

If you have any questions, it's good to ask:

- Your family doctor or midwife.
- Your lactation consultant.
- Your public health nurse.
- HealthLinkBC - call 8-1-1 (7-1-1 for deaf and hard of hearing) or go online at www.HealthLinkBC.ca.

Questions to ask

Photos – Our thanks to the parents who graciously agreed to be photographed with their babies, Maternity Program at Chilliwack General Hospital.

The information in this document is intended solely for the person to whom it was given by the health care team.

Form #262986 (December 2012)



Your Late Preterm Baby



Your Baby's First Check Up

Date: _____ Time: _____

Doctor/Midwife: _____ Phone: _____

Maternal Infant Child Youth Program



A 'late preterm' baby is a baby born three to five weeks early, or between 35 weeks and 37 weeks of pregnancy. These babies are usually healthier than babies born earlier, but there is a chance they could have certain health problems.

This information is meant to help you care for your baby at home and know what to watch for.

Breathing

Late preterm babies can have breathing problems. If you notice any breathing problems, contact your family doctor or midwife right away. If you cannot contact your doctor or midwife right away, call 9-1-1.

Call 9-1-1 right away if you notice any of the following:

- Your baby is breathing very fast (more than 60 breaths in 1 minute when not crying).
- Your baby is breathing very slow (less than 30 breaths in 1 minute).
- Your baby is having trouble getting his or her breath.

If you have questions about your baby's breathing, you can call HealthLinkBC at 8-1-1 to speak to a nurse.

Sleeping

All babies should be placed on their backs to sleep unless they are sleeping 'skin-to-skin' on you (see Temperature section).

Your baby may be sleepier than a full-term baby and might not wake up when it is time to feed. Wake your baby to feed if it has been more than 3 to 4 hours.

Contact your family doctor, midwife, lactation consultant, or public health nurse as soon as possible if your baby is too sleepy to feed, or will not stay awake to feed.

When to get help

Contact your family doctor or midwife when:

- You notice any breathing problems.
- You think your baby is sick.
- Your baby has a temperature of 38°C (100.4°F) or higher.
- Your baby shows signs of jaundice.

Contact your family doctor, midwife, lactation consultant or public health nurse when:

- Your baby is too sleepy to feed, or will not stay awake to feed.
- Your baby will not feed or has not fed well for the last 2 feeds.
- Your baby is not having a bowel movement (going poo) regularly.

Call 9-1-1 right away if:

- Your baby is having trouble breathing.
- Your baby stops breathing.

Follow-up Care

Your baby **must** be seen by your family doctor or midwife **within 2 days** of going home.

Your doctor or midwife checks your baby's weight, feeding patterns, level of jaundice. Bring any questions you have to this appointment.

For more information on caring for your baby and looking after yourself, refer to your free copy of *Baby's Best Chance*.

Tips for Breastfeeding Mothers

Sometimes preterm babies look like they are breastfeeding well but instead are having difficulty getting enough milk.

This might happen because:

- You do not have enough breast milk yet.
- Your baby gets tired during feeding.
- Your baby might need to strengthen his or her jaw muscles so that they are strong enough to pull your milk out of your breast.

To help get more breast milk:

- Place your baby skin-to-skin on your chest and then massage your breasts gently before feeds.
- Compress or massage your breast while your baby is feeding or while you are pumping.
- Use a breast pump after feedings to completely empty your breasts once your milk has come in.

To help your baby suck:

- Try different feeding positions.
- Hand express drops of expressed breast milk before feeds to relieve pressure and prevent your baby from getting too much milk and choking or swallowing air.
- Make sure your baby takes your nipple, areola, and some of your breast into his or her mouth. This helps your baby latch on.



Temperature

Late preterm babies often have less body fat than a baby born at full-term. With less fat, it is harder for them to keep a normal body temperature. As a general rule, your baby is the right temperature when your baby's neck is warm but not sweaty and hands are cool but not cold. Your baby's temperature should be between 36.5°C and 37.4°C (measured with the digital thermometer in the centre of the armpit until the thermometer beeps*).

Your baby should not be overdressed or underdressed. A good rule is to dress your baby in one more layer than you are wearing.

If you find your baby is cool, one of the easiest ways to warm your baby up is to undress him or her. Place your baby directly on your bare chest (skin-to-skin), then cover up together under a warm blanket. When you keep your baby skin-to-skin as much as possible, you help your baby stay warm and put on weight faster.



Anyone can do skin-to-skin (mom, dad, or another adult).

Note: Skin-to-skin should only be done when you are awake.

**Look in Baby's Best Chance for how to take your baby's temperature.*

Infection

Late preterm babies are more likely to get infections. Feeding your baby breast milk and keeping your baby skin-to-skin gives the best protection from infection.

Until your baby reaches what would be 40 weeks or full-term (your due date):

- Try to keep from taking your baby into crowded areas or around those who are sick.
- Ask others to wash their hands before touching your baby.
- If you think your baby is sick or has a temperature of 38°C, contact your family doctor or midwife.

Jaundice (yellowing skin)

Any baby can get yellowing of the skin, called jaundice (sounds like jaw-n-dis). If not treated right away, jaundice can cause serious health problems.

Jaundice can develop after leaving the hospital. The best way to keep your baby from becoming jaundiced is to feed your baby every 2 to 3 hours.

If you notice any of the following, contact your family doctor or midwife:

- Your baby's skin turns more yellow.
- Your baby's tummy, arms, or legs are yellow.
- The whites of your baby's eyes are yellow.
- It is very hard to wake your baby up.
- Your baby is very fussy.
- Your baby is not nursing well or taking other milk supplements well (like expressed breast milk or formula).

Feeding

- Your baby should have at least 8 feedings in a 24 hour period. Late preterm babies eat smaller amounts, need to eat more often, and can be slower to feed than babies born at full-term.
- Watch your baby closely for signs of hunger. Signs of a hungry baby include stirring, stretching, sucking motions, lip movements, fussing and crying. Sometimes late preterm babies do not show any signs of being hungry. In the first few weeks, you might need to wake your baby to feed. Until your baby begins to gain weight, you might even need to set your alarm to wake up at night to feed your baby.
- Your baby can have problems co-ordinating latching, sucking, and swallowing. Signs of this include coughing, choking, and swallowing air. During feeds, watch your baby closely and burp your baby often.
- To make sure your baby is getting enough milk, keep track of the number of wet diapers and bowel movements (poo). Once your milk is fully in, your baby's bowel movements should turn yellow. By the time your baby is 4 days old, your baby should have more than 5 wet diapers and at least 2 to 3 bowel movements each day.
- To make sure your baby is getting enough nutrients, your doctor, midwife, or lactation consultant might have you give your baby a supplement after nursing with expressed breast milk or formula.
- Contact your family doctor, midwife, lactation consultant or public health nurse as soon as possible if your baby will not feed, has not fed well for the last 2 feeds, or is not having a bowel movement (going poo) regularly.

