

# Patient Education



## Caring For Your Late Preterm Infant

A late preterm infant is a baby born three to six weeks early (34 to 36 6/7 weeks). In the last six weeks of pregnancy, the baby gains about one half of a pound per week. Babies born a little early are often smaller than babies born full term (40 weeks). Studies have shown that babies born three to six weeks early have a greater chance of developing potentially serious health problems than full term babies. Although late preterm infants are usually bigger than very premature babies, they are still premature and can have some special needs in the early period after birth. It is important that you are aware of these special needs. The nurse will check your baby often in hospital. Your baby will be discharged with you after 48 hours if doing well.

### Feeding:

Breastfeeding and your milk are very important for you late preterm baby. Your breast milk helps protect your baby from infection and contains important nutrients and fatty acids to help your baby's brain continue to develop. Even though your baby may look full-term, your baby is not fully developed and may need some help learning to breast feed. Some late preterm babies have a hard time latching on and staying latched. Your nurse will help you with breastfeeding to make sure your baby is feeding well. The following information will help you and your baby get off to a good start with breastfeeding:

- Keep your baby skin-to-skin as much as possible. You will be able to see those early feeding cues and both of you will get more practice with breastfeeding.
- Feed your baby often, whenever you see feeding cues and at least every 2-3 hours, even at night. You may need to wake your baby by gently undressing her/him and placing your baby skin-to-skin at the first sign of feeding cues.
- Wait until after feeding to change your baby's diaper, in order to conserve your baby's energy for feeding. Handle your baby gently when you change the diaper so she/he doesn't spit up.
- If your baby does not feed, you can help her/him to get your colostrum by removing it by hand expression and feeding it to your baby. Your nurse will show you how to do this.
- Let your nurse know whenever you are breastfeeding so she can see how well your baby is feeding and help you and your baby if needed.

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## Sleeping

All infants should be placed on their back to sleep. Late preterm infants may be sleepier than most full term infants, in which case you may need to place your baby skin-to-skin at least every 2-3 hours.

## Breathing

Your baby may have a greater chance of developing breathing problems. Problems in this area are most likely to be noticed and treated before discharge from the hospital.

**If your baby seems to be having trouble breathing at home, call your baby's doctor or midwife immediately or dial 911.**

## Temperature

Late preterm infants have less body fat and are less able to regulate their own temperature than full term infants. Placing your baby skin-to-skin with you as much as possible will help stabilize your baby's temperature. Remember to cover your baby with a blanket when skin-to-skin. Place a hat on your baby and ensure the baby is appropriately dressed (one more layer than what you are wearing) if she/he is not skin-to-skin.

- Infants usually get cold after they are bathed. Putting your baby skin-to-skin with you right after the bath will warm your baby faster than clothing.
- Keep your baby away from drafts. Room temperature should be warm enough to maintain the baby's normal temperature.
- Do not overdress your late preterm baby. A good rule of thumb is to dress your baby in one more layer than what you are wearing.

## Jaundice (yellow colour of the skin)

Late preterm infants are more likely to develop jaundice than full term infants. Jaundice is a sign of rising levels of a substance in the blood called bilirubin. Babies who are jaundiced usually are more sleepy and difficult to feed. Early identification and treatment will prevent serious complications. Your baby will have a blood test to check her/ his bilirubin level prior to discharge. The baby should be seen by her/ his doctor or midwife 24-48 hours after discharge for follow-up.

## Infections

Late preterm infants are more likely to develop infections.

- Watch your baby for signs of infection such as fever, problems breathing and changes in skin colour or behaviour.

- Avoid contact with people who may be sick. Ask visitors who may be sick to visit later when they are healthy.
- Avoid taking your baby to crowded public places such as malls.
- Ask all visitors to wash or sanitize their hands before touching your baby.

## Going home

Please bring your car seat to the hospital the day before discharge since car seat testing has to be done for all late preterm infants to ensure the baby can tolerate travelling in the car seat.

Look for a car seat with the following features:

- Acceptable for infants under 5 pounds
- Five-point harness
- Multiple shoulder slots with lowest slot less than 10 inches from seat bottom
- Multiple crotch slots with closest slot less than 5.5 inches from seat back.

Your baby's car seat must be rear-facing and in the back seat until your baby is at least 12 months old and/or 22 pounds preferably until 15 to 18 months.

## Follow-up appointments

Your baby should be seen by your Family Doctor or Midwife 24 to 48 hours after discharge, ideally on day 3, 5, and 7 (baby's age). Your baby will be checked for jaundice, adequate milk intake and general well-being. This will also be a great chance for you to ask questions.

*Content adapted from North York General Hospital's "Caring for your Late Preterm Infant" guideline for late preterm infants in the Mother and Baby Unit Policy and Procedure Manual*

### References:

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