

## If Your Baby Is Born Early

### *What to expect*

*Every year in the U.S., about 12% of babies (12 out of 100) are born early (prematurely). This means they are born before 37 weeks gestation. This handout answers questions you may have if your baby is born early.*

### What is a near-term baby?

Early in your pregnancy, your provider gave you a due date based on 40 weeks of pregnancy. Babies who are born:

- 38 to 42 weeks are considered **full term**.
- 3 to 6 weeks early (34 to 37 weeks) are called **near term** or **late preterm**.
- Before 37 weeks are called **premature**. These babies may have different and more serious health problems than most full-term infants.

Before your baby is born, it is good to consider what a near-term baby would need. Think about what plans you may need to make if your baby is born early.

### Where is a near-term baby cared for after birth?

At the time of birth, your pediatric team will decide which unit is best for your baby's care.

- Babies who are born before 34 weeks go to the Neonatal Intensive Care Unit (NICU).
- Babies who are born between 34 and 37 weeks and who weigh more than 4 pounds (1,800 grams) may be able to go to the Progressive Care Nursery (PCN). The PCN is on the same unit as the Mother Baby Unit where you will be staying.



*Your pediatric team will decide what care your baby needs at the time of birth.*

## **Do near-term babies have problems at first?**

### **Feeding**

To be able to breastfeed, a baby must latch on to the breast, suck, swallow, breathe, and stay alert. Near-term babies do not have enough energy to do all of these steps. This means they may need help getting enough food. It will take some time before they can eat on their own.

### **Temperature**

Near-term babies are born with less fat to protect their bodies than full-term babies. Sometimes, near-term babies cannot hold a normal body temperature. These babies will need to be kept in a warm incubator for a while.

### **Other Problems**

Near-term babies, like preterm babies, may have problems with blood sugar levels, jaundice, or an increased risk of infection. Your pediatric team will check your baby for these conditions.

## **How long will my near-term baby be in the hospital?**

The length of the hospital stay depends on your baby's condition. Babies need to be able to take in enough food to grow and maintain their body temperature in normal clothing and blankets before they can go home.

The pediatric team will talk with you every day about your baby's condition. Most times, they can tell you the day before it is time to take your baby home so that you can make plans to leave the hospital.

## **Where can I stay if my baby needs to be in the hospital after I am discharged?**

You will need to make this decision soon after your baby's birth. Here are some options to consider:

- Do you have family or friends who live in the area and can provide a place for you to stay?
- If you have Medicaid and live far away, your social worker may be able to find lodging for you so that you can stay in Seattle.
- If your baby is in the PCN and will be there for a short time, we may be able to provide you with a room on the Mother Baby Unit, even though you are no longer a patient. Talk with your nurse or social worker about this option.

If you want to stay on the Mother Baby Unit, keep in mind:

- **Meals are not provided.**
- **You will not receive nursing or medical care.**
- We can offer you this option only when we do not have patients who need these rooms.
- We can offer a hospital room for only 1 night at a time.

## When would a doctor advise giving birth before a baby is full-term?

Doctors may advise a pregnant woman to have labor induced or have a Cesarean delivery (“C-section”) before 37 weeks. Some of the reasons for this are:

- The fetal monitoring and ultrasound tests we use to check on the baby show that there may be a problem. The doctor may decide that it is safer for the baby to be born early than to remain in the womb.
- The mother is having problems and her condition is getting worse. The doctor may decide it is safer for the mother if the baby is born early.
- The mother and the baby are not yet having problems, but the risks of staying pregnant are greater than the benefits of the baby staying inside the womb longer.

If one of these reasons is true for you, your doctor will explain the risks to you and offer advice. You are an important part of the decision-making process, and we want you to understand our advice and why we give it.

## What if I’m in the hospital with preterm labor?

If you came to the hospital because you are having preterm labor, we want to help your pregnancy continue until it is safest for your baby to be born. If your pregnancy can continue to full term, we will send you home when it is safe for you to leave the hospital.

You may want labor to start because you are tired of being in the hospital or tired of being pregnant. But helping your baby get to full term means your newborn will be more likely to be able to stay in the room with you, instead of in the NICU or PCN. And, a full-term baby will have more mature breastfeeding skills, which makes it easier for both you and your newborn.

### Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Maternity and Infant Clinic:  
206.598.4070

Maternity and Infant Center  
Inpatient Unit: 206.598.4616