



Caring for your Late Preterm Infant



Congratulations on the birth of your baby! This booklet is for parents who have given birth to a baby born between 34 and 36 weeks and 6 days. Your “late preterm” baby may look like a full-term baby. However, he or she will need some special attention and care. In time, your newborn will mature and act like a full-term baby. Until he or she does, here is what you need to know.

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IMPORTANT: PLEASE READ

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your baby's care.



This material is also available through the MUHC Patient Education Office website: www.muhcpatienteducation.ca

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A special message for you and your family

Using our experience, and what patients and families have told us, we have designed this booklet so that it is useful, practical and easy-to-read. It will cover important information about: how to care for your late preterm baby, your baby's special needs, what to expect in the days following your baby's birth as well as how to breastfeed or handle challenges at hospital and at home. We also highlight important supports and resources that are available to you.

Please review this booklet carefully with your family while you are in hospital. Take it home with you and continue to refer to it as you need.

Learning that you have a late preterm baby can be stressful. Our team of health care experts are here to support you. Speak to us about your feelings, fears, and worries. Knowing how you are doing will help us better meet your needs.

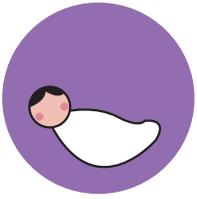
We want to be sure that you and your family receive the best care possible. For this reason, we hope that our team and this booklet will guide you each step of the way.

Sincerely,

Your Pediatric and Obstetrical Care Teams
McGill University Health Centre



Throughout the booklet, infants are referred to using the masculine; however, the text refers equally to male and female infants

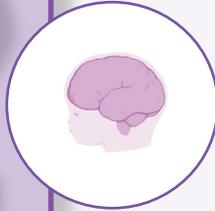


What does 'late preterm' mean?

A baby who is born between 34 and 36 weeks (and 6 days) of your pregnancy is known as a 'late preterm' baby. This means that while your little one might look like a full-term baby, he or she will need some special attention and care. In time, your newborn will mature and act like a full-term baby. Until he or she does, here is what you need to know.



34-36 weeks
Late preterm



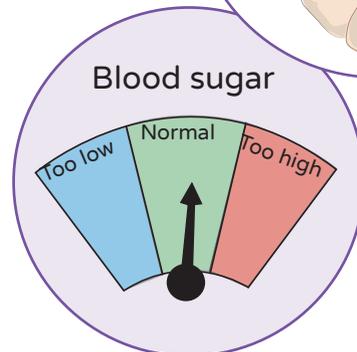
40 weeks
Full term



Your baby's special needs

A late preterm baby has special needs. Being born a little early, your baby may have trouble:

- Staying warm (he or she may get cold more easily compared with full-term babies)
- Keeping normal blood sugar levels in his or her blood (blood sugar in your body is important for energy)





- Removing bilirubin from his or her body (and he or she may get jaundiced)

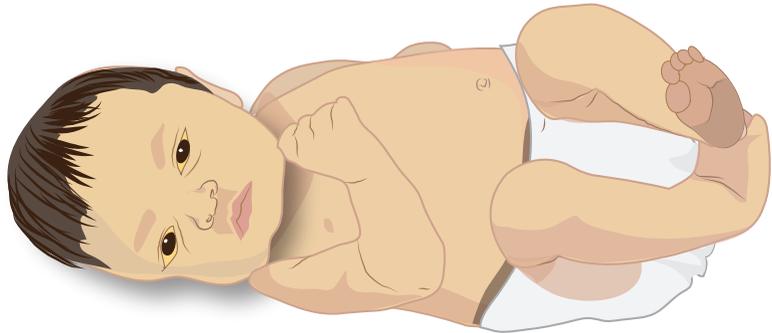
The buildup of bilirubin colours the skin yellow. When too much bilirubin stays in the body, we call this jaundice.

- Fighting off infections
- Controlling his or her breathing
- Staying awake
- Feeding

What is bilirubin?



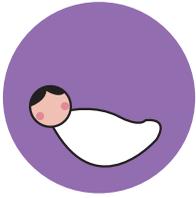
Bilirubin is an orange-yellow substance that is made during the normal breakdown of red blood cells. This usually passes out of your body through your urine and stool. Late preterm babies can have trouble passing bilirubin out of their body. The buildup of bilirubin colours the skin yellow. When too much bilirubin stays in the body, we call this jaundice.



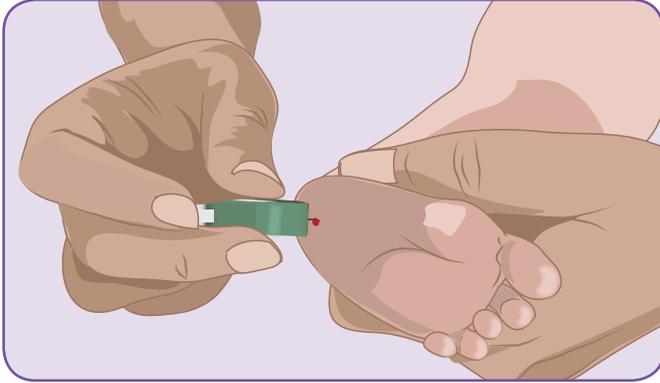
Your baby may also have trouble feeding. He or she may:

- Get tired more easily and struggle to stay awake during feedings.
- Find it difficult to suck, swallow and breathe at the same time. This may make it harder for him or her to get milk from your breasts.
- Have trouble staying on the breast, because of weak neck, jaw and lower back muscles.
- For these reasons, your baby will need some extra help to get the right amount of breast milk he or she needs to grow and gain weight.





In the Birthing Centre



Right after your baby was born, we began to check your baby's blood sugar and body temperature regularly.

To help your baby adjust to life outside of the womb, you should place your baby 'skin to skin' as much as possible.

'Skin to skin' care helps:

- Control your baby's blood sugar, temperature, and breathing. Left uncontrolled, your baby will waste a lot of energy on these. He or she will not have much left for feeding.
- Your baby to become interested in breastfeeding.

There is absolutely no limit to how much 'skin to skin' you can do!



Feeding your baby

A normal level of blood sugar is important to help your baby remain alert and able to feed well. Initiating breastfeeding within the first hour is the best way to maintain your baby's blood sugar at a normal level.

When your baby is 2 hours old and just before each feed, call your nurse. The nurse will check the blood sugar of the baby. We may need to take several blood tests until we see that the results are normal.

If blood sugar levels are low, your baby may need extra milk. Breast milk is the best milk for your baby. After putting the baby directly to the breast, you can manually express breast milk to give to your baby (see next page).

If your baby's blood sugar levels are still low after receiving your breast milk and/or artificial milk, we may need to move your baby to the Neonatal Intensive Care Unit (NICU) for a short period of time. There, our NICU team will watch your baby more closely.



Did you know?

Late preterm babies are more likely to have low blood sugar. This is because they:

- Have fewer fat stores in their body (compared to term babies).
- Burn more calories than term babies do.
- Can have trouble with feeding. This can also lead to low blood sugar.

Hand expression of breast milk

What is 'hand expression'?

Hand expression is a way to remove milk from your breasts to feed to your baby.

Why is hand expression important?

You may be asked to hand express if your baby is sleepy, has low blood sugar or having difficulty to latch (this can happen during the first few days after birth).

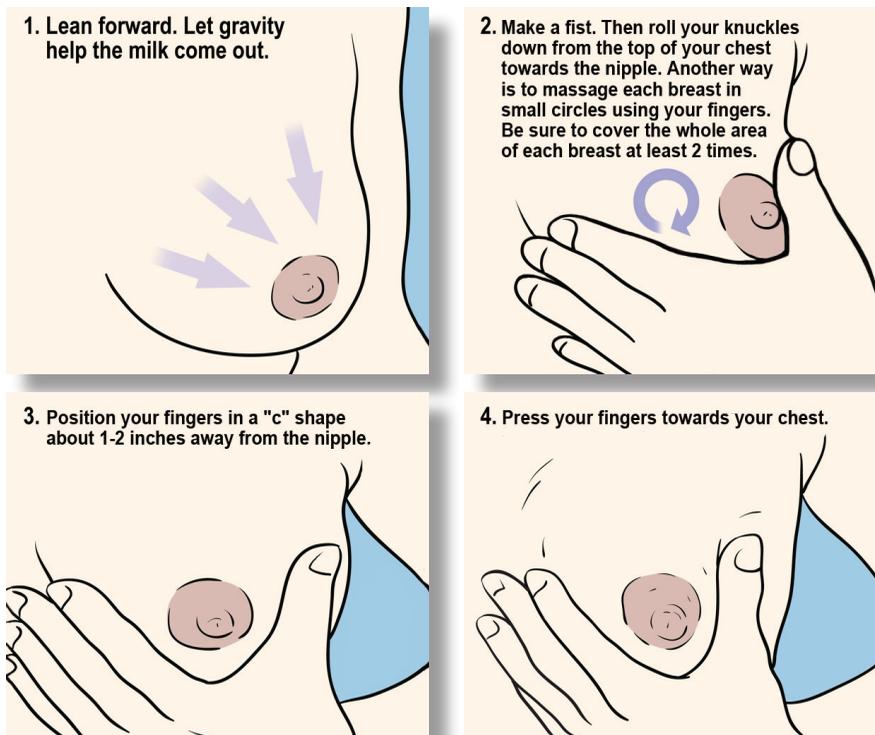
What are the advantages of hand expression?

Hand expression can increase your milk flow and can help your baby drink your colostrum. Colostrum is a special, first milk that your body makes in the first few days of your baby's life. It tends to be thick, sticky and yellow to orange in colour. It is full of all the nutrients your baby needs to grow and stay healthy.

When should I do hand expression?

Perform hand expression after every feed for 15 minutes.

How do I do this?



Starting to breastfeed

Once you are stable, you will be moved from the birthing centre to your room on the maternity ward. This is where you will be for the rest of your hospital stay. This will take around 3 to 4 days.

Take this time to get to know your baby and help him or her feed. Rest reassured that we are here to help! Below are a few tips and strategies to feed your baby:

Offer the breast to your baby every 3 hours. If your baby wakes before this time, you can breastfeed sooner.



Breastfeeding tip!

Ask your nurse to watch you feed. He or she can review your feeding position and offer you tips.

Breastfeed in the cross-cradle and football positions. These positions tend to work best for late preterm babies because they help support your baby's weak neck and jaw muscles.



Cross-cradle position



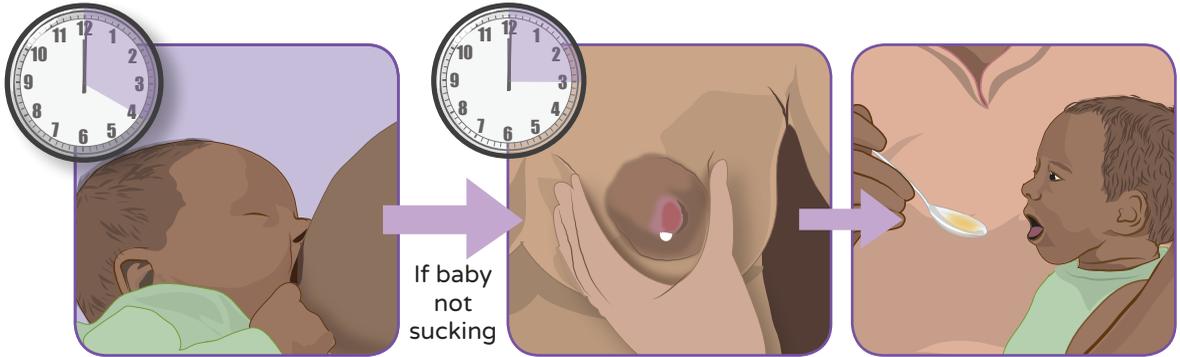
Football position

Breastfeeding tip!

Try breast compressions while your baby feeds. Breast compressions can help increase the amount of milk that baby is able to draw from your breasts while sucking. Here is how:

- Gently press down on your breast with your hand (like hand expression)
- Hold down for about 10 seconds while your baby is sucking
- Repeat this often during your feed.

Breast compressions will stimulate milk production in your breasts. This will also help your baby learn how to draw milk from your breasts. Speak to your nurse to learn more!



Keep each breastfeeding session short. Save your baby's energy.

Do not keep him or her on your breast for longer than 20 minutes at a time. Of course, if 20 minutes have passed and your baby is still sucking and swallowing well, you can continue.

If not, take the baby off your breast. Then, hand express for 15 minutes and offer breast milk using a cup or spoon, even if your baby fed well!

How to break the latch

Breastfeeding tip!

A drowsy baby can have trouble latching. If you notice that your baby has trouble waking up or staying awake, keep your breastfeeding session slightly shorter, at most, 10-15 minutes long, and call nurse.





Does my baby need formula?

Consider giving your baby formula, only if:

- Your baby breastfed for less than 15 to 20 minutes
- You are told that your baby needs extra expressed milk after feeding, and you are not able to express.
- Your baby's blood sugar level remains low despite breastfeeding and hand expression of breast milk.
- Your baby did not feed at all.



After 24 hours of hand expression, your nurse may suggest that you use a breast pump to stimulate your milk supply.

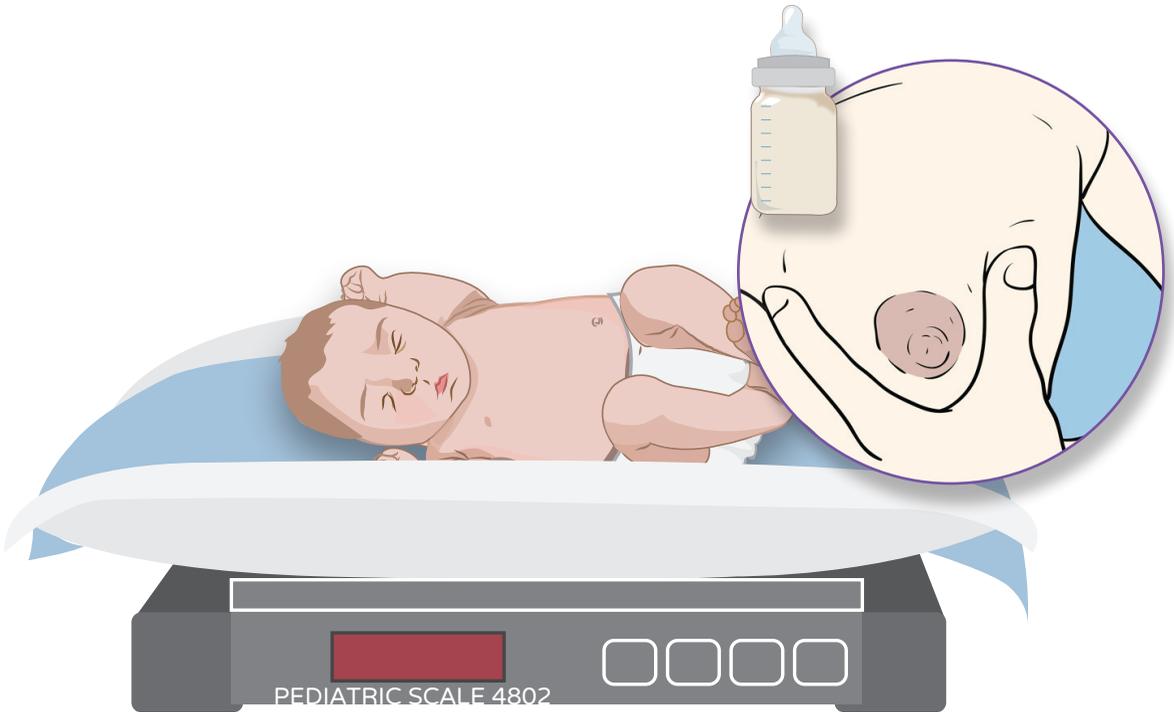


Did you know?

Research has shown that mothers can usually get more colostrum with hand expression, compared with using a pump. For this reason if hand expression is working for you, there is no need to use a pump.

Tips for handling feeding challenges

If your baby is having trouble feeding, remember that this is normal for his or her age! This will change with time.



We will watch your baby's weight closely. If your baby loses **more than 7% of his or her birth weight before he is 3 days old**, we will ask you to give a little extra milk after every breastfeed. This could be extra expressed breast milk and/or extra formula milk. (see page 20 for recommended amounts)

Below are the extra amounts that we recommend.

Please note: These amounts are only for babies who are not able to feed for 15-20 minutes or have lost more than 7% of their birth weight within the first 3 days:

Your baby's age	Size of your baby's stomach	Amount of milk to give baby at each feed
Birth to 1 day old	 5-7 ml (size of a cherry)	5 to 10ml
1 to 2 days old	 5-7 ml (size of a cherry)	10 to 15ml
2 to 3 days old	 22-27 ml (size of a walnut)	15 to 30 ml
Over 3 days old	 Slowly increases to 60-90 ml (size of an egg by day 10)	30 to 60 ml

The key to success is giving your baby just the right amount of milk that he or she needs, and nothing more. Your nurse will show you how to check if your baby needs extra milk (and how much). You will need to check this at each feed. As you do, it is important to keep in mind your baby's stomach size.



Do not lose hope!

It may take as long as 6 weeks before your baby is able to breastfeed, with no need for extra milk. This is normal for late preterm babies. It is important to be consistent and patient.

Also, remember to rest as often as you can, especially when your baby is sleeping. You need to save your energy too!

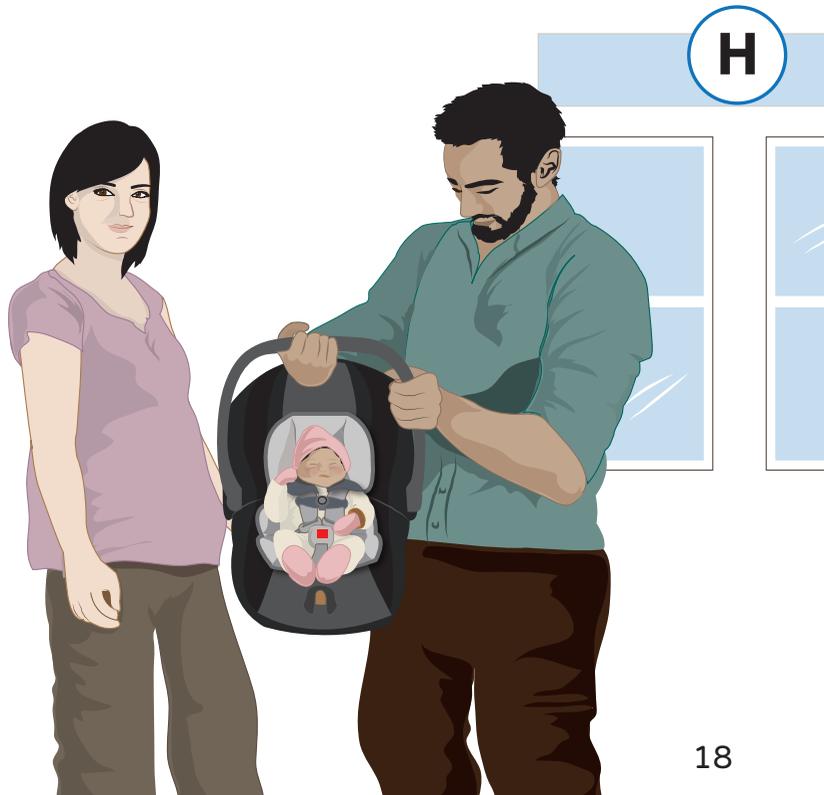
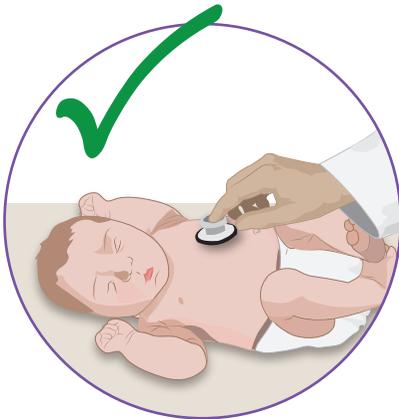


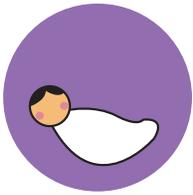
When you can go home

With the breast feeding and hand expression techniques described here and taught to you by your nurses, your baby should gain weight by the time he or she is 3 or 4 days old.

You and your baby will be ready to go home when:

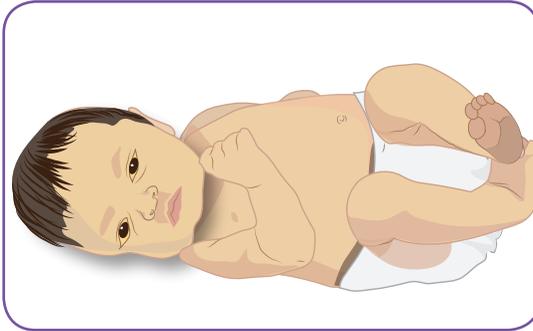
- Your baby is no longer losing weight.
- Your baby is feeding well OR you have a clear and easy-to-follow feeding plan for how to care for your baby once you are at home.
- A doctor and nurse have checked your baby and confirmed that he or she is ready to go home.





Watching out for Jaundice

Jaundice reaches its highest levels in late preterm babies when they are around 5 to 7 days old. For this reason, watch your baby closely for the following signs of jaundice :



- Yellowing of the skin



- Yellowing of the whites of the eyes



- More sleepy than usual and more difficult to wake up



- More fussy than usual



- A sudden change in the way your baby feeds at the breast (e.g. either feeding poorly, falling asleep at the breast, or skipping feeds altogether).

If you notice any of these signs, do not wait. Come back to the maternity ward on D6 as soon as possible. We will check and care for your baby right away.



Looking for help or more information?

Support in hospital

While in hospital, you can ask to see a lactation consultant for extra breastfeeding help.



Support at home

Your baby should be followed by a family doctor soon after birth. Make an appointment as soon as you get home (You can even make the appointment while you are still in hospital!). Be sure to mention that your baby is a late preterm baby when making the appointment.

Your local CLSC nurse will call you to arrange a visit within the 1 to 3 days that you are back home. They will check you and your baby during this home visit and discuss any questions or concerns that you may have. The CLSC nurse can also assist you with breastfeeding.

Organise an appointment with a private lactation consultant if you need extra breastfeeding help. To find one, visit the International board Certified Lactation Consultant (IBCLC) website: <http://www.ibclc.qc.ca/trouver-une-ibclc-11>



Did you know?

In the first 7 days you are home, you can call the Neonatal Follow-up Clinic (514-934-1934 ext: 34779) to speak with a nurse, if you:

- Notice any signs of jaundice
- Are worried that your baby is losing weight.
- Are still having trouble breastfeeding.

- Wash hands frequently, especially before contact with the baby. Washing hands will keep you and your baby from getting sick.
- Refer to this booklet, as you need. You should also read your booklet “Going home with baby” (see pages 46-47, on when to get medical help right away).



Did you know?

To keep your baby from getting sick, you should also avoid:

- Bringing your baby to very crowded areas (e.g. a busy mall).
- Having too many visitors handle the baby.
This may also overwhelm your baby.



Community Resources

The following groups are specialised in caring and offering support to families with late preterm or premature babies. You are encouraged to contact any of them if you are looking for information or support:

Préma-Québec:

This service is for families with premature babies. They offer a telephone help-line, support groups, and more.

Tel: 450-651-4909 or 1-888-651-4909

Website: www.premaquebec.ca/service_allaitement.html

Specialized breastfeeding clinics:

These Montreal clinics have lactation consultants and doctors who are specialised in breastfeeding. Your nurse or doctor will refer you if needed

Jewish General Hospital (Open 5 days a week)

Tel: 514-340-8222 ext. 3269

Fax: 514-340-8634

Lasalle Hospital (Open Tuesday mornings and Wednesday afternoons)

Tel: 514-362-8000 ext. 1817

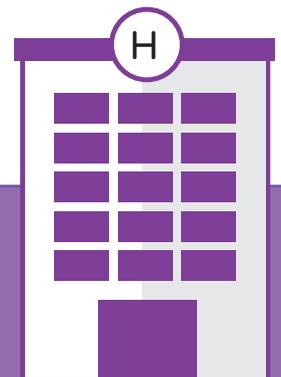
St Mary's Hospital (Open Monday, Tuesday, Thursday, from 1-4:30 pm)

Tel: 514-734-2628

Fax: 514-734-2605

Roper Clinic, Westmount (Open Wednesday)

Tel: 514-937-8000



Melons et Clementines

5669 Sherbrooke St. W.

Tel 514-482-5248

Website: www.melonsetclementines.com

La Tasse Gamine

5658A Park Ave

Tel: 514-439-9950

Website: www.latassegamine.com

Clinque Pelvi-Santé

6200 Blvd Tascherau, Brossard

Tel: 450-671-8787

Website: www.pelvisante.com

Committee d'allaitement Maternel (CALM) Rive Sud

Tel: 450-655-3630 ext 64621

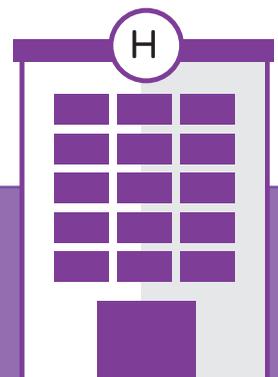
Website: www.calmement.org

Mieux-Naître à Laval

3534 Blvd de la Concorde, Laval

Tel: 438-830-4323

Website: www.mieuxnaitre.org



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