

Premature baby: born at 33 to 35 weeks



the women's
the royal women's hospital

Your baby might be born a few weeks premature. Premature means a baby is born before 37 weeks.

We can help you and your baby

We think your baby will be born early, or slightly premature. Your baby will need to stay in hospital when they are born.

We will look after your baby in the neonatal unit. They might be in our:

- special care nursery (SCN)
- newborn intensive care unit (NICU).

You can talk to us about your baby any time.

Will your baby survive?

Your baby has a very similar chance of living as babies that are born full term.

Like other pregnancies:

- if there are abnormalities, we will often find out from scans during your pregnancy.
- there can be complications during birth.

When you birth your baby

Someone from our neonatal team will be there when you birth your baby.

When your baby is born we will:

- talk with you about what your baby needs, and
- take them to the neonatal unit. Your support person can go with your baby to the neonatal unit

If you and your baby are well at the birth, we will plan for you to have your baby in skin-to-skin contact on your chest. This can help your baby stabilise and keep warm.

We will take you to the neonatal unit to be with your baby as soon as you are well enough after the birth.

Can you spend time with your baby?

Yes, we will help you care for your baby as much as you can. Please come to the neonatal unit any time of day or night.

You can also call us any time.

You should cuddle and talk to your baby often. Holding your baby skin-to-skin is very good for you and your baby.

We will help you feel more confident to take your baby home when they are ready.

What might your baby need?

Babies born slightly premature are usually very healthy. However, common problems are:

- keeping warm
- low blood sugar levels
- slow with feeding.

Keeping warm

Babies born early have less body fat than full term babies. Your body warmth helps keep your baby warm when you are holding your baby skin-to-skin but your baby might also need:

- an incubator to keep warm
- warm clothes in an open cot.

Low blood sugar

Low blood sugar levels ("hypoglycaemia") is common in premature babies.

We will do blood tests to check your baby's blood sugar levels. If your baby's blood sugars are low, we might give your baby extra feeds or a drip.

Feeding

Your breastmilk is very important for your baby and we will help you express milk shortly after birth. We will help you try to have enough breastmilk for your baby.

In the beginning your baby might just have a few licks or sucks at your breast. As they grow, they will be able to do more frequent feeds as their suck becomes stronger. Be patient, there will be good days and not so good days with feeding, that is normal. Offer your baby a feed whenever you think your baby is interested.

As well as breastfeeding, most babies need a nasogastric tube to help with feeding. This is a very small tube through their mouth or nose where milk is delivered straight into the stomach. At about 36 to 37 weeks most babies are feeding well and may not need the tube.

Some babies might have bottle feeds or need extra feeds with infant formula. Before we give formula or use other ways to feed your baby we will talk with you about how you want to feed your baby.

Jaundice

Jaundice is very common. Jaundice is when your baby's skin goes yellow from the natural breakdown of red blood cells after birth.

We will do blood tests to check the jaundice level for your baby. If your baby has high jaundice levels, they will need phototherapy.

Phototherapy uses a blue light to decrease the jaundice level. We usually give phototherapy for 2 to 3 days.

Infection

An infection is rare in babies born slightly premature. If we think your baby may have an infection, we will need to give your baby antibiotics soon after birth.

Most of the time there is no infection and we can stop the antibiotics in the first 2 days.

Breathing

Most babies born slightly premature will not need any help with their breathing. If your baby needs help to breathe, we might use a face mask or nasal prongs in the first few days after they're born.

We do not expect your baby to have any long-term issues with their lungs because they were born premature.

When can your baby go home?

It is different for every baby. Before your baby goes home, they need to:

- be able to feed
- gain weight
- keep their temperature in the right range.

Your baby might move to a hospital closer to your home if they:

- are in a stable condition
- need to be in hospital a bit longer.

Are there any long term problems?

Most slightly premature babies will have no problems.

Your maternal and child health nurse, local doctor (GP) will keep an eye on your child as they grow. They can refer you to a paediatrician if they have any concerns.

Why do we collect data?

We collect data about what happens in our neonatal so we learn how we can best provide care to babies and their families.

The data is not identifiable, so nobody will know who the data is about. You can talk to us about our data collection.

We do research

We do research to learn how to provide better care. We might ask if your baby can be in our research. You can say no and we will care for you and your baby the same.

For more information

The Royal Women's Hospital

(03) 8345 2000

thewomens.org.au

If you want to see what NICU is like, you can watch our video on YouTube: youtu.be/2ohHvcxxF5s



Do you need an interpreter?



Interpreter

You can ask for an interpreter if you need one.

Family Violence Support

1800 Respect National Helpline

You can get help if you have experienced sexual assault, domestic or family violence and abuse.

You can call any time of day or night.

1800 737 732

1800respect.org.au