

A close-up photograph of a premature baby lying down, wearing a clear nasal cannula. The baby's eyes are closed, and their skin appears delicate. Two large, wrinkled hands are gently holding the baby's hands, providing a sense of care and support. The background is a soft, colorful patterned fabric.

PREMATURE BABIES

What to Expect

What to expect when your baby weighs less than 1500 grams.

Most parents don't ever plan on meeting their baby weeks or even months before their due date, but according to the Centers for Disease Control and Prevention,

1 out of 8 babies is born prematurely.¹ The medical care needed for a premature baby is usually more intensive so they will be taken into the Neonatal Intensive Care Unit (NICU) shortly after birth.

When you first see your baby in the NICU, you will most likely see an intravenous catheter (IV) inserted into a peripheral vein or even into their umbilical cord. These will be used to provide medications and fluids your baby may need. Your baby's heart rate, temperature, oxygen level, and

blood pressure will be monitored closely, and your baby's caregivers will use this information to decide what additional treatment your baby will need.



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How will my baby be cared for in the NICU?

NICU Team: Your baby will be cared for by a primary team that consists of neonatologists, neonatal nurses, respiratory therapists and dietitians. A secondary team will consist of pharmacists, lactation consultants, physical therapists and social workers.

NICU Environment: You can expect to find the NICU to be quiet and even dimly lit. This is to decrease stimulation and stress for your baby. Each baby may be placed in an isolette (which is a small box that is temperature controlled) and closely monitored. There will be probes to continuously track their temperature, heart and breathing rate, blood pressure, and oxygen saturation. Next to the isolette, you may find different types of ventilators that are assisting your baby to breathe. Hanging next to the baby's bed may be pumps administering IV fluids and/or medications. All of these pumps and monitors may emit an alarm if they fall out of range. This is just to alert the caregiver to the status of your baby.

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What nutrition will my baby need?

Premature babies will follow special feeding protocols, since some of them may be too tiny to eat on their own. They do not have the coordination of breathing, sucking and swallowing necessary to feed. In these cases, and in order to conserve baby's energy, they will be fed through a feeding tube that runs through either their nose or mouth and into their stomach. These babies will often require additional nutrition (diets with increased calories, protein, calcium and other minerals) to help them grow.

At first, a gavage method is used for feeding. This method involves a tube placed through your baby's nose which carries breast milk to the stomach. These tubes are called Nasogastric

or Orogastric tube (NG or OG tube). If your baby's stomach or intestines are not working, or if the baby is too sick to try to feed on milk, your baby will be given Total Parenteral Nutrition (TPN) before he/she can consume breast milk. This fluid is given through IV and is different from breast milk or formula but can contain carbohydrates, protein, fat, vitamins and minerals. TPN can be used short or long-term, depending on the needs of your preemie. Because there are risks with TPN, the shorter time required for TPN, the better. As the amount of human milk increases, the amount of TPN decreases.

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Should I provide breast milk for my baby?

Yes! Breast milk has enormous health benefits.

In preterm infants, breast milk is associated with

- reduced infection and inflammatory disease
- enhanced neurodevelopmental outcomes
- healthy early postnatal growth patterns

The AAP, American Academy of Pediatrics has re-affirmed the importance of exclusive breastfeeding for the first six months for all babies. The AAP also recommends the use of breast milk for all preterm infants, preferably mother's own milk or pasteurized donor breast milk if mom's milk is unavailable.²

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Will anything be added to my breast milk?

Human milk fortifier may be added to your breast milk to provide the additional nutrition your premature baby might need. There are two types of human milk fortifiers available to your baby. One is made from cow's milk and the other is made from human milk. The human milk-based fortifier is made from milk that was donated by healthy nursing mothers who had more than their babies needed. The donors are qualified in a manner similar to blood donors; they are rigorously tested for viruses, and then their milk is tested and screened again when it is received. The fortifier is essentially concentrated breast milk that has been pasteurized and released according to set specifications. Doctors don't want to add more volume, just more calories and protein for these tiny babies to get the added nutrition they need.

An appropriately fortified exclusively human milk-diet has been shown to be beneficial for premature infants versus a diet containing cow's milk. Be sure to speak with your baby's neonatologist about the nutritional options for your baby at this critical time in their life.



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The parents' role in the NICU.

Don't be discouraged – you can bond with your baby! Don't let the equipment and activity in the NICU keep you from interacting with your little one. Bonding with a newborn is important for all babies, and maybe even more so for a premature baby. Check with your baby's caregivers to decide how best to spend the time with your baby. You may be able to hold your baby's hand, stroke his or her head, sing to, or even hold your baby. When you are breastfeeding it is important that you and your baby have "skin-to-skin time". This is also known as kangaroo care in many NICUs. Not only does it help you to produce more breast milk, it gives you and your baby opportunities to get comfortable with each other and ready for breastfeeding. Skin-to-skin time is safe for you and your baby, and the NICU nursing staff is available to help you get started right away.

Don't give up on breastfeeding.

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What determines when I can take my baby home?

In general, your baby will be ready for discharge when the following occurs:

- Your baby continues to gain weight
- Your baby can take feedings by the nipple
- Your baby can maintain body temperature in an open infant crib
- Your baby can breathe well and has a normal heart rate

For more information visit

<http://www.prolacta.com/premature-babies-have-increased-nutritional-needs>



For more resources visit

Prolacta's YouTube Channel.



1. Center for Disease Control <http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/PretermBirth.htm>

2. American Academy of Pediatrics. Breastfeeding and the Use of Human Milk. Section on Breastfeeding. [Originally published online February 27, 2012]. Pediatrics. DOI: 10.1542/peds.2011-3552.