

# facts on

## For More Information

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## The Late Preterm Infant (Near-Term)

A late preterm infant is a baby that is born between 34 and 36 (almost 37) weeks of pregnancy. During the final few weeks of pregnancy, babies continue to develop inside the womb. For this reason, late preterm babies are premature and tend to be smaller than those born full term.

It is important to understand that these infants are not only smaller than full-term infants, but they may also have other health problems that are not always easy to see. Primary caregivers of a late preterm infant may need extra information and support from their healthcare providers to help recognize and manage these potential health problems.

### What are some health problems that might affect a late preterm infant?

The closer a baby is born to full term, the more time a baby has to grow and develop. Since late preterm infants are born early, they are more likely to have problems associated with being small and premature. These can include:

- difficulty controlling body temperature
- greater risk of breathing problems that need to be watched for once at home
- greater likelihood of developing jaundice (a yellowing of the skin and whites of the eyes)
- feeding difficulties that can lead to dehydration, low blood sugar, and malnutrition

- increased vulnerability to infection
- higher rates of admissions and readmissions to the neonatal intensive care unit (NICU) and longer hospital stays than infants born at term
- higher possibility of cognitive, speech, and developmental delays
- possible behavioural and learning difficulties in childhood

### What are some things that caregivers should watch for if they have a late preterm infant?

**Feeding difficulties:** Late preterm infants can have trouble staying awake during feedings and may not always take in enough food before falling asleep. They may also have a weak suck, lower muscle tone, and trouble coordinating effective latch, suck, and swallowing. Because of this, they may have difficulty with chest/breastfeeding. These babies are small and need plenty of fluids and nutrients to help with healthy growth and development.

Caregivers should talk to their healthcare provider to learn how to feed and wake infants. Healthcare providers may teach caregivers how to recognize and respond to their babies' cues of hunger and stress, how to make feedings easier for babies by using different feeding positions, and how to slow down the speed and amount of milk an infant receives at each feeding. If infants are not feeding properly, they are at risk of dehydration, low blood sugar, and jaundice.

Continuing kangaroo care or skin-to-skin care has been seen to help with feedings and should be discussed with healthcare providers. Skin-to-skin care should only be done when the caregiver is awake or monitored by another alert adult.

### **Increased Risk of Sudden Infant Death Syndrome (SIDS):**

Late preterm infants have a higher risk of SIDS. Things to consider to reduce the risk of SIDS include:

- placing the infant on their back on a firm and flat surface, free of soft objects for every sleep
- ensuring a smoke-free environment
- chest/breastfeeding, if possible; any amount can help to reduce the risk of SIDS

### **Difficulty Regulating Body**

**Temperature:** Due to their small size, late preterm newborns have less body fat to protect them against the cold and have trouble regulating their body temperature. Caregivers should make sure that infants are kept warm enough so that they can maintain a normal body temperature.

**Infection:** Late preterm infants are more vulnerable to infection because their immune systems are not always fully developed. Caregivers should also take precautions to prevent infections such as:

- frequent hand washing
- asking ill visitors not to visit until they feel better
- avoid taking infants into public spaces

**Jaundice:** Late preterm infants are more likely to develop jaundice than other babies. They should have a special test called a bilirubin test before leaving the hospital and should be seen by a healthcare provider soon after they go home.

**Although many of these health concerns will be resolved before an infant leaves the hospital, caregivers should continue to watch for these problems at home. For any of the following, immediate medical care should be sought.**

- Breathing faster than 60 breaths per minute when not crying, or breathing slower than 30 breaths per minute
- Difficulty breathing
- Whites of eyes are yellow or skin turns more yellow (tummy, arms, or legs are yellow)
- Unable to wake up to feed, will not stay awake to feed, or not feeding well
- Coughing or choking while feeding
- Very fussy/inconsolable
- Not having a bowel movement or urinating regularly (five or more wet diapers and at least one to three bowel movements each day)
- Body temperature less than 36.5°C or greater than 37.5°C

**Questions that caregivers of late preterm infants should ask their healthcare providers before leaving the hospital after delivery:**

1. What is the minimum number of times I should feed my baby each day?
2. What is the longest period of time I should let my baby go without eating?
3. How often should I bring my baby in for examination?
4. What sorts of things should I be watching for in terms of behaviour or appearance?
5. When should my baby have a test for jaundice?
6. How will I know when I should call you and how do I reach you?

### **Select References**

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