

A typical pregnancy lasts 40 weeks. Every year more than half a million babies in the U.S. are born early. Of these births, 75% happen between 34 and 37 weeks gestation. The more we learn about Late Preterm Infants (LPIs), the more we understand that they have their own special medical and developmental needs. If your baby is born between 34 and 37 weeks gestation, he/she may need special care and attention.

Special needs of preterm babies

While late preterm infants may look like miniature versions of full-term babies on the outside, they are still growing and maturing on the inside. Their brains and organ systems are still immature. Your baby's brain size increases by 50% between 34 and 40 weeks gestation. This growth helps your baby learn how to control his/her breathing and heart rate, maintain his/her body temperature, and prepare for life outside of the womb.



How will we care for my baby?

Late preterm infants are especially vulnerable to complications. It's important that your baby be monitored closely for the first 24 to 48 hours. You should plan to stay in the hospital for at least a couple of days. Your baby should stay with you unless he/she needs to visit the neonatal intensive care unit (NICU) for specialized care. During this time you and your baby will:

- **Begin Skin-to-Skin Care** – Holding your baby close with his/her bare skin against yours (also called “kangaroo care”) promotes physiological stability. This means that it helps keep your baby's heart rate, breathing rate, blood oxygen levels, and temperature where they should be.
- **Start Breastfeeding** – Soon after your baby is born, you can start breastfeeding. The colostrum your baby gets during his/her first feedings gives him/her important immune protection and nutrition. It promotes healthy digestion and protects your baby's maturing stomach and intestines. Nursing also helps your baby control his/her blood sugar levels and protects your baby from dehydration. The nurses and lactation consultants can help get you started and can help you with any problems you might have. Your baby may also need some formula if there are medical reasons to use it.

Watching for complications

Your baby is at an increased risk for certain medical complications. The following are some risks you should be aware of:

Increased Risk for Respiratory Distress and Apnea – A late preterm infant is more likely to have brief periods where he/she “forgets” to breathe (apnea) and the heart rate drops (bradycardia). This is because a late preterm's nervous system is still maturing, but he/she can also have breathing problems because of:

- **Immature lung development** – The baby's lungs are still maturing and the baby hasn't had as much time to practice breathing in and out amniotic fluid in utero.
- **Decreased surfactant levels** – Surfactant is a substance that coats the inside of the baby's airways and helps oxygen move between the baby's lungs and blood. Premature infants may need more surfactant than they have.
- **Decreased muscle tone leading to decreased ability to protect the baby's airway** – The baby's airway is more vulnerable because he/she doesn't have the same strength and muscle tone he/she will have in a few weeks.

Signs of respiratory distress include gasping, choking, wheezing, a change in skin color, and poor muscle tone (“floppiness”). If you see any signs of respiratory distress or apnea, tell the healthcare team.

Increased Risk for Hypothermia – Hypothermia is a dangerously low body temperature. The medical team can teach you how to take your baby’s temperature, but you can protect your baby by keeping him/her warm with skin-to-skin contact (kangaroo care). When you’re not holding your baby skin-to-skin, make sure your baby is wearing appropriate clothing and his/her head is covered.

Increased Risk of Hyperbilirubinemia – Your baby’s body recycles old red blood cells when it makes new ones and releases bilirubin in the process. Preterm babies don’t do this as well as full-term babies. Preterm babies are twice as likely to have bilirubin levels that are too high and are more susceptible to bilirubin toxicity. Hyperbilirubinemia can lead to a condition called kernicterus and to brain damage. You can help reduce the risk by:

- Recognizing the symptoms of hyperbilirubinemia – jaundice (yellow skin and eyes), irritability, and arching the back.
- Feeding your baby frequently to lower the risk of dehydration.
- Following up with your baby’s doctor at 5–7 days after your baby’s birth (when bilirubin levels peak).

Increased Risk of Infections – When your baby is exposed to germs and viruses, he/she may not be able to respond as well as a full-term infant. Until your baby can, you need to protect your baby. You should wash your hands well, limit visitors, and keep your baby away from sick people. Signs of infection include fever, swelling, difficulty breathing, loss of interest in feeding, irritability and lethargy (not moving or responding well).

Increased Risk for Hypoglycemia – Hypoglycemia is a condition where the baby’s blood sugar levels get too low. Late preterm infants are at risk because their bodies haven’t had time to store up blood sugar reserves and they’re not good at turning blood sugar into energy yet. You can help your baby by feeding him/her often (at least 10–12 breastfeedings or 8–10 formula feedings per day).

Increased Risk for Feeding Problems – Late preterm infants are more likely to need feeding support since they may have difficulty eating their required calories. We have to be careful that these infants don’t burn more calories than they take in. This is because:

- They tire more easily. They aren’t completely ready for life outside of the womb yet.
- They have trouble coordinating sucking/swallowing/breathing at the same time.
- They don’t get as much milk when they eat because they have low muscle tone, don’t latch as well, and don’t have as much stamina as full-term babies.

IMPORTANT

You will probably need to pump your breast milk to supplement your baby’s feedings and build your milk supply. Otherwise your body might think your baby needs less milk than he/she actually does. You need to teach your body to make more than your baby is eating right now. When your milk supply increases and your baby’s feeding skills improve, breastfeeding will get easier. Until then, ask your doctor, nurse, and lactation consultant for help.

Feeding your baby

Learn your baby’s feeding cues. These are signals that your baby is hungry. If you wait until your baby is crying (a late hunger cue), he/she might be too upset to eat well.

- Opening eyes
- Moving head back and forth
- Opening mouth, tongue thrusting, rooting
- Sucking on hands and fingers

Late preterm infants sleep more than full-term babies. Until your baby is older and more mature, you will need to wake him/her up to eat.

For more information from Hand to Hold:

855-H2H-NICU | 855-424-6428 | www.handtohold.org

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Signature: _____ Date: _____ Time: _____