



Caring for Your Late Preterm or Low Birth Weight Baby



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER



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Caring for Your Late Preterm or Low Birth Weight Baby

Babies born a little early or smaller can have special needs after birth.

What late preterm means

Late preterm, also called a near term baby, is a baby born early (born between 35 and 37 weeks of pregnancy).

What low birth weight means

Low birth weight is a baby that is born weighing less than 5 pounds, 8 ounces (less than 2,500 grams).

Feeding

Late preterm or low birth weight babies tend to feed slower and need to be fed at least every 3 hours, even at night. You may need to wake your baby to feed.

If your baby seems to be feeding poorly after you leave the hospital, even after less than a day, call your baby's doctor.

You may be asked to start pumping or hand expressing your breast milk right away. It is best to do this after your attempts at breastfeeding.

Jaundice

Jaundice is common and often harmless condition that causes yellowing of the skin and eyes. It happens when a normal body chemical, called bilirubin builds up in the blood. Normal jaundice may go away about a week or so after birth, but sometimes treatment is needed.

Breathing

Your baby may have a greater risk for breathing problems. **If your baby has any trouble breathing, call your baby's doctor or 911.**

Temperature

These babies have less body fat and may be less able to regulate their own temperature. Keep your baby away from drafts and dress them in a layer more than you are wearing. Have your baby wear a snug fitting hat.

Sleeping

All babies should be placed on their back, alone, and in an empty crib for every sleep. Have your baby sleep in the same room as you, but in their own separate crib or bassinet for at least the first 6 months—and for the first year, if you can.

Infections

Your baby may have a less mature immune systems and can be at more risk for infections.

- Watch your baby for signs of illness, such as fever, problems breathing, and changes in skin color or behavior.
- Limit your baby's contact with people who may be sick. Ask visitors who may be sick to visit later when they are healthy.
- Avoid taking your baby to crowded public places, such as malls or churches.
- Ask all visitors to wash their hands before touching your baby.

Follow up with the doctor

Your baby should be seen by the doctor 24 to 48 hours after the baby leaves the hospital. Your baby will be checked for jaundice, nutrition, and general health. This is a chance for you to ask questions as well.

Feeding Cues for Late Preterm or Low Birth Weight Babies

Learning your baby's feeding signs, or cues, can help you decide when to start feeding and when to finish.

Cue-based feeding

Cues are your baby's way of telling you what he or she needs. Cue-based feeding uses your baby's cues to tell you if he or she is hungry and may be ready to feed by breast or bottle. By watching and acting on your baby's cues, your baby will learn to feed better and faster. This helps them to feed at the right time, increase their strength, and gain weight.

You can decide if your baby is ready to eat by asking yourself these questions:

- Is your baby awake at the time of feeding?
- Is your baby rooting (turning their head and opening their mouth when offered a pacifier or finger), bringing their own hands to their mouth and acting hungry?
- Is your baby sucking on the pacifier?

Late preterm or low birth weight babies may show signs that they want to feed, but may not be ready to feed by mouth until they are older and stronger. This is normal.

When they are ready, they may feed with a pattern that includes sucking 5 to 10 times, pausing to swallow and breathe, and then begin sucking again. You can help your baby pace his or her feeding by using a slow flow nipple, laying the baby on his or her side, or tipping the bottle down.

If your baby shows signs that he or she is tired or stressed during the feeding, it may be time to stop feeding by mouth and save energy to eat until the next time.

Feeding cues

I am ready to eat when:

- My eyes are calmly open.
- I root toward the nipple when the nipple is touched to my mouth.
- I keep my body tucked and flexed.
 - It may help if you swaddle me in a flexed position with my hands near my face.
 - I may like to hold your finger while I eat.



Subtle signs that I may be getting tired of eating:

- I close my eyes, look worried or surprised.
- I lose suction on the nipple or push the nipple out with my tongue.
- My tongue is stuck to the roof of my mouth or pulled back.
- I'm gulping my milk or more milk is coming out the side of my mouth.
- I seem uncomfortable or squirmy.
- I'm more noisy with feeding.
- I work harder to breathe (nose flaring, head bobbing, skin pulling in near my ribs).
- I get more pale or splotchy-looking.

Stop or pause feeding me if:

- My breathing gets fast or I'm grunting with feeding.
- I choke or gag.
- I start gulping hard.
- I become floppy (you raise my arm and it drops loosely down).
- I close my eyes and my jaw drops open.
- My color changes to dusky or pale.
- I look away from you or avert my eyes.
- I am crying with the nipple in my mouth or turning my head.
- I am arching away from you or the bottle.

If I fall asleep before I'm done eating:

- Try and give me a burp break.
- Give me a break and try again in 5 to 10 minutes.
- Unswaddle and reswaddle me again.
- Try giving me a pacifier.
- Hold me slightly away from your body, so I do not get too comfy and fall into a deeper sleep.

3 tips for better feeding



Swaddle me with my hands near my face.



Put me on my side.



Tip bottle down if I seem stressed, do not take a breath, or have noisy swallows.

Breastfeeding Your Late Preterm or Low Birth Weight Baby

Special feeding needs

Late preterm and low birth weight babies have special needs for feeding for the first few weeks after birth. They usually feed slower and need to be fed at least every 3 hours, even at night. You may need to wake your baby to feed him or her.

Common things that affect their feeding include:

- Face muscles are not strong to get enough milk out of the breast.
- Get tired more easily while breastfeeding than a full term baby.

How your baby is feeding needs to be watched carefully in the hospital and at home, including:

- How well they are breastfeeding
- Their blood sugar levels (blood glucose)
- The number of wet and dirty diapers they have each day

Your health care team will teach you about how to do this before you go home.

Breastfeeding

Breast milk is the perfect food for your baby, helping to prevent allergies and infections. It is also easy for your baby to digest and has everything your baby needs to grow.

Preterm or low birth weight babies often need several weeks to get to the point of breastfeeding without the help of supplemental feeds. Meanwhile, any breastfeeding you do with your baby is a success!

Every baby is also different and your baby may have specific feeding needs. Talk with your baby's doctor, bedside nurse, or lactation consultant about a feeding plan.

Your lactation consultant or bedside nurse can also help assess how your baby is latching on. This is a great way to make sure that your baby is latched deeply and getting your breast milk.



Getting started:

- Offer the breast when your baby shows signs of hunger, called hunger cues. This might only happen 2 to 3 times each day during the first few weeks.
- Hunger cues include:
 - Clenched fists
 - Putting hands to mouth
 - Licking lips
 - Moving arms and legs
 - Sucking sounds
 - Crying
 - Turning head toward your body
- If your baby is not showing signs of being ready to feed after trying for 5 to 10 minutes, pump and supplement with one of these options:
 - Expressed breast milk
 - Donor human milk
 - Similac Neosure
 - Regular formula

How much to supplement:

Using the chart below, go to the column for the number of hours since your baby was born.

Amount to supplement at each feeding*		
Hours of life since birth:	If breastfeeding, add:	If formula feeding or not breastfeeding well, add:
0 to 24 hours	about 5 ml supplement	about 10 ml
24 to 48 hours	about 10 ml supplement	about 15 ml
48 to 72 hours	about 15 ml supplement	15 to 30 ml
72 to 96 hours	about 20 ml supplement	30 to 60 ml

* It is recommended that babies born at 35 weeks begin supplementing soon after delivery to provide them with nutrition and energy.

Pumping

Mothers' milk supplies vary greatly. To help your late preterm or low birth weight baby eat enough, try to hand express or pump your breasts along with breastfeeding your baby. This also helps keep your milk supply high. It is best to pump after every breastfeeding session or in place of breastfeeding. Using a hospital-grade double electric pump can save you time and effort.

If you need support for breastfeeding after leaving the hospital, you can call the Ohio State Breastfeeding Help Line at 614-293-8910.

Caring for More Than One Baby

Caring for your new babies will be exciting, but it can also be very tiring. It is important to have a lot of support. Ask for help from friends or relatives. Tell them the type of help you need, such as household chores, feeding the babies, or just to have a break.

Feeding

Your decision to breast or bottle feed should be based on what method best meets the needs of you, your babies, and your family. Stay flexible.

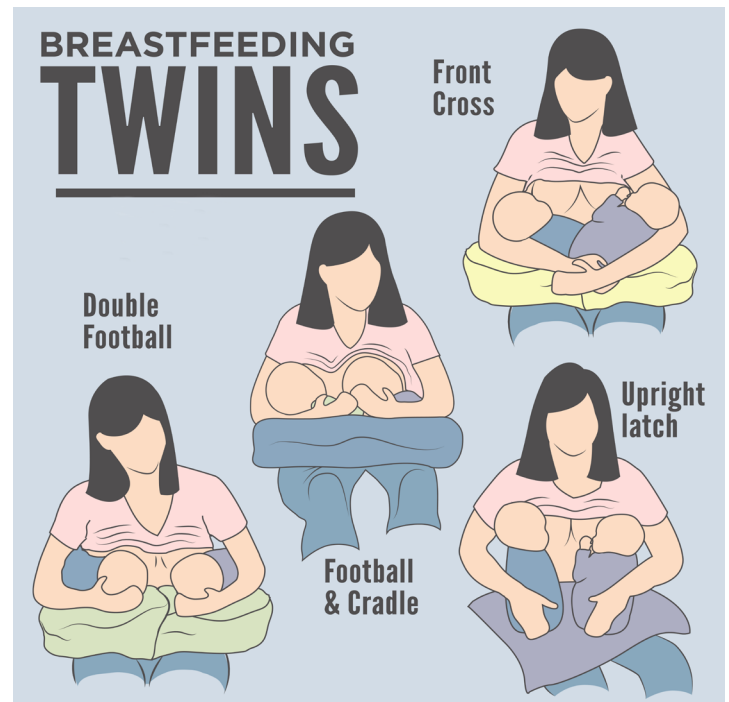
- While breast milk is best, talk with your bedside nurse, lactation specialist, or baby's doctor for questions you may have about feeding your babies. A combination of breast and bottle feeding or supplement feeding may be needed.
- You may find it easier to put your babies on the same feeding schedule, so you can rest while they are sleeping. You may choose to breastfeed one child and bottle feed the other, switching at the next feeding time.



Breastfeeding

Breastfeeding more than one baby is possible. Be patient with yourself and your babies while you learn to coordinate this.

- Start off breastfeeding one twin at a time until breastfeeding is going well. When each baby can latch on correctly, you can begin to put both babies to breast at the same time.
- Talk to your bedside nurse or lactation consultant about positioning.
- If one baby has a stronger sucking reflex, have that baby breastfeed first. This helps with milk flow.
- Breastfeeding compressions can help the baby with a weaker sucking reflex to feed better. Place your thumb at the top of your breast and other fingers under your breast. Use your thumb to apply pressure to the breast every time your baby sucks, and then release. If you need help, talk to your nurse or lactation specialist.



Bottle feeding

Holding your babies close to you and making good eye contact helps you have the same feeling of closeness while bottle feeding as with breastfeeding. If your babies eat slowly, ask your nurse to show you other holding positions and ways to help your babies eat better.

Helpful hints

- More than one baby is much harder to keep an eye on than a single baby as they can go in opposite directions quickly. **Make your home as safe as possible.** Safety gates and play pens provide safe play areas. Post emergency phone numbers such as the Poison Control Center by each phone.
- Rest when your babies sleep during the day. Having more than one baby means having more feedings during the night unless you feed them together. Put older siblings down for naps or quiet time, so you can rest too. By resting or sleeping when your babies sleep during the day, you can reduce the stress of the daily routine.
- Swings may also be helpful when your babies need to be soothed. If the babies become upset, 5 to 10 minutes in the swing has been shown to be calming.
- If you have identical babies or fraternal infants who look very similar, you may worry about how to tell them apart. Use a different color nail polish on a toe nail or stitch initials in a piece of their clothing to help identify them. Soon after birth, you will not have problems as even identical babies have differences.

Resources

Web Resources

- **Columbus Mothers of Twins Club:** memberplanet.com/cmotc
- **La Leche League in Ohio:** llohio.org
- **Mothers of Multiples East Columbus:** [facebook.com/mothersofmultiples](https://www.facebook.com/mothersofmultiples)
- **Raising Multiples:** raisingmultiples.org

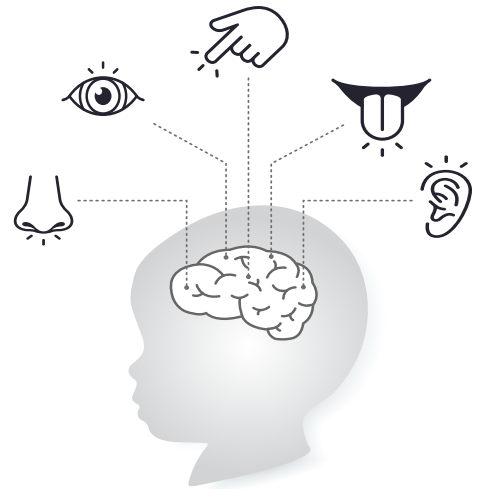
Print Resources

- **Twins Magazine:** A subscription magazine for parents, twinsmagazine.com.
- **Emotionally Healthy Twins** by Joan A. Friedman, ISBN 9780738210872, DaCapo Longlife publisher.
- **Raising Twins: From Pregnancy to Preschool: Advice From A Pediatrician-Mom of Twins** by Shelly Vaziri Flais, ISBN 9781581103441, American Academy of Pediatrics publisher.
- **Twin Sense: A Sanity-Saving Guide to Raising Twins – From Pregnancy Through the First Year** by Dagmara Scalise, ISBN 9780814410660, American Management Assn publisher.
- **When You're Expecting Twins, Triplets or Quads** by Barbara Luke and Tamara Eberlein, ISBN 9780061803079, HarperCollins publisher.

Understanding Infant Stress Cues and How to Help

As infants mature, they work hard to develop the skills needed to process the world around them. Infants born early work even harder.

It is important to know what is going on around the infant and how they are responding. We can help by watching for signs of stress (cues) and making changes to calm and comfort them.



I may be stressed or there is too much going on if I am...

- Raising my eyebrows
- Blinking a lot
- Avoiding looking at you
- Squeezing my eyes shut
- Flaring my nostrils
- Sneezing
- Coughing
- Choking
- Spitting up
- Arching my back or neck
- Spreading apart my fingers like a stop sign
- Breathing shallow and fast
- Changing color
- Throwing my arms and legs around
- Making my arms or legs straight
- Crying or fussing
- Hiccupping

Ways to try to calm me

In general (try one at a time):

- Offer me a finger to grasp
- Offer me my pacifier
- Place a firm hand on my head
- Hold me still and firmly, without rocking
- Talk softer or stop talking
- Help me hold my hands to my face, and tuck my knees and feet up to my body



During a feeding:

- Tip the bottle down to empty the nipple and give a break from sucking
- Stop rocking or moving nipple around in mouth
- Create a quiet environment and turn down the lights
- Place a firm, yet gentle hand on my chest
- Try to re-swaddle me

Ways to change my environment

During skin-to-skin:

- Turn down the lights
- Limit talking or only talk softly
- Turn the TV off or use headphones with low volume
- Limit phone or video calls
- Turn the phone ringer off or on vibrate mode
- Keep screens away from my eyes and watch for glare
- Use deep touch, instead of stroking or using fingertips

In my crib/isolette:

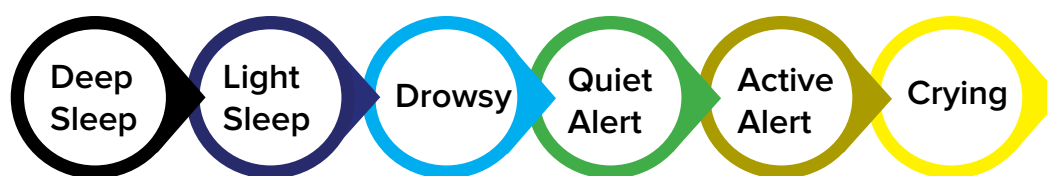
- Turn down the lights or the lower blinds
- Limit talking, television, and phone use in the room
- Close drawers and isolette doors slowly
- Avoid placing items on top of my isolette
- Use the isolette cover or a blanket
- Provide deep touch before giving me care to avoid startling me



Newborn Behavior States

As you care for your baby, you will begin to understand how he or she communicates with you. You will learn how your baby acts when he or she is ready to go to sleep, to be fed, or to play. By recognizing his or her behaviors, you will be able to better respond to your baby's needs. Your baby will cycle through these states often throughout the day.

The 6 behavior states:



What each behavior state looks like

Deep Sleep

Your baby will be asleep with his or her eyes closed and will appear very still.

- Protect your baby's sleep as much as you can
- This is not a good time to play with your baby or attempt to feed

Light Sleep

Your baby will be sleeping, however, noises may disturb and wake your baby. You may notice your baby's eyes moving under closed eyelids and your baby's limbs may twitch or jerk.

- Keep letting your baby sleep, if you can

Drowsy

Your baby is in between states of sleep and being awake. Your baby may fall asleep or wake up. Your baby may stretch, his or her eyelids may droop and eyes may appear "glazed" or unfocused.

- This is a great time to do skin to skin, also called kangaroo care, with your baby.
- Infants can also suck on pacifier or feed during this time.



Quiet Alert

Your baby will be awake but otherwise quiet. Your baby will be attentive to the world around. Your baby is ready to interact with you and play while in this state.

- Try to engage your baby in following a toy or turning his or her head to the sound of your voice. You can also place your baby in tummy time, with your help, to play and build strength.
- Watch your baby for hunger cues such as sucking a fist, opening lips or rooting.



Active Alert

Your baby will be alert and may move his or her arms and legs as if to a rhythm, and may coo or fuss. Your baby may be more alert to noise and activity at this time and may become irritable. Your baby may move from this state into a crying or agitated state.

- Watch your baby for stress cues and try to calm him or her.



Crying

Your baby will be crying and may move his or her arms and legs all over. Sometimes babies are able to soothe themselves and sometimes they need your help.

- Try to find out what your baby needs. Is your baby hungry, tired, too warm or cold, needing a diaper change, or in pain?
- Ways to soothe your baby include:
 - Swaddling your baby
 - Shushing
 - Sucking on pacifier
 - Snuggling or gently rocking
- Try to not over-stimulate your baby during this time.

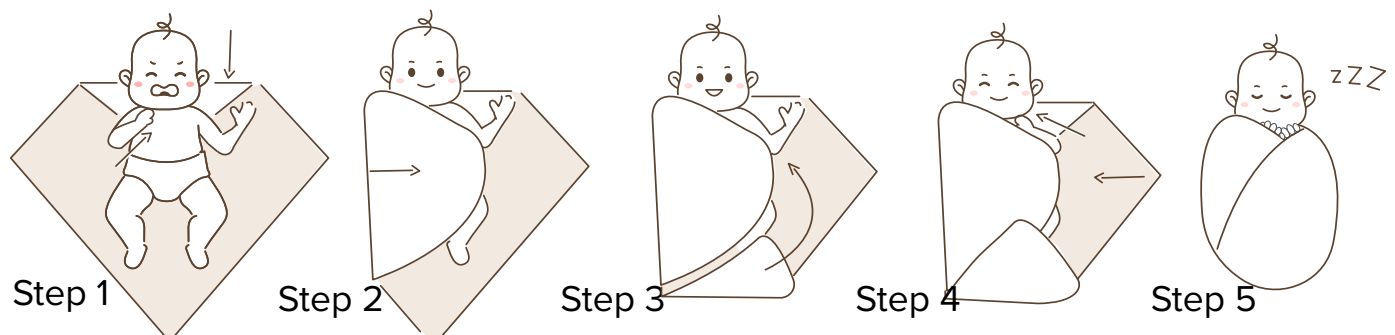


How to Swaddle Your Newborn

Swaddling (SWAD-ling) is a secure way to wrap your baby in a light blanket or a sleep sack with “wings,” while leaving the head unwrapped. Swaddling can help newborns sleep quietly, awaken fewer times, and cry less. If you choose to swaddle, make sure your baby is always on his or her back when swaddled and monitor to make sure he or she does not accidentally roll over.

Swaddling steps

1. Lay your baby’s unfolded receiving blanket on a flat surface and fold down the top corner. Place your baby face up with his or her head above the folded corner. Bend your baby’s arm that is on the left side of the blanket, placing his or her hand across the chest and near his or her face.
2. Wrap the left corner of the blanket over the baby’s body. Tuck it in between the other arm and side of his or her body. Have your baby’s legs loosely bent for a natural use of the hip joints.
3. Fold the bottom corner of the blanket up over his or her body and tuck it into the open side. Avoid tightly swaddling him or her with legs straight and pressed together.
4. Flex your baby’s arm that is on the right side of the blanket, placing his or her hand across the chest and near his or her face. Fold the right corner of the blanket over the baby’s body and under the left side.
5. Check that you can get 2 or 3 fingers between the baby’s chest and the blanket. It should not be so tight that it is hard for your baby to breathe, or move his or her hips.



When to stop swaddling

Stop swaddling as soon as your baby shows any signs of trying to roll over. Many babies start working on rolling at around 2 months of age.

Swaddle Bathing

A bath can be a wonderful time for you and your baby. It can also be stressful for a baby when first going home. Swaddled bathing can reduce this stress and help your baby to learn to enjoy this time.

What is swaddled bathing?

Swaddled bathing simply means swaddling your baby in a cloth blanket and placing him or her in a tub of warm water. This gives support and feeling of security during the entire bath.

One body part at a time is unwrapped from the blanket, gently washed, and then reswaddled. Any at home tub with an incline can be used.

There are many proven benefits, including:

- Gentler on fragile skin
- Baby has less crying, staying in a quiet and alert state
- Baby may feed better after
- Baby has better control over body temperature during the bath



How do I swaddle bathe?

1. Swaddle your baby with arms bent and place him or her in a tub of warm water up to the shoulders.
2. Using a washcloth and only clean water, gently wash the eyes and face.
3. Unswaddle one body part at a time, wash and then reswaddle. Start with each arms, move to the chest and back, then to the legs and genital area.
4. When you are done with washing the baby's entire body, reswaddle him or her in the tub, and wash his or her head and hair.
5. After the bath, wrap your baby in a warm towel and dress him or her in a clean sleeper.

Ask for help at first. It is helpful to have a second set of hands to support the baby with the first few baths at home. If you have questions or want to watch a swaddle bath, tell your baby's nurse.

When should I stop swaddle bathing?

Your baby will show you when it he or she is ready to not be swaddled in the bath. Look for your baby to seem relaxed during other times, like diaper changes. If your baby looks relaxed while in the tub, you may no longer need to use swaddling while bathing.



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