Your Late Preterm Baby and What You Need to Know

A late preterm baby is born three to six weeks early (before 37 weeks). Babies born a few weeks early are commonly smaller and more fragile than full-term babies. They often require additional attention and have their own health needs. It is important for everyone caring for the baby to be aware of needs that may arise in babies born early.

Do not be surprised if your late preterm baby is not ready to come home from the hospital with you. Smaller babies may need a few extra days of care to help prepare them for the outside world.

We (your nurses and healthcare team) will work together with you to address the following:

SKIN-TO-SKIN CONTACT

Skin-to-skin is when you hold the baby with their chest to your chest, supported with their head turned to the side, with their mouth and nose visible. It can help you bond with your baby, help stabilize your baby's vital signs, help the baby cry less, and help them feed.

FEEDING

Late preterm babies may feed slower, tire easily, and may have a hard time coordinating sucking, swallowing, and breathing. Your baby may take smaller amounts, need to be woken up to eat, need to be fed often, and need extra calories to help them grow. Watch for your baby's hunger cues (such as baby putting their hands to their mouth, moving around more and looking or fussing to be fed). If you're feeding baby human milk, it is important to express the milk early and often, by either hand or pump.

LOW BLOOD SUGAR (HYPOGLYCEMIA)

When your baby is small and has fewer fat stores, it can be hard to keep blood sugar levels stable. Your baby may not show any symptoms of a low blood sugar level. We may take a small amount of blood from your baby's heel to check the blood sugar. If the blood sugar is too low, we may need to give extra feedings, sugar gel in the mouth, or sugar through your baby's veins.

SAFE SLEEP RECOMMENDATIONS

Use a firm sleep surface and remove any soft bedding, including pillows, blankets, toys, and bumper pads. Your baby should sleep in their own bed on their back. Co-sleeping or bedsharing is not recommended.

BREATHING

Your baby may have a higher risk of breathing problems and infections in the airway and lungs. We will be watching your baby's breathing closely in the hospital. Your baby will need to have a test in their car seat before discharge to monitor their breathing.

TEMPERATURE

The normal temperature for your baby should be 97.7° to 99.5°F (36.5–37.5°C) when taken under the arm. Late preterm babies have less body fat and can have trouble staying warm. Keep the room warm enough to maintain your baby's normal temperature and keep your baby away from drafts.

JAUNDICE

You may see a yellow hue in your baby's eyes or skin; that's jaundice. This is from the liver not being fully developed and a higher amount of red blood cells in babies after birth. Jaundice is usually seen in the first few days after birth and goes away within a few weeks. Your baby will be monitored for jaundice to decide if further monitoring or phototherapy (a specialized light source) is needed.

IMMUNITY AND INFECTIONS

Late preterm babies have not had the time to develop a full immune system. This makes it easier for them to get infections. Protect your baby by limiting visitors, washing hands frequently, providing human milk, and getting recommended vaccines.

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LATE PRETERM INFANT RESOURCES

For more advice from nurses, go to Healthy Mom&Baby online at **Health4Mom.org**.

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