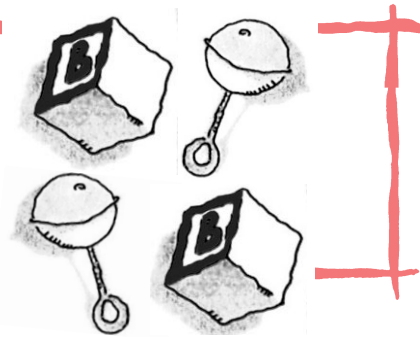


Early Arrival: Information for Parents of Premature Infants



Your Very Special Delivery

Congratulations! You have welcomed a new baby to your family! While every child brings his own joys and challenges, you may be worried because your baby was born earlier than expected. But as you will see, while premature infants may need extra care at first, they have bright futures.

Premature Birth Is Common

Every year, about 11% of babies are born prematurely. But, thanks to medical advances, children born after 28 weeks and weighing more than 2 lb 3 oz, have a 95% or better chance of survival. They usually catch up in height and weight with their peers by age 2. In fact, 80% of babies born after the 30th week of pregnancy have no long-term health or developmental problems.

Premature Babies Need Special Care

At the Hospital

Because premature babies are born before they are physically ready to leave the womb, they require extra medical attention immediately after delivery. Your child may need special tests as well as medical help that is different from that needed by full-term babies. It may be a few days or weeks before his lungs fully develop, before he begins to breathe and feed on his own, and before he is able to maintain his own body temperature.

Your baby will probably be admitted to a *neonatal intensive care unit* or a *neonatal intermediate care unit*. There, a specially educated team of doctors and nurses can give your child the care he needs.

At Home

Like any child, your premature baby needs your love and attention in order to thrive. There are many things you can do at home to make sure your baby has a healthy start. This booklet will help you care for your child so that you can help him stay healthy and grow strong.

Answers to Parents' Common Questions

Q: Why was my baby premature? Is it my fault?

A: Many mothers of premature infants worry that they might have done something during pregnancy that caused their babies to be born early. Smoking, drinking alcohol, and using drugs during pregnancy can contribute to prematurity; however, no one knows for sure why most premature babies are born early. If you smoke, have a drinking problem, or use drugs, get help right away. These behaviors can harm your baby after she is born, too. Your new baby needs you to be as healthy as possible.

Q: Will I be able to hold my baby?

A: All babies need to be touched, held, snuggled, and talked to. This can reduce stress and help their brains develop. Although your baby may look fragile, you should gently touch, hold, and cradle her if your doctor says it is OK.

Q: Why does my baby look different?

A: Babies who are born early do not look like full-term infants. Your baby's head may seem larger compared to the rest of her body. Her body will have less fat and her skin may look thin. Her blood vessels may show underneath. Also, your baby's facial features may appear sharper. But don't worry, she will begin to look like a typical newborn as she grows.

Q: What will happen to my baby when I leave the hospital without her?

A: Leaving your baby, even for a short time, can be difficult, but your baby is in good hands. You can visit often to spend time with your child. Use the time away from the hospital to rest and get ready for your baby's homecoming.

Q: Will my child always have problems because she was born early?

A: Though premature babies are at higher risk for some problems, most of them grow into healthy children. Early diagnosis, treatment, and ongoing care can give your child a brighter future.

Some Helpful Definitions

- **Apgar Score:** This exam measures your baby's heart rate, breathing, muscle tone, reflex response, and color at birth. The Apgar score helps the hospital staff know how your baby is doing as he gets used to life outside the womb. Because of their early birth, premature babies are more likely to have lower scores.
- **Cardiorespiratory Monitor:** Because your baby's lungs are still immature, he may have trouble breathing. His breathing and heart rate can be watched using special equipment called a cardiorespiratory monitor. If he needs help breathing, the doctors may give him extra oxygen or use other equipment to help him breathe.
- **Warmer/Incubator:** Because your baby has less body fat, he can get cold in normal room temperatures. For that reason, he will be placed in a warmer bed or an incubator. These special beds have built-in heaters to help keep your baby warm.

Your Baby's Nutrition Needs

Because premature infants are small, they have a great need for food to gain strength and build resistance to disease. At first they may need to receive fluids intravenously (through an IV) or through a feeding tube.

Breast milk is the best nutrition for your baby. However, if your baby is not able to nurse at first, you can pump your milk and it can be given to her. Express your milk at the times when your baby would usually feed, so that your body becomes used to the schedule (usually about 8 times per day at the start). Most hospitals have breastfeeding experts to help you get started. Once you start to breastfeed, let your baby nurse often to build up your milk supply.

Breastfeeding is best for most infants, however, for medical or personal reasons, your baby may need infant formula. You and your pediatrician should discuss this decision.

Special Health Issues

Premature infants are not as fully developed as full-term babies. That is why they have a somewhat higher risk for certain health problems.

- **Respiratory Distress Syndrome (RDS)**

What It Is: RDS is a breathing problem caused by immature lungs.

Premature infants' lungs may lack a liquid substance called surfactant that gives fully developed lungs the elastic qualities required for easy breathing. Without surfactant, the lungs tend to collapse, forcing a tiny baby to work harder to breathe.

Treatment: Many infants will require a ventilator, or respirator, to breathe for them. Artificial surfactants are now available and are very effective in treating RDS. Many babies respond very well to this treatment. Lung problems in premature infants usually improve within several days to several weeks.

- **Chronic Lung Disease/Bronchopulmonary Dysplasia (BPD)**

What It Is: Babies who need oxygen for more than a month are described as having *bronchopulmonary dysplasia* (BPD) or chronic lung disease.

They may need oxygen and other treatments for several weeks or months.

Treatment: Babies often outgrow BPD as their lungs mature and grow, although some premature infants continue to require oxygen when they go home.

- **Respiratory Syncytial Virus (RSV)**

What It Is: RSV is the leading cause of lower respiratory tract illness in infants and children. In the United States, RSV outbreaks usually occur between October and May. Infants who get RSV may develop apnea (pauses in a baby's breathing that last more than 15 seconds); *bronchiolitis* (an infection of the small breathing tubes of the lungs); or long-term lung problems. Premature infants and babies with BPD are at highest risk for complications from RSV infection.

Prevention and Treatment: RSV is very contagious. It can be spread in the hospital or after babies are sent home. Make sure that family and friends who visit your new baby do not have colds or other infections. Ask them to wash their hands before touching your baby. There is no proven effective treatment for RSV infection. As a result, your pediatrician may recommend medication to prevent RSV infection if your baby is at very high risk for serious complications.

- **Retinopathy of Prematurity (ROP)**

What It Is: ROP is an eye disease that occurs when part of the eye, called the retina, has not fully developed.

Treatment: Most cases of ROP are mild and will resolve without treatment. However, in some cases ROP can result in serious vision problems. Severe cases of ROP are often treated with surgery. Your pediatrician will talk to you about this treatment if it is needed.

- **Apnea and Bradycardia**

What It Is: Apnea refers to pauses in your baby's breathing that last more than 15 seconds. This is common in preterm babies. When apnea occurs, the heart rate will often decrease as well. This is called *bradycardia*.

Treatment: If your baby has apnea spells, your pediatrician may prescribe a medicine to help regulate breathing. Your baby's heart and breathing will also be watched by monitors. Most premature babies outgrow this before they go home. If your baby does not, he may need a home apnea monitor.

- **Jaundice**

What It Is: Jaundice happens because a baby's liver has not matured enough to completely filter a yellowish substance called bilirubin from the blood. Newborns often produce more *bilirubin* than their livers can handle.

Treatment: Most cases can be treated effectively by placing the baby under special lights. During the treatment, most of the baby's skin is exposed and his eyes are covered to protect them from the light.

- **Other Health Problems**

Premature infants may also develop other conditions such as *anemia of prematurity* (low blood cell count) and *heart murmurs*. Heart murmurs are sounds that the flow of blood makes as it goes through the heart. Your pediatrician and the other health care professionals caring for your baby will keep you informed about your baby's condition and progress.

Choosing a Pediatrician

Because your baby arrived early, you may not have had time to choose a pediatrician for your child. Your baby's doctor or nurse at the hospital may be able to recommend a pediatrician. You can also write the American Academy of Pediatrics for the names of pediatricians in your area. See the "Helpful Organizations" section at the end of this booklet for the address.

A Happy Homecoming

The OK to Go

You finally get to bring your baby home! Your pediatrician will approve the discharge of your baby from the hospital, based on the following guidelines. Your baby should be:

- breathing on her own,
- able to maintain body temperature,
- able to be fed by breast or bottle, and
- gaining weight steadily at time of discharge.

Other medical problems should also be resolved, or home care should be set up before your baby leaves the hospital.

Questions to Ask Before You Leave the Hospital

Your pediatrician will talk with you before your baby leaves the hospital. Be sure that he or she explains the following:

- How to care for your baby at home
- When to call his or her office or go to the hospital
- How to know if your baby is eating properly, getting enough sleep and gaining enough weight
- What medicines to give, if any are needed
- How often you will need to bring your baby in for an exam. Regular contact with your pediatrician is very important to your child's health. Be sure to discuss any worries that you have about your baby.

Safe Traveling With Your Baby

It is not only unsafe, but also illegal for any baby to ride in a car without being secured in a car safety seat. Premature infants should be observed in a car seat before discharge from the hospital to see if the semireclined position adds to or causes breathing problems. If your pediatrician recommends that your baby lie flat during travel, a crash-tested car bed may be used for a short period.

The back seat is the only safe place for babies. Whenever possible, an adult should ride in the back seat next to your baby to watch her closely. Depending on your baby's condition, you may want to limit her amount of car travel for the first month or two at home. You can check this with your pediatrician.

If You Must Bring the Hospital Home With You

Some premature babies need monitors and other equipment at home. For example, if apnea is a problem, monitoring may be done at home. Some babies may also need to go home with oxygen or other treatments. You and other caregivers will be trained on how to take care of your child's special needs before you take her home. You will also be taught how to perform *infant cardiopulmonary resuscitation* (CPR).

Settling in at Home

Premature babies need to be fed more often, and it will take a little while for them to adjust to being at home. Accept any offers of help around the house during the first few weeks, so you can take time to get used to having a new baby in the house.

A Good Night's Rest for Both of You

Your baby needs plenty of sleep in order to grow and develop. He will rest easier—and you will, too—if you follow a few simple rules when you put your baby down for a nap or for the night.

Sleeping Position: Back to Sleep

The American Academy of Pediatrics recommends that healthy infants be placed on their backs to sleep. Babies who are placed on their stomachs to sleep are at higher risk for sudden infant death syndrome (SIDS).

Placing babies on their backs to sleep does not increase the risk of other problems (for example, choking, flat head, or poor sleep). However, premature infants with certain medical problems (such as lung problems) may need to sleep on their side. Whether your baby sleeps on his back or side, a certain amount of “tummy time” is needed when he is awake. Ask your pediatrician about the best sleeping position for your baby.

In addition to proper sleeping position, you can reduce the risk of SIDS by:

- keeping blankets, pillows, soft bedding, and large stuffed toys out of your baby's crib;
- making sure your baby's room is not too hot or too cold;

- not smoking in your home;
- getting regular health care for your child; and
- breastfeeding.

Your Child's Growth and Development

Your baby's first year is a time of great change, just as it would be if she had been born on or near her due date. A child's development is complex, ongoing process. No two children mature at the same rate or in the same way. Development even varies from day to day and week to week. Over time, you will get to know your baby as an individual.

Timing Is Everything

Because your child was born early, you should think of her progress in terms of “adjusted age.” For example, if your baby was 8 weeks early, adjust your expectations by 2 months. Therefore, a 4-month-old premature baby may act like a full-term 2 month old. Try not to compare your child with full-term babies or focus too much on developmental charts. Your pediatrician will follow your child's developmental progress.

Early Intervention Can Help

If there are any developmental problems, the important thing is to catch them early, so that your child can be helped to adapt.

Some problems can show up right away; others do not show up for some time. You are in the best position to monitor your child's development. Become familiar with your child's general pattern of development, and if you think your child is showing signs of a hearing, vision, speech, muscle, or learning delay, see your pediatrician as soon as possible. Early intervention programs that work with children from birth to 3 years may do a lot to lessen any long-term effect on your child's learning.

Keeping Your Child Healthy

One of the most important things you can do to keep your child healthy is to make sure he receives all recommended check-ups and immunizations. Check-ups will help make sure your baby's growth is on track, give your pediatrician a chance to catch any health problems early, and help you get your questions answered. If your baby has trouble gaining weight, has breathing problems, or any other problems that are of concern, your pediatrician may wish to see your child more often.

Immunizations can make sure your child's health is not put at risk by serious childhood diseases, such as whooping cough, hepatitis, and meningitis. These diseases can cause death or leave your child with long-term health problems.

When to Begin Immunizations

Some parents think their children do not need immunizations until they enter school. Actually, they should start when they are infants. Children should receive most of their immunizations during their first 2 years.

Most premature infants need to receive their immunizations at the same age as full-term infants, unless your pediatrician feels that this is not appropriate. Your pediatrician can help you make sure your child's immunizations are given on time and are up-to-date.

