What is a “late preterm” baby?

Babies born between 34.0–36.6 weeks gestation are referred to as “late preterm infants.” These babies require special attention because they are immature, even though sometimes they may be the same size or weight as a term (or fully mature) baby. Late preterm infants are at a higher risk of developing complications after birth – including breathing problems, poor temperature regulation, low blood sugar, feeding problems and jaundice.
Jaundice

Jaundice is very common in all infants, including healthy term babies. Late preterm babies, though, are twice as likely to have high jaundice levels.

This is because of immaturity in the liver, which helps get rid of jaundice, as well as being related to feeding problems associated with prematurity.

Sleeping patterns

Late preterm babies may have fewer and shorter “awake periods.” They may also have more difficulty awakening on their own for feedings. It is important to cluster all your cares (i.e., grouping together a feeding with a diaper change) to ensure your baby has adequate rest to grow and develop.

If you have any questions or concerns about your baby, please call your baby’s physician or the Access2Health at 515-243-2584.

If you have breast-feeding questions, call MercyOne Lactation at 515-358-2082.
Understanding Your Late Preterm Infant
Breathing problems associated with late preterm babies

Babies born early are at a higher risk of having immature lungs, and this can cause them to work harder to breathe or need extra oxygen. This problem is usually evident shortly after birth, and often resolves itself in the first few hours after birth. Sometimes babies may need to go to the NICU if they have trouble weaning off of oxygen or need extra breathing support.

Feeding problems

Late preterm babies are at increased risk of feeding difficulties. It often takes them longer to be able to consistently reach feeding goals than term babies. Your baby may feed slower and will need to be fed more often.

Breast-feeding is the preferred method to feed all babies and is associated with numerous health benefits. Late preterm babies vary in their ability to breastfeed. Your baby may take longer than full term infants to achieve consistent good breast-feeding and sometimes may not achieve this until close to their due date. To assist you in a positive breast-feeding experience, both in the hospital and at home, we suggest the following:

- Feed your baby at least every three hours. This will decrease the chance of low blood sugars, excessive weight loss and jaundice.
- Use a breast pump or hand express for 15 minutes after every feeding. This will help you establish a good milk supply.
- “Skin to skin” time helps breast-feeding get off to a good start. Do this often in the first few days after delivery.
Some late preterm babies do not immediately breast-feed well due to their prematurity. Some babies will need to be supplemented with pumped breast milk, human donor milk (HDM), and/or formula. If your baby is not breast-feeding adequately, has low blood sugar, or has excessive weight loss, we will discuss supplemental feedings in more detail. Babies can be supplemented with different methods, including bottles or supplemental nursing systems. Your nurse can help you determine what method will work best for you. A general goal for formula or HDM supplementation is 10–30 mL per feeding, or as tolerated by your baby.

Because most late preterm babies breast-feed for a shorter duration and have a weaker suck, having an electric breast pump at home is encouraged to establish a good milk supply. A breast pump may be a covered benefit under your insurance policy. Your nurse or lactation consultant can help you get your insurance breast pump. Breast pumps (including insurance breast pumps) can be purchased or rented at the MercyOne Des Moines Mother-Baby Unit or purchased in the MercyOne Des Moines Pharmacy, if desired. Using a borrowed or used breast pump is not recommended.

If you choose to feed your infant formula, HDM, or pumped breast milk exclusively for a feeding, our general goals for each feeding are as follows:

- First two feedings after birth: 10 – 15 mL
- Up to 24 hours of age: 10 – 30 mL
- After 24 hours of age: 30 – 60 mL
Blood sugar regulation
At birth, babies are abruptly removed from their mother’s glucose (or blood sugar) supply. This causes changes within a baby’s body to help it create and maintain normal blood sugar levels on its own. However, immature systems in late preterm babies can make it more challenging for them to regulate on their own. Therefore, we will be closely monitoring blood sugar levels for the first 24 hours of life in your late preterm baby.

Temperature regulation in late preterm babies
A baby’s ability to keep itself warm is related to its size, brain maturity and amount of body fat. Late preterm babies are more likely to lose heat more easily than term babies because of these reasons. Therefore, it is important to keep your late preterm baby clothed (including a hat) and swaddled if they are not “skin-to-skin” to help them maintain their body heat. A good rule of thumb is to dress your baby in one more layer than you are wearing.

Skin-to-skin time is important for both mother and baby for bonding, helps to keep your baby warm, calm, and it encourages breast-feeding. To do this, keep your baby in their diaper and hat only. Then hold your baby on your bare chest, covering both of you with a blanket.