

## Patient Information Leaflet

# Late Preterm Infant (LPI)



### **Congratulations on the birth of your baby!**

Your baby is a late Preterm Infant (LPI) because she was born 3-6 weeks early between 34-37 weeks gestation.

She may look like a term baby, but she is premature and requires special care.

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## **Breathing**

Your baby's lungs may not be fully developed, and she may be at greater risk of respiratory distress. She will be closely observed by the Nurses and Midwives on the ward who will record her respiratory rate and heart rate. If she needs some help with her breathing initially, she will be observed and looked after on the Neonatal Unit.

You will be able to see her on the unit and the Nurses will support you when you visit.

## **Temperature**

Your baby may be small and will have little fat stored up. This means she is less able to regulate her own body temperature. Because of this she may get cold and burn too many calories trying to stay warm.

She will have her temperature checked regularly, and may initially be nursed in an incubator or hot cot.

Skin to skin also helps regulate baby's temperature.

## **Feeding**

Early and frequent feeding is very important in the hours following birth. This is to maintain blood sugar levels within an optimum range. Your baby may have some blood tests to check that blood sugar levels are stable.

Late Preterm Infants may have a weak suck and swallow and may not be able to feed effectively initially. Your baby may not wake for feeds or give cues when they are hungry. Skin to skin helps initiate feeding.

Your baby may need to be fed by a naso-gastric (feeding) tube initially, until oral feeding is established.

Adequate nutrition is important to maintain normal blood sugar levels, hydration and growth.

Your baby will be weighed regularly to monitor growth. It is normal for a baby to lose weight in the first few days.

The Neonatal Nurses/Midwives will discuss with you and make a written feeding plan for your baby; this may include breast/bottle/tube or cup feeding your baby. Expressing your breast milk may be part of this plan. This feeding plan will change as your baby establishes feeding.

## **Expressing milk for your baby**

The Nurses/Midwives will show you how to effectively express your breast milk. This should be done as soon as possible after your baby is born if she cannot feed from the breast. This will help to initiate and maintain a good milk supply.

Breast milk is best for your late preterm baby, but your chosen method of feeding will be fully supported.

## **Kangaroo care**

### **What is it?**

Kangaroo care is a method of holding your baby that involves skin to skin contact. It has many benefits for both baby and parents.

Have a look at the booklet 'skin to skin with your premature baby'.

## **Jaundice**

Jaundice is when the skin and eyes become yellow from a build up of bilirubin in the blood. Bilirubin is processed by the liver and excreted in the stools.

Late Preterm Infants have an immature liver that makes them more prone to developing jaundice.

A high bilirubin level in the blood (SBR) can lead to brain damage if not detected and treated early.

Your baby will be observed closely for signs of jaundice; she may have a blood test to check her jaundice levels. If necessary she will be nursed under a phototherapy light to reduce the jaundice.

## **Infection**

Late Preterm Infants have immature immune systems and are more likely to develop infections

Your baby may have a blood test to check for infection.

Antibiotics will be prescribed if she is at risk from infection.

It is important to ensure visitors wash their hands and use the hand gel before touching your baby.

## **When will I be able to take my baby home?**

Your baby needs to be able to maintain a stable temperature in a cot. She needs to be feeding well and gaining weight

You need to be confident in meeting all her needs.

The Neonatal Doctors will ensure that your baby is medically ready for discharge.

Your baby may be referred to the Outreach Team for early discharge.

## **Early days at home**

Remember your baby is still premature and requires special care

We advise:

- Well-fitting baby clothes to help maintain temperature
- To delay bathing or taking outside (unless absolutely necessary) for about a week. This will give your baby time to adjust to the different environment at home.
- Try to limit the number of visitors initially and to avoid crowded public places to reduce the risk of infection.

Remember to ask visitors to wash their hands before touching your baby.

- Your baby still needs to be fed regularly, at least every 4 hours to obtain the calories needed for growth and good weight gain

## **Follow up**

Your baby may have follow up appointments at the hospital. Your baby will be seen by a Midwife or the Outreach Team in the early days at home.

Your Health Visitor and GP will also be involved in monitoring your baby's growth and development.

## **Development**

It is important that your baby has developmental checks at 9 months and 2 years of age.

When assessing a baby's development, their prematurity is taken into consideration until they are 2 years old.

If you are concerned about your child's development, and they are not due an assessment, your GP and Health Visitor are always available for advice.

**ENJOY YOUR BABY!**

**Please write down any questions you may like to ask:**

**This leaflet is available in large print and other  
formats and languages.  
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Tel: 01752 763620**

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