



# A Parent's Guide to Their New Baby Born a Little Early



## Congratulations on the birth of your baby.

As your baby was born a little earlier than expected (between 34 and 37 weeks) we call your baby **“a late preterm baby”**. A term birth is when they are born after 37 weeks. Every year in the UK lots of babies are born a little early just like yours. It’s important for you to understand why your baby has slightly different care needs.

Babies born “late preterm” need a bit more time in hospital as they are not quite as ready for home as babies born after 37 weeks. Usually, they need to stay in hospital for 4-6 days.

We hope to keep you and your baby together in the same ward during your time in hospital. As your baby is a “late preterm” baby the team on the ward will review your baby every day.

This leaflet explains the extra care that your baby needs and why the Doctors, Advanced Neonatal Nurse Practitioner (ANNP) and Midwives caring for your baby will be looking at certain things at each review such as:

- Keeping your baby warm
- Monitoring blood sugar levels
- Jaundice
- Feeding your baby
- What care you can expect for your baby or babies.



## Keeping Your Baby Warm

Babies can become cold quite quickly. To help with this, Labour Ward rooms are kept warm and warm towels are used to dry your baby after their birth. Skin to Skin contact helps keep your baby warm. This is where, your baby lies on your chest, naked apart from a nappy and a hat. This is a good way to keep your baby cosy and get feeding off to a good start.

If your baby needs some extra help keeping warm, they may be in a heated cot, either on labour ward or the postnatal ward.

Your baby will stay in this until their temperature is stable and can be nursed in a standard cot. This can take a few days as we slowly lower the temperature of the heated cot. Staff will check your baby's temperature several times a day and support you with keeping your baby warm.



## Keeping Your Baby Warm

## Monitoring of Blood Sugar

Babies born a little early don't have the same stores of sugar to keep their blood sugar steady in the first hours after birth. Because of this, it is important to monitor sugar levels after birth if your baby is born less than 37 weeks.

Keeping your baby warm and getting feeding off to a good start, helps keep sugar levels in the normal range.

We monitor your baby's sugar levels using heel-prick blood tests. If needed, we do this just before your baby's second feed, and we record this in your baby's medical notes. If sugar levels drop lower than expected, the doctors or midwife will explain if your baby needs extra feeds. They will discuss the options for this including helping you to express your own milk, and making sure your baby is well attached at the breast. Sometimes especially in the early days your baby may need extra milk and options include donor human milk. Donor human milk (DHM) is breastmilk donated to a human milk bank by mothers who have extra to spare. To find out more and consent for donor human milk please scan the QR code below:



## Donor Human Milk

Keeping your baby in skin to skin can also help. It keeps your baby warm and you can encourage your baby to feed when they show feeding cues.

If their sugar level drops lower despite extra feeds, then a small number of babies will need to be admitted to the Neonatal Unit (for more specialised care). We try to avoid this if possible.

## Jaundice

Jaundice (yellowing of the skin and whites of the eyes) is common in all babies but is even more common in babies born a few weeks early. Jaundice after birth is short-term and your baby will not have any liver problems or be at risk of jaundice in the long term.

Staff will monitor your baby for jaundice using a monitor against your baby's skin called a Bilimeter or by blood tests. We check the blood tests every 18-24 hours.

Your baby might need treatment with phototherapy (a blue coloured light), which helps the body clear the jaundice. Phototherapy can be in the form of a blanket that your baby lies on, or sometimes your baby may lie under an overhead light. It can be frustrating having your baby on phototherapy but it is important to keep them on the mattress or under the light as much as possible to allow the jaundice level to come down.

Your baby will have a further blood test 8-12 hours after phototherapy stops. This is called the "rebound" level. This is to check that the level of jaundice stays low enough for your baby to go home. After your baby goes home the community midwives will visit you both and monitor the jaundice. Sometimes late preterm babies need to be re-admitted to hospital for phototherapy if their jaundice level rises again.



For more information please scan the QR code below:



**Jaundice  
and your  
newborn  
baby**

## **Feeding your baby**

Babies born a little early are often sleepy and can be more difficult to feed. Keeping them warm and their sugar levels normal can improve feeding.

The infant feeding team and midwives on the ward will help you to position and attach your baby. They will show you how to hand express colostrum and use a breast pump. Late preterm babies often need a combination of breastfeeds and some extra top-ups of expressed breast milk in the first days and weeks. Expressing breast milk 8-10 times in 24-hours helps develop a good milk supply especially when your baby is sleepy. We will assess your baby's feeding every day and make a feeding plan. This will help you to know whether your baby is feeding well and getting enough milk.

Offer your baby a feed when your baby shows feeding cues. Your baby may not wake for feeds and it is important they have 8-10 feeds in 24 hours. If your baby is sleepy, wake them 3 hourly for feeds. Expressing after your baby has fed will help build your supply and make sure you have milk for the next feed. When you start expressing, it is normal to get small amounts of colostrum. Hand expressing and using a syringe may be better for collecting this. This means you can give it to your baby straight away. Staff can help you with this.

If your baby does need a supplement, using donor breast milk can help protect your baby's tummy as it is easier to digest. See the QR code above for more information.

Looking at your baby's nappies can help tell you how well feeding is going. Use the QR code or look at the posters in the ward. In the first day or so there will only be one or two wet and dirty nappies, which will increase over the next few days. Please ask staff for help if you are worried about how your baby is feeding.



**How to check  
your baby  
is feeding  
effectively**

There is lots of useful information and videos on the Parentclub website. Use the QR code to go the website.



**Getting  
breastfeeding  
off to a good  
start**

## **Review Before Going Home**

The team on the wards will review your baby every day.

We know the average length of stay on the wards for babies born a little early is 4-6 days. It's important we support you and your baby in the early days and early discharge (after 6 hours) is not recommended.



All babies are expected to lose some weight after birth and babies are normally weighed at 60 hours and more often if needed. A member of the neonatal team will confirm when your baby is ready for home:

- they have a stable temperature outside of a heated cot
- they are feeding well and have a feeding plan
- they are not jaundiced and are otherwise well

## **Your baby will have a discharge check before going home.**

Before going home, we will give the community midwifery staff a summary of the care your baby has had in hospital. They will visit you and your baby at home to make sure that all is going well. After 2 weeks they will hand over this information to your Health Visitor.

## **The First Few Days at Home**

At home your baby will continue to have some extra needs. You should continue to feed your baby responsively, leaving no more than 3 hours between feeds and continue with the feeding plan until your Community Midwife or Health Visitor assess that your baby is feeding effectively.

If you have any questions please ask the staff.

## **Contact numbers for advice**

Queen Elizabeth University Hospital - Ward 47

 0141 201 2268

Queen Elizabeth University Hospital - Ward 50

 0141 201 2269

Princess Royal Maternity - Ward 68

 0141 201 3470

Princess Royal Maternity - Ward 73

 0141 201 3549

Royal Alexandra Hospital - Ward 31A

 0141 314 7031

Royal Alexandra Hospital - Ward 31B

 0141 314 9588

NHS 24  111

## Community Midwife

Telephone: \_\_\_\_\_

Health Visitor: \_\_\_\_\_

## The National Breast Feeding Helpline

(9:30am until 9:30pm every day of the year) –

 0300 100 0212