



Neonatal care for the late preterm infant

Pregnancy usually lasts between 37 and 42 weeks. This is called full term. Sometimes, babies are born sooner than expected. In general, we consider babies born between 34 and 37 weeks to be “late preterm.” We call these babies “late preterm” because although they are almost full term, they are still premature.

Doctors in pediatrics are learning through research that late preterm babies sometimes:

- have minor problems adjusting to life outside the womb.
- need to be observed more closely for a period of time after they are born.
- are more likely to be readmitted to a hospital in their early days and weeks of life if they are discharged before they are ready.

We admit all babies born before 36 weeks gestation to our neonatal intensive care unit (NICU), where we have the staff available to carry out very close observation. “Older” late preterm babies (36 weeks or greater) are admitted to the postpartum floors with their mothers, but are watched a bit more closely than full-term babies.

Why is observation important?

Late preterm babies might need some time to get used to being outside the mother. Just like all newborns, they need to breathe effectively, eat well, and keep their bodies warm. Occasionally, late preterm babies have trouble in one or more of these areas. With close observation, we can help make sure your baby stays healthy and safe, and we can provide any additional support that your baby may need in the first day or so of life.

Here are some questions you may have if your late preterm baby is admitted to the NICU. Please be sure to ask about anything you don’t understand.

Will I be able to be with and hold my baby?

In most instances you will be able to be with and hold your baby in the delivery room. Parents are encouraged to spend time with their babies in the NICU at any time, day or night. In most cases, you and your partner will be able to hold your late preterm baby any time you wish. We encourage skin to skin holding. Talk to your nurse for more information about caring for your baby in the NICU.

What about breastfeeding in the NICU?

The American Academy of Pediatrics recommends that all newborn babies be breastfed. We encourage you to come to the NICU to feed your baby. In rare cases, if your baby is not ready to suck and swallow, you will be shown how to pump your breasts. It is best to start breastfeeding or pumping within six hours of birth if possible. If you are pumping, in the first few days you will only be able to pump a small amount of colostrum. Later, your mature milk will come in. Your expressed milk or colostrum can be given to your baby in the NICU. Lactation support is available as you and your baby learn to breastfeed.

When can my baby leave the NICU?

Although every baby is different, in most cases babies born before 36 weeks of gestation require a minimum of one day of observation in the NICU before they are transferred to the postpartum floor to stay with you. All babies born before 35 weeks gestation will need a longer observation period in the NICU.

Will I go home before my baby is discharged from the NICU?

Late preterm babies might go home at the same time as their mothers. Occasionally, babies need to stay longer. We will discharge your baby as soon as we know he or she is able to eat, breathe, and stay warm effectively. Mothers who are discharged before their babies are still able to provide breast milk for their babies. Talk to the NICU staff about how to do this if your baby's discharge is delayed.

Congratulations on the birth of your baby! Please remember that a short period of extra attention will help make sure your baby gets a healthy start in life. Please let us know if there is anything we can do to help you and your family during this period, or if you have any concerns or questions.