Some teams have *neonatal nurse practitioners*.

All teams include nurses, respiratory therapists, physical therapists, feeding specialists, dietitians, pharmacists, social workers, and lactation support experts. We also offer *palliative* (comfort) care support, spiritual care, and support for siblings, as needed.

Families find that having many care providers is both helpful and stressful. Tell us how we can best support you as we partner with you to care for your baby.

Going Home

Before leaving the NICU, preterm babies must be able to keep a normal body temperature and to eat and breathe safely. Some babies are ready to go home around their due date. Other babies stay longer in the NICU for more treatment. Before discharge, the NICU team makes sure that parents and caregivers have the skills and confidence they need to take care of their baby at home.

After You Leave the NICU

After going home, most babies born at this age need special medical care. This may include visits with physical and occupational therapists, and specialists in hearing, movement, feeding, and vision. We will help you start this journey with your pediatric healthcare provider.

Helpful Community Resources

- **Birth to 3:** Provides advocacy for parents, advice and referrals. www.birthtothree.org
- **Facebook Premie Support:** www.facebook.com/groups/2304668997
- **Graham's Foundation:** Support for families of preemies. grahamsfoundation.org
- **Infant Development Follow-up Clinic:** These specialists work with children who may have health concerns after being born early and connect you with resources. 206.598.9348, uwmedicine.org/locations/infant-development-uwmc
- **March of Dimes:** www.marchofdimes.com
- **Perinatal Support Washington:** Support for parent's health. perinatalsupport.org
- **Seattle Parents of Premies:** www.seattlepreemies.com
- **Women, Infants and Children (WIC):** A supplemental nutrition program. www.fns.usda.gov/wic

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

UW Medical Center
Neonatology: 206.598.4606