

Care of your Late Preterm Baby

What I Need to Learn About Caring for My Late Preterm Baby

By the time I leave the hospital I will be able to tell the staff:

1. How to care for my baby
2. When to call my doctor with any questions or concerns
3. The time and date of my baby's first follow-up appointment(s)

The staff will use three questions to teach me about mother and baby care:

1. What is my main problem?
2. What do I need to do?
3. Why is this important to me?

The staff will ask me to repeat back important points in my own words, or ask me to show what I have learned. They want to make sure that I know how to care for my late preterm baby.

What is my main problem?

I need to know how to properly care for my late preterm baby. Late preterm babies (born between 34 and 37 weeks of pregnancy) are more likely to have complications than babies born close to their due date. Knowing what to watch for will help me keep my baby safe at home.

What do I need to do?

I will be able to tell or show the staff how I will care for my baby

- Infection - Late preterm babies are more at risk for infection. Watch for signs of infection such as:
 - A fever greater than 100.4 degrees
 - Trouble breathing
 - Not eating or eating less than 8 times in 24 hours
 - Limpness and floppiness
 - Very sleepy and hard to wake up
 - Very fussy and hard to calm down

To help protect your baby from infection:

- Wash hands well with soap and water before touching baby
- Avoid crowds and places where exposure to illness may be high.
- Avoid smoke exposure (such as cigar, cigarette, vaping, e-cigarette, or campfires)
- Limit number of visitors in first weeks at home
- Do not allow anyone who is sick to visit your baby
- Bulb Syringe – I may need to clear my baby’s mouth or nose of spit up or extra mucous (See *Your Childbirth Experience* book).
 - Turn baby’s head to the side
 - Hold bulb syringe and squeeze to get air out
 - Gently insert tip of syringe into sides of the mouth, along the outside of the gum, and gently release pressure on the bulb to suction out secretions.
 - Squeeze secretions onto cloth
 - Clean the bulb syringe after each use.
- Jaundice – See *Your Childbirth Experience* book. Late preterm babies are more likely to have jaundice. It is important to keep you follow up appointments with the doctor so they can watch for this.
- Bath - See *Your Childbirth Experience* book.
- Cord Care - See *Your Childbirth Experience* book.
- Temperature taking - See *Your Childbirth Experience* book.
 - Late preterm babies have less fat than babies born around their due date and may get cold more easily. To help your baby stay warm dress your baby in one light layer more than you are comfortable in.
- Elimination – See *Your Childbirth Experience* book and “Breast Feeding My Late Preterm Baby” or “Formula Feeding My Late Preterm Baby” handout.
- Circumcision Care – See *Your Childbirth Experience* book.

- Comforting – See *Your Childbirth Experience* book.
 - Late preterm babies' muscles are not as strong as babies born around their due date. Keeping baby swaddled when resting will help to keep him/her comfortable and also help muscle development.
- Car Seat Requirements – See “Guide to Car Seat Safety” brochure and *Your Childbirth Experience* book.
 - Before going home, your baby will be tested in his or her car seat for at least an hour and a half to make sure they can breathe well while in their car seat.
- Feeding Your Baby – See “Breast Feeding My Late Preterm Baby” or “Formula Feeding My Late Preterm Baby” handout.
 - Your baby may need to be awakened for feedings.
 - Breast feeding babies should eat every 2 to 3 hours.
 - Bottle fed babies should eat every 3 to 4 hours.
 - As my baby gains weight and gets closer to his or her due date I can talk to my baby’s doctor about letting them sleep longer between feedings at night
 - Feedings are timed from the start of one feeding to the start of the next feeding.
 - Feedings should not last more than 30 minutes.
 - You will be encouraged to pump your breasts after each feeding to help build your milk supply.
 - Your baby may need added feedings after each breastfeed. We recommend using your pumped breastmilk or donor milk.
- Pacifier Use
 - A pacifier should not be given to breast fed infants until they are 3-4 weeks old. The baby should be breastfeeding well before taking a pacifier.
 - Giving your baby a pacifier when they want to eat will deprive them of receiving the food they need to grow. Feeding cues (signs that they are hungry) include:
 - Mouth open and turns head like looking for a nipple.
 - Sucking on his hands or fists.
 - Lip smacking, sucking movements or sounds.

- Sticking out tongue and increased body movement.
- Rapid eye movement under eyelids.
- If they take a pacifier instead of nursing, there will be a decrease in stools. This also increases the chance of developing jaundice.
- Research has shown that breastfed infants who use a pacifier in the first month of life do not breast feed as long.
- Early pacifier use can cause the mother to have a lower milk supply.
- Smoking - Never smoke in the home or in the car where your baby is present.
- The importance of newborn screening – See “Michigan Newborn Screening Saves Babies” brochure.
- The importance of hearing screening - Early detection of hearing loss is important to your baby’s development.
- Safe Sleep – See *Your Childbirth Experience* book. Late preterm babies may sleep more than full term babies.
 - Remember the **ABCs**. All babies should be placed **Alone**, on their **Back**, in a **Crib**, bassinet or portable crib for every sleep.
 - Late preterm babies have weak muscles in their neck. Their airway may be blocked if they are not positioned flat to sleep.
 - Car seats, infant swings and other baby seats are not safe sleep spaces.
 - Pillows, blankets, bumper pads, wedges, or other soft spaces are also not safe.
 - Store bought breathing monitors are not safe.
 - When your baby is awake, supervised tummy time will help your baby develop their upper body muscles and help to prevent the back of the head from getting flat.
- Shaken Baby Syndrome- See *Your Childbirth Experience* book.
- Dehydration - See “Breast Feeding My Late Preterm Baby” or “Formula Feeding My Late Preterm Baby” handout.

I will be able to tell the staff when I will call the doctor.

- I will call the doctor for:
 - Trouble breathing, or skin sucking in below ribs or above collar bone.
 - If my baby's skin or lips look blue, I will call 911
 - If skin is pale or flushed (red)
 - Increased yellow in skin or eyes
 - Signs of dehydration
 - If bottle feeding, if my baby is eating less than 6-8 times per day and taking less than the amount listed on "my Late Preterm Infant" handout.
 - If breast feeding, if my baby is eating less than 8 times in a 24-hour period.
 - If my baby refuses feedings more than once a day.
 - Baby has less than 3 wet diapers per day over the next 2-3 days.
 - Baby has frequent, watery stools for more than one day or if there is blood in my baby's stool.
 - Temperature greater than 100.4 degrees under the arm
 - Temperature less than 97 degrees under the arm that does not improve within an hour of dressing my baby more warmly.

I will be able to tell the staff when my baby needs to see the doctor.

- My baby goes to see the doctor on _____
Time _____

Why is this important to me?

Because my baby was born a little early there are some extra things that I should know to help my baby stay healthy. I will know how to care for my infant properly. I will know when to call the doctor. I will be able to keep my infant safe.

As part of my care and to help me understand how to care for my infant, I have received this education plan.

Late Preterm Infant Care Education Plan

Resources for Staff

- Feeding the Late Preterm Infant- Helpful recommendations sheet from NICU O.T.
- Guidelines and Recommendations for Bottle Feeding Late Preterm Infants- Helpful hints sheet from NICU O.T.
- OB Breastfeeding Guidelines in OB Manual

Teaching Tools (Items given to the patient)

- Your Childbirth Experience: A Guide for Pregnancy, Birth, and Parenting
- Breast Feeding My Late Preterm Baby
- Formula Feeding My Late Preterm Baby
- Safe Sleep for your Baby: Protect Your Baby's Life
- Newborn Channel
- Michigan Newborn Screening Saves Babies
- Guide to Car Seat Safety

References:

- Association of Women's Health, Obstetric and Neonatal Nurses. (2010, updated 2014). *Assessment and care of the late preterm infant: Evidence-based clinical practice guidelines*. Washington DC: Author.
- Boies, E. G., Vaucher, Y. E., and the Academy of Breastfeeding Medicine. (2016). Clinical protocol # 10: Breastfeeding the late preterm infant (34 0/7 to 36 6/7 weeks' gestation) and early term infants (37-38 6/7 weeks of gestation). *Breastfeeding Medicine*, 11(10), 494-500. Retrieved from <https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/10-breastfeeding-the-late-pre-term-infant-protocol-english.pdf>
- American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. (2016). SIDS and other sleep-related infant deaths: Updated 2016 recommendations for a safe infant sleeping environment. *Pediatrics*, 138(5) e20162938. DOI: <https://doi.org/10.1542/peds.2016-2938>
- Davis, N., Zenchenko, Y. (2013). Car seat safety and preterm neonates: Implementation and testing parameters of the infant car seat challenge. *Pediatrics*, 13(3), 272-7.
- Mattson, S., & Smith, J.E. (Eds.). (2011). *Core curriculum for maternal-newborn nursing* (4th ed.). St. Louis, MO: Elsevier Saunders.

Always close each teaching session with the question, “What questions do you have for me?”

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