

Born Early (Preterm): At the Hospital

Preterm (premature) birth occurs in about 11 to 13 percent of pregnancies in the US. Almost 60 percent of twins, triplets, and other multiple deliveries result in preterm births.

A birth is considered “preterm” when a child is born before 37 weeks of pregnancy have been completed. Other categories of preterm birth include late preterm (34–36 weeks), moderately preterm (32–36 weeks), and very preterm (less than 32 weeks).

The following is information for parents of preterm babies – what to expect after birth at the hospital.

Your baby may look different than a full-term baby

If your baby is born preterm, she may neither look nor behave like a full-term infant. While the average full-term baby weighs about 7 pounds (3.17 kg) at birth, a preterm newborn might weigh 5 pounds (2.26 kg) or even considerably less. The earlier your baby arrives, the smaller she will be, the larger her head will seem in relation to the rest of her body, and the less fat she will have. With so little fat, her skin will seem thinner and more transparent, allowing you actually to see the blood vessels beneath it.

She also may have fine hair, called *lanugo*, on her back and shoulders. Her features will appear sharper and less rounded than they would at term, and she probably won't have any of the white, cheesy vernix protecting her at birth, because it isn't produced until late in pregnancy. Don't worry, however; in time she'll begin to look like a typical newborn.

Your baby will be placed in an incubator and probably be moved to the NICU

Because she has no protective fat, your preterm baby will get cold in normal room temperatures. For that reason, she'll be placed immediately after birth in an incubator (often called an *isolette*) or under a special heating device called a radiant warmer. Here

the temperature can be adjusted to keep her warm. After a quick examination in the delivery room, she'll probably be moved to a special-care nursery (often called a neonatal intensive care unit [NICU]).

Your baby may have trouble breathing and need extra oxygen

You also may notice that your preterm baby will cry only softly, if at all, and may have trouble breathing. This is because her respiratory system is still immature. If she's more than 2 months early, her breathing difficulties can cause serious health problems, because the other immature organs in her body may not get enough oxygen. To make sure this doesn't happen, doctors will keep her under close observation, watching her breathing and heart rate with equipment called a cardio-respiratory monitor. If she needs help breathing, she may be given extra oxygen, or special equipment such as a ventilator; or another breathing assistance technique called CPAP (continued positive airway pressure) may be used temporarily to support her breathing.

You may not be able to hold your baby right away

Your baby's move to the special-care nursery may be wrenching for you. On top of all the worry about her health, you may miss the experience of holding, breastfeeding, and bonding with her right after delivery. You won't be able to hold or touch her whenever you want, and you can't have her with you in your room.

To deal with the stress of this experience, ask to see your baby as soon as possible after delivery, and become as active as you can in caring for her. Spend as much time with her in the special-care nursery as your condition—and hers—permit. Even if you can't hold her yet (until she's stable), touch her often. Many intensive care units allow parents to do “kangaroo care”—or skin-to-skin care—for their babies once the infants don't require major support to their organ systems.

Your nurse will instruct you on how to feed your baby

You can also feed her as soon as your doctor says it's OK. The nurses will instruct you on either breast- or bottle-feeding techniques, whichever is appropriate for the baby's needs and your desires. Some preterm babies may initially require fluids given intravenously or through a feeding tube that passes through the mouth or nose into the stomach. But your breast milk is the best possible nutrition, and provides antibodies and other substances which enhance her immune response and help her resist infection. In some cases, if it's too difficult for your preterm baby to nurse at the breast, you can pump breast milk for feeding through a tube or bottle. Once you are able to start breastfeeding directly, your baby should nurse frequently to increase your milk supply. Even so, mothers of preterm babies sometimes find it necessary to continue using a breast pump in addition to feeding frequently to maintain a good milk supply.

You may need to leave your baby in the hospital

You may be ready to return home before your newborn is, which can be very difficult, but remember that your baby is in good hands, and you can visit her as often as you'd like.

You can use your time away from the hospital to get some needed rest and prepare your home and family for your baby's homecoming, and read a book or two for parents on caring for preterm babies.

Even after you've returned home, if you participate in your infant's recovery and have plenty of contact with her during this time, the better you'll feel about the situation and the easier it will be for you to care for her when she leaves the special care nursery. As soon as your doctor says it's OK, gently touch, hold, and cradle your newborn.

Your own pediatrician may participate in, or at least will be informed about, your infant's immediate care. Because of this, he will be able to answer most of your questions. Your baby will be ready to come home once she's breathing on her own, able to maintain her body temperature, able to be fed by breast or bottle, and gaining weight steadily.

Resources

HealthyChildren.org (AAP Parenting Web site)

www.healthychildren.com

March of Dimes

www.marchofdimes.org

1-914-997-4488

American College of Obstetricians and Gynecologists

www.acog.org

1-202-638-5577

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From your doctor

American Academy
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