Congratulations on the birth of your new baby! You may be surprised that your baby delivered before your due date but the staff at UC San Diego Health System will help your family get off to a great start. Your baby was born a few weeks early and did not have all the time he needed to grow and mature. Late preterm babies can have some problems with breathing, feeding, temperature, infection and jaundice.

Admission to NICU/Transfer to Family Maternity Care Center: Your late preterm baby will be admitted to the NICU until he shows that he is ready to share a room with you. Prior to transfer he must be breathing well on his own, able to breastfeeding or take a small amount of milk by bottle or finger feed, have normal temperatures in an open crib, and have no signs of infection or significant jaundice.

You may visit your baby in the NICU as often as you can during visiting hours. When separated from your baby, remember to pump your breasts every 3 hours to help establish your milk supply.

On the Family Maternity Care Center: Remember that your baby is premature and will need to grow a little stronger before he is ready to go home. Most late preterm infants need to stay about 5 days, some even longer. Even if you are ready for discharge, you may stay in the hospital room with your baby until he is ready to go home (as long as there is room available).

- **The Newborn Team:** A nurse will be checking your baby every 4-6 hours or more often if there are concerns. Your baby will be seen daily by the Pediatrician or Nurse Practitioner, and you will be given an update on the plan of care. You will also be seen daily by the Lactation consultant, and the feeding plan will be updated for your baby’s growing needs.

- **Triple Feeding:** Many late preterm infants need to “triple feed” until they are stronger and your milk is in. Preterm babies may not have a suck strong enough to get milk from your breasts or stimulate milk production. Triple feeding includes breastfeeding with a tube at the breast to deliver extra breastmilk or formula and then pumping after to stimulate milk production and obtain breastmilk for next feeding. Triple feeding may need to be continued at home.

- **Temperature Control:** Your baby will need a little extra help to stay warm. When you are awake, please keep your baby skin-to-skin as much as possible. If he is not skin-to-skin, he should have a t-shirt, hat and be completely wrapped in 2 blankets. You may need to turn the temperature up in your room to help him stay warm and conserve calories for growth. Remember, if not being held, all babies need to sleep on their backs!

- **Jaundice:** Late preterm infants have a higher risk for getting jaundice. The pediatric team will monitor your baby closely for jaundice. If your baby does get jaundiced, he may need a special light (phototherapy) to treat it.
• **Car seat safety**: A late preterm infants has an increased risk of not breathing normally if his neck and body position is bent; this can happen while riding in a car seat or placed in equipment that puts the him at an angle. He should have a car seat that is designed for infants and holds him snugly. Please show the newborn team your baby’s car seat soon after he comes to your room. After he has gained weight, he will be observed in this seat by a nurse to make certain he can ride safely in it.

**Discharge home**: We know that you are excited to take your new baby home, but until he can show us he is able to thrive and be well, he needs to be in the hospital. Before going home, your baby must do the following:

- be breathing well,
- pass a car seat test,
- be feeding well at least every 3 hours,
- has gained weight for 1-2 days in a row,
- have no signs of infection,
- have no significant jaundice
- have normal temperatures for at least 24 hours.

Also, your infant must have an appointment with an outpatient pediatric provider within 2 days of going home.

Please feel free to ask questions about your baby’s plan of care or plans for discharge.
The Late Preterm Infant
A Little Baby With Big Needs