The Late Preterm Infant: A Little Baby with Big Needs

For the parents of

____________________

Born on ____________
___ weeks early
Congratulations on the birth of your new baby!

You may be surprised that your baby delivered before your due date but the doctors, nurses and staff at UCSD will help your family get off to a great start. Your baby is a late preterm infant because she was born 3–6 weeks early, at 34 to 37 weeks gestation. She may look like a full term baby but she is premature and has special needs.

This booklet will talk about five challenges premature babies encounter: breathing, feeding, temperature, infection and jaundice. How your baby can be assisted with these areas while in the hospital and at home will also be discussed.
Your baby was born a few weeks early and did not have all the time he needed to grow and mature. He may experience some challenges in the following areas:

**Breathing**

Your baby’s lungs may not be fully developed, and he may not breathe well. Because his brain is immature, he may forget to breathe at times (apnea).

**Feeding**

Late preterm babies may have a weak suck and swallow and may not feed well at first. They may not awaken for feedings or give cues when they are hungry. Good feeding is important for growth, normal levels of blood sugar, and body water. Colostrum and breastmilk are specially designed to keep your baby healthy. You will need extra help from your nurse and a lactation specialist to learn how to successfully breastfeed. Your baby’s suck may not be strong enough to stimulate your milk to come; pumping your breasts after feedings will help. A plentiful milk supply will make it easier for your premature baby to breastfeed.

**Temperature**

Your baby is probably small and has little fat stored up. Because of this, he may get cold and burn too many calories trying to stay warm. He will need his temperature checked regularly.

**Infection**

Your baby has an immature immune system, placing him at greater risk for infection. Early symptoms of infection may include difficulty with breathing, feeding, temperature or energy level.

**Jaundice**

Jaundice is when the eyes and skin become yellow from a build up of bilirubin. Bilirubin is processed by the liver, then removed from the body by the intestines. Late preterm babies have immature livers and are more likely to have jaundice. Poor feeding can make bilirubin increase. A high bilirubin can lead to brain damage if not found and treated early, so we will be watching your baby closely.
The Infant Special Care Center (ISCC) at UCSD

Although your baby may look like a full term baby, he is still premature and at risk for problems. After some bonding time, your baby will go to the ISCC to be closely watched for at least 12 hours. Visit him as often as possible, especially during his feeding times.

Breathing
The pediatric team will be at your delivery to make sure your baby is breathing well after he is born. In the ISCC, he will be placed on a heart and lung monitor. He may need oxygen or a chest x-ray if he is having

My first nurse was
_____________

My doctors are
_____________

Feeding
A nurse will check your baby’s blood sugar. If your baby is well, he can be fed. We encourage you to be with him in the ISCC, especially when he feeds. Check with his nurse to see what times he needs to eat. If you are not able to visit to breastfeed, use a breast pump. To make milk, you need to pump or breastfeed at least every 2 to 3 hours. Your baby may begin “triple feeds” in the ISCC. This is when you breastfeed, give a little extra milk at the breast through a tube, and then pump afterwards to stimulate milk production. Any colostrum that you pump can be given to your baby with the next feed! Your milk may take a few days to come, but every drop is important.

My first feeding was on
_____________
at ________

My doctors are
_____________

My first nurse was
_____________
Temperature
Your baby’s temperature will be taken frequently. She may need a warmer or incubator to keep her warm. One of the best things you can do is hold her skin-to-skin. She should be dressed in a diaper and hat and placed on your bare chest, then covered with a blanket. Your body will adjust its temperature to keep her warm! Skin-to-skin contact also helps her transition after birth, stay calm, and breastfeed better.

Infection
Your baby will probably need to have blood taken to check for signs of infection. She may need an IV and antibiotics for a few days. All visitors should wash their hands when entering the ISCC and before touching your baby. Visitors should be healthy and without ill symptoms.

Jaundice
To check if your baby is getting jaundice, she will have blood taken to check her bilirubin level. She may have her umbilical cord blood tested to see what blood type she has. If she has a different blood type than you, she may be at higher risk for jaundice.

When I was first placed skin-to-skin,

☐ I loved it!
☐ I tried to latch on.
☐ I fell asleep.

I first pooped
___________
Date
Transfer to the UCSD Family Maternity Care Center

After a minimum observation of 12 hours in the ISCC, your baby may be ready to come stay with you in your room on the FMCC. You also must be well enough to care for your baby. Your baby is ready to “room in” with you when he does the following:

**Breathing**

Your baby needs to breathe comfortably on his own, without oxygen and without apnea or “forgetting” to breathe.

**Feeding**

Before your baby joins you in your hospital room, he needs to have normal blood sugars. He needs to be able to breastfeed or take small amounts of formula every 3 hours. He needs to keep the milk in his stomach and not spit up. Don’t forget to breastfeed and pump at least every three hours to get your milk supply going!

**Temperature**

Your baby needs to have normal temperatures in a bassinet for at least 6 hours before coming to the FMCC. Don’t forget that lots of skin-to-skin time will help keep him warm.

**Infection**

Before he comes to the FMCC, your baby needs to be free from any signs of infection. These symptoms can include breathing too fast or getting too cold. If your baby needs antibiotics, the nurses on the FMCC can monitor his IV and give the medications.

**Jaundice**

Your baby can transfer to the FMCC if he has jaundice. He may need a special blue light to treat the jaundice.

I moved to my mom’s room on __________!
Your baby is now sharing your room with you! Remember that she is still premature and will need extra time to grow strong enough to go home. Most late preterm babies need to stay about 5 days. Some even need to stay longer. Even if your doctor or midwife says you will be discharged, you may stay in the hospital room with your baby until she is ready to go home (as long as there is an available room). During this time you will learn more about your baby, how to breastfeed her, and how to give her the best care.

Breathing

The nurses will be checking on your baby at least every 4 hours. If you are worried about her breathing, please call for a nurse. Since premature babies are not as strong as full term babies, they may have problems breathing when placed in an upright position such as in a car seat or swing. Before going home, your baby will have a Car Seat Test. A nurse will put her on a monitor while in her car seat and watch her breathing for at least one hour. Bring her car seat to your room for the nurse to check. Smaller babies may need special car seats.
Feeding

Feeding your baby may take more effort than you expected. Remember, breastmilk is the best nutrition you can give him. The nurses will help with breastfeeding and a lactation specialist will visit you. Your baby’s feeding plan will be written on a crib card. Everyday the pediatric provider and lactation specialist will look at the feeding plan and make changes if needed. Your baby may continue to “triple feed” until your milk comes in around day 2 or 3.

Even if your baby is sleepy, you need to wake him to feed at least every 3 hours. If he wakes up sooner, feed him. The more he breastfeeds, the faster your milk will come and the sooner he will gain weight.

Pumping may be part of your feeding plan. You may not get anything when you pump but the stimulation will help you make milk faster. Soon breastfeeding your baby will be easier.

Family Maternity Care Center (FMCC)

Your baby will be weighed every day. All babies lose weight in the first few days of life.

Triple Feeding

1. Breast feed you baby every three hours
2. Give supplementation with milk at the breast
3. Pump your breasts after feeding. Give this milk with the next feed.
Temperature

You will learn how to take your baby’s temperature under her arm. You should check it before each feeding to learn what her normal temperature feels like. Your nurse will also be checking her temperature. Your baby should be kept skin-to-skin with you or another family member whenever possible. If she is not skin-to-skin, she should have a t-shirt, hat, and be completely wrapped in 2 blankets.

Normal underarm temperatures are 97.6 to 99.5°F

Infection

We will watch your baby for any signs of infection. Remember to have anyone who touches the baby wash their hands first. Don’t let any people visit who are sick. Encourage them to return when they are feeling better.

Jaundice

Premature infants will continue to get more jaundice (yellower) until they are about 5 days old. Your baby will have at least one blood test for bilirubin. If she has a high bilirubin level, she may need a special blue light to treat it and more blood tests. Tell your baby’s provider if any family members had jaundice when they were babies.
When Can Your Baby Go Home?

You have worked very hard to take care of your late preterm baby and are probably looking forward to going home. Since your baby was premature, he needs to be doing a few things before he is ready to go home.

**Breathing**

Before your baby goes home he needs to breathing well on his own. He needs to have a car seat that fits him and pass the Car Seat Test.

**Feeding**

Your baby needs to feeding well and gaining weight for at least 1-2 days before he goes home. All babies lose weight in the first few days of life so it may take a few extra days for your baby to start gaining it back. Our goal is for your baby to be exclusively breastfeeding before going home, but some late preterm babies need a little extra help. If you are still giving your baby extra milk, you need to be comfortable doing this on your own.

**Temperature**

Your baby needs to have normal temperatures for at least 24 hours before going home.

**Infection**

Your baby needs to be off antibiotics and not showing any signs of infection before he goes home.

**Jaundice**

Your baby needs to have a normal bilirubin level before he can go home.

**The Waiting Game**

Of course you are excited to take your baby home, but until she can show us she is able to thrive and be well, she needs to stay in the hospital. If you need more rest, we can unplug your phone and hang a sign on your door. Have your visitors come in the morning so you can rest during siesta time. If you have been released as a patient, feel free to get dressed & take a walk while a friend or relative watches your baby.
Going Home!

Congratulations! You get to take your new baby home. You have worked very hard to get to this point. There is a lot of good baby information in the book your nurse has given you, titled “A New Beginning.” Included is a list of when to seek medical advice. Remember to take your baby to her scheduled clinic appointment. It is very important that your baby is seen within a few days after leaving the hospital to make sure she is still doing well.

Breathing

If you think she is having any problems breathing call her doctor. If she stops breathing or turns blue, call 911.

Feeding

The lactation specialist will design a feeding plan for you to follow when you go home. Make sure you are feeding your baby at least every 3 hours and more if she wants. Be sure she has at least 6 wet diapers and 4 stools every 24 hours. She needs to attend her clinic appointment to be sure she is still gaining weight.

Temperature

If you are comfortable with knowing when your baby is cold or hot, you do not to take her temperature before every feeding. If you still are not sure what feels normal or if you are concerned she is ill, check her temperature. Call the baby’s doctor if it is under 97.6 or over 100.4°F.

Infection

Continue to ask everyone to wash their hands before they touch the baby. Do not allow any visitors who are sick to be around your baby. If she gets a cold, fever, or has trouble breathing, call her doctor.

Jaundice

At home, if your baby looks more yellow, call her doctor. At your baby’s clinic appointment, the pediatric provider will be checking her for jaundice.

Once I go home, my doctor is ______________________ Phone # ________________
Late Preterm Infant Discharge Care Plan

Help me stay warm by:
• Keeping my hat on at all times
• Holding me skin-to-skin OR
• Swaddling me in several dry blankets
• Check my temperature before each feed if I feel too cold or too hot

My feeding plan:
☐ Breastfeed me every 2-3 hrs for ______min.
   I need at least 8-10 feedings in 24 hours!
☐ My mom pumps after I eat.
   Pump both breasts at the same time for _____ min
☐ Also give me breast milk and /or_____________
   ______ mL every ____ hours
   By: ☐ tube at breast ☐ tube with finger ☐ __________
☐ No pacifiers please!
☐ My mother prefers to Bottle feed me _____________.
   Feed me ______ mL every ____ hours

Additional Instructions:
☐

Completed by:
________________________________________ Date __________