

## Your Baby at 24 to 26 Weeks

### *If you may have a preterm delivery*

We care about your family. Our goal is to keep you and your baby safe and healthy. No matter what happens, our Maternal-Fetal Medicine and Neonatology teams will be with you every step of the way.

Finding out that your baby may be born early (*preterm*) can bring up many emotions. You may feel scared, sad, angry, confused, and hopeful, all at the same time.

We want to know how we can best support you and your family. For example, please tell us what you would like us to call your baby, if you have chosen a name.

### Talking About What May Happen

We know that thinking about the future can cause worry. You may want to know what to expect and also not want to think about it. We want to give you the information you want and need. We also want to help you imagine what life might be like for your baby.

Some parents want to hear about the most common outcomes for babies who are born early. Others want to hear about “best case” and “worst case” situations. Others may want to hear numbers and statistics.

- **What would be helpful for you to know?**
- **What do you want to hear about what might happen in the future?**

### Quality of Life

Families have a wide range of beliefs about what would be an acceptable quality of life for their child. You may want to talk with your loved ones about what it might mean to have a baby with lifelong health concerns due to being born preterm. We can also help you connect with other parents who have had a preterm delivery.



*A newborn baby at 25 weeks.*

## Making Decisions

If you do have a preterm delivery:

- What is most important to you as parents?
- What are your hopes? What are your worries?

Your answers to these questions will help us support you as you make decisions. They will also help us give your family the best medical care.

## Your Preterm Baby

### In the Delivery Room

The Neonatal Intensive Care Unit (NICU) team is always present when a baby is born preterm. Babies who are born early need help with breathing. Some babies need to use a breathing tube. Others need medicines or other types of support.

### In the NICU

As soon as it is safe to do so, the NICU team brings preterm babies to the NICU on the 4th floor at UWMC - Montlake, or on the 2nd floor at Valley Medical Center. **Parents can be with their baby in the NICU any time, day or night.** Delivery nurses can help a recovering mother come to the NICU to see their baby.

## Your Baby's Care Needs

At 24 to 26 weeks, a baby's lungs, heart, and other organs are not mature. This is why preterm babies need special care. The NICU team is trained and ready to handle the medical challenges that will occur. We will share all test results with you, the baby's parents.

### Breathing

Babies born early have problems breathing. This is called *respiratory distress syndrome* (RDS). All babies born at 24 to 26 weeks need to use a breathing machine (*ventilator*) during their hospital stay. Most of the time, their breathing improves as they grow. But some babies need breathing support, such as extra oxygen, for weeks or months.

Babies born this early often have pauses in breathing. This problem, called *apnea*, usually goes away as a baby matures. Most babies need caffeine or breathing support to help them as they grow out of this.

### Infection

Many infants born at 24 to 26 weeks have infections. The NICU team works hard to protect babies from infection. We closely watch for any signs of infection so that we can treat it early.

## Helpful Community Resources

**Birth to 3:** Provides advocacy for parents, advice, and referrals.

[www.birthtothree.org](http://www.birthtothree.org)

**Facebook Preemie Support:**

[www.facebook.com/groups/2304668997](http://www.facebook.com/groups/2304668997)

**Graham's Foundation:** Support for families of preemies.

<https://grahamsfoundation.org>

**Infant Development Follow-up**

**Clinic:** Specialists at this clinic work with children who may have health concerns after being born early. A team of experts works together to assess and connect families to resources as needed.

Call 206.598.9348 or visit:

[uwmedicine.org/locations/infant-development-uwmc](http://uwmedicine.org/locations/infant-development-uwmc)

**March of Dimes:**

[www.marchofdimes.com](http://www.marchofdimes.com)

**Mary Bridge Children's Therapy**

**Center:** A team of experts support your child's development after they leave the NICU. Call 253.697.5200 or visit: [www.marybridge.org/locations/mary-bridge-childrens-therapy-center-2/](http://www.marybridge.org/locations/mary-bridge-childrens-therapy-center-2/)

**Perinatal Support Washington:**

Support for parents' health.

<https://perinatalsupport.org>

**Seattle Parents of Premies:**

[www.seattlepreemies.com](http://www.seattlepreemies.com)

**Women, Infants and Children**

**(WIC):** A supplemental nutrition program. [www.fns.usda.gov/wic](http://www.fns.usda.gov/wic)

One health issue that preterm babies may have is *necrotizing enterocolitis* (NEC). NEC affects the *bowel* (intestine) and can cause infection. Treatment may include stopping feedings, giving antibiotics, or even surgery to remove part of the bowel.

## Brain Health

Many babies born this early have bleeding in the brain. This is called *intraventricular hemorrhage* (IVH). Brain bleeds range from mild to serious. Many cases resolve on their own.

IVH increases the risk for long-term changes in a baby's ability to move and think. We provide special care to try to prevent IVH. Preterm babies receive regular ultrasound exams of the head to check for bleeding.

## Eye Health

Extra blood vessels may grow at the back of a baby's eyes, causing a condition called *retinopathy of prematurity* (ROP). Babies in the NICU have regular eye exams to check for ROP. Treatment may include surgery to stop the growth of the blood vessels.

## Heart and Blood Health

Most babies born at 24 to 26 weeks have these health issues:

- *Anemia* (low blood count). Most babies need at least one blood transfusion.
- *A heart murmur* caused by a *patent ductus arteriosus* (PDA). Some babies may need medicines or surgery to treat this problem.
- *Jaundice of prematurity*. This is often treated with blue light.

## Nutrition

At first, your baby will receive *intravenous* (IV) nutrition. Once their stomach can digest food, we provide nutrition in other ways.

- Early feeding is by a tube that goes from the baby's nose or mouth into their stomach. If we can, we will use your breast milk to feed your baby. If not, we will supply other healthy nutrition. One option is donor breast milk.
- Some babies begin to breast or bottle feed around 34 to 35 weeks. Other babies are not yet ready to take food by mouth that early.

Learning to both swallow and breathe can be hard for preterm babies. Your baby's care team will help them learn this skill. Some babies still use a feeding tube when they leave the NICU.

## Support for You and Your Family

We know that this is a stressful time for you and your family. It may help to seek support from other loved ones, friends, counselors, clergy members, or parent support groups during this time.

Families travel a long and uncertain journey while their baby is in the NICU and may need to adapt to long-term issues related to their baby being born preterm.

Even when the course of care in the NICU goes smoothly, this is a stressful time for parents. Please ask questions, seek help, and advocate for yourself and your family. We are here to support you every step of the way.

## Your NICU Care Team

Many providers will care for your family in the weeks ahead. Your NICU team includes an attending *neonatologist* doctor who oversees care. Some teams also have *neonatology fellows* and *pediatric residents*. Some teams have *neonatal nurse practitioners* and *neonatal physician assistants*.

All teams include nurses, respiratory therapists, physical therapists, feeding specialists, dietitians, pharmacists, social workers, and lactation support experts. We also offer palliative care support, spiritual care, and support for siblings, as needed.

Families find that having many care providers is both helpful and stressful. Tell us how we can best support you as we partner with you to care for your baby.

## Going Home

Before leaving the NICU, preterm babies must be able to keep a normal body temperature and to eat and breathe safely. Some babies are ready to go home a few weeks after their due date. Other babies stay longer in the NICU for more treatment. Before discharge, the NICU team makes sure that parents and caregivers have the skills and confidence they need to take care of their baby at home.

## After You Leave the NICU

After going home, most babies born at this age need special medical care. This may include visits with physical and occupational therapists, and specialists in hearing, movement, feeding, and vision. We will help you start this journey with your pediatric healthcare provider.

### Questions?

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

❖ **UW Medical Center -  
Montlake Neonatology:**  
206.598.4606

❖ **UW Medicine Valley  
Medical Center NICU:**  
425.251.5197