Feedings

Late preterm infants tend be sleepier and slower when it comes to feeding times. They may also have difficulty in coordinating the suck, swallow and breathe pattern that is needed to feed successfully. Depending on the ability of your infant, a feeding tube may need to be inserted to assist with the feeding. Breastfeeding and providing expressed breast milk is highly encouraged and is seen as a “medicine” that only the mother can provide. Late preterm infants may also have difficulty with latching and sustaining a feeding at the breast. We will help you along the way to make sure that your infant is successful at breast or bottle feeding at discharge.

Hypoglycemia

Since your infant was born early, he/she does not have all the energy stores that are needed to keep blood sugars in the normal range for newborns. Glucose is needed by the body to keep itself in working order and help with numerous body functions but, most importantly it helps with brain function. Therefore, in the first 24-48 hours, close monitoring of sugars will be done to ensure we can stay in the appropriate range set forth by the American Academy of Pediatrics. If your infant’s glucose falls or stays too low, glucose may need to be given via an IV to ensure appropriate glucose levels.

Hyperbilirubinemia

Late preterm infants are more likely to have hyperbilirubinemia or more commonly known as jaundice. This is due to the fact that the infant is premature, has an immature liver function and cannot breakdown the bilirubin as efficiently as a term infant. This may require the infant to be under a specialized light and receive phototherapy. Hyperbilirubinemia, if not untreated, can have severe effects on the central nervous system and is important to be monitored closely in the first few days of life.

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Late Preterm Infant

34-36 Week Gestational Age

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A late preterm infant is an infant born 3-6 weeks before their due date, or between 34-36 weeks of gestation. These infants tend to be smaller than a term infant and have unique needs that need to be considered and observed closely. This informational brochure is to help you, the parents, understand these needs.

Neonatology team

These are the individuals who will take an active part in helping your infant thrive. This team includes neonatologists who will oversee the care of your infant, neonatal and pediatric nurse practitioners who work alongside the physician in providing care for your child. Other individuals who will be involved in the care of your child include nurses, lactation consultants, respiratory therapists, physical therapists, speech therapists, occupational therapists, nutritionists, pharmacists, social workers and case managers.

It is important to understand that although your infant may appear to be a healthy baby, late preterm infants are not fully mature and have certain areas that may need closer monitoring than those born at term. These specific areas include feedings, hypoglycemia, hyperbilirubinemia, temperature stability, respiratory issues and infections.

Temperature

Since most late preterm infants are smaller than term infants, they have less body fat needed to keep themselves warm. Therefore, they may have issues keeping their temperatures regulated in a crib. It will be important that we keep your infant dressed warmly to help keep him/her warm. Your infant may need to be placed in an incubator or warmer to help keep his/her temperature within a normal range. As he/she continues to grow, eventually your infant will be able to maintain his/her own temperature in an open crib.

Respiratory

Some late preterm infants have immature lungs causing breathing problems after delivery and may require respiratory support. The neonatology team will keep you updated regularly regarding respiratory issues and plan of care if your infant does require respiratory support.

Infection

Late preterm infants also have an immature immune system, which puts them at a greater risk for infection. It will be important to monitor lab work and possibly start antibiotics if your infant has any increased risk for infection, such as fever, respiratory issues or any maternal risk factors. If antibiotics are needed, an IV will need to be placed to administer the medications. Even after discharge, it will be important to protect your infant due to his/her immature immune system. Avoiding large crowds or individuals who may be ill, and performing appropriate hand washing, will help reduce the risk of infection to your infant.

Time For Discharge

When your infant is ready for discharge, it will be important that the infant is successful in the areas listed previously. There are also a few safety areas that will be discussed before discharge. One will be the discussion of car seat safety and a car seat study will be completed with your infant. CPR education will be provided to you, the parent. Finally, safe sleep habits will be discussed to help reduce the risk of SIDS for your infant. But even after discharge it will important to continue making sure your infant eats well, is gaining weight and continuing to thrive. Therefore, it will be important to follow up with the primary care provider in 24-72 hours after discharge.

We understand that this NICU stay may have been unexpected and scary. But as a team, we are here to help you every step of the way. Please feel free to ask any questions to the individuals involved in the management of your infant.