

Preterm Babies: At the Hospital

Preterm (premature) birth occurs in about 10% of pregnancies in the United States. For twins, triplets, and other multiple deliveries, that number jumps to almost 60%. A birth is considered preterm when a child is born before completing 37 weeks of pregnancy. Categories of newborns include late preterm (34–36 weeks), moderately preterm (32–36 weeks), and very preterm (less than 32 weeks). Here is information from the American Academy of Pediatrics for parents of preterm babies—what to expect after birth at the hospital.

Appearance

While the average full-term newborn weighs about 7 pounds (3.17 kg [kilograms]), a premature newborn might weigh 5 pounds (2.26 kg) or even considerably less. The earlier your baby arrives, the smaller they will be, the larger their head will seem in relation to their body, and the less fat they will have. With so little fat, their skin will seem thinner and more transparent, allowing the blood vessels beneath to show. They may also have fine hair, called *lanugo*, on their back and shoulders. Their features will appear sharper and less rounded than they would at term, and they probably won't have any of the white, cheesy vernix that would otherwise protect them at term birth.

Medical Care

Preterm infants often require medical care in the neonatal intensive care unit (NICU) or special care nursery because they are not fully developed at birth. The length of time they require care varies tremendously, but many times, they need to be hospitalized until close to the approximate due date. Preterm infants can have a variety of short- and long-term medical problems.

Because of having less fat, your premature baby will get cold at normal room temperatures. Immediately after birth, your baby will be placed in an incubator (often called an *Isolette*) or under a special heating device, called a *radiant warmer*, where the temperature can be adjusted as needed. In some hospitals, you will be able to join them in the NICU once they are medically stable. Special care and intensive care nurseries feature equipment and specially trained staff to assist in the care of preterm or ill newborns.

Breathing Difficulties

You may also notice that your premature baby will cry only softly, if at all, and may have trouble breathing. The respiratory system is still immature. If your baby comes more than 2 months early, breathing difficulties can cause serious health problems. Doctors will keep your baby under close observation, watching breathing and heart rate with a cardiorespiratory monitor. Babies who need help breathing may be given a ventilator or breathing assistance techniques like high-flow nasal canula (HFNC) oxygen or CPAP (continuous positive airway pressure).

Newborn Screening Tests

Shortly after birth, and before being discharged, your baby will be given a number of screening tests to detect a variety of congenital conditions (genetic blood spot test, pulse oximetry screening test, and newborn hearing screening). These tests are designed for early detection to enable prompt treatment, prevent disabilities, and save lives. While laws mandate some tests, tests may differ from state to state (and change periodically). You may talk with your pediatrician about which screening tests your baby will undergo, including benefits and risks, and whether consent is necessary. Ask when test results will be available and what they mean, especially if out of the reference (normal) range (that may not necessarily indicate a congenital or genetic condition, so inquire if retesting will be done).

Spending Time With Your Baby

As important as medical care is for your baby's survival, the move to the special care or intensive care nursery may be wrenching for you. On top of all the health worries, you may miss the experience of holding, breastfeeding, and bonding with your baby after delivery. To help ease the transition, ask to see your baby as soon as possible after delivery, and become as active as you can in care. Spend as much time in the nursery as your condition—and your baby's—permits. Your nursery will encourage you to do skin-to-skin contact as soon as your baby's medical needs allow.

Feeding Your Baby

You can also feed your baby as soon as your doctor says it's OK. The nurses will instruct on techniques for either breastfeeding or bottle-feeding, whichever is appropriate for the baby's needs and your desires. Some premature babies initially require intravenous or feeding tube nutrition. But your breast milk is the best nutrition and provides antibodies and other substances that enhance immune response and help resist infection. Breast milk holds special advantages for preterm infants; most important of all is preventing a complication called *necrotizing enterocolitis* (NEC). If it's too difficult for your premature baby to breastfeed, you can pump breast milk for feeding through a tube or bottle. Ask your nurse or lactation consultant for help in pumping your milk by hand and with a breast pump. It is important to initiate pumping as soon as possible after delivery and to continue pumping every 2 to 3 hours, or 8 times per day, to keep up your milk supply. Once breastfeeding directly, your baby should nurse frequently to increase your milk supply. Even so, mothers of premature babies sometimes continue pumping in addition to frequent breastfeeding to maintain a good milk supply. If your own milk is not available, pasteurized donor breast milk is available specifically for preterm infants depending on hospital policy. Donated breast milk may not provide as full protection against illnesses, since it must be heat treated (pasteurized) to destroy any potentially dangerous bacteria, viruses, or other infectious particles, but it does still provide immune benefits and many other nutrients that formula does not contain. Use donated breast milk only from a certified milk bank.

For More Information

American Academy of Pediatrics

www.aap.org and www.healthychildren.org

March of Dimes

www.marchofdimes.org

American College of Obstetricians and Gynecologists

www.acog.org

Adapted from the American Academy of Pediatrics book *Caring for Your Baby and Young Child: Birth to Age 5*.

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