

Feeding the late preterm and early term baby

Late preterm babies are those babies born between 34 weeks gestation and 37 completed weeks gestation. Babies born between 37 weeks up to 39 weeks gestation, are considered early term infants and they can behave in similar ways to late preterm babies and face the same challenges.

Why is a late preterm or early term baby so different from a term baby? They are almost term...

Late preterm babies are born immature, and their body systems take some time to adjust to life outside of their mother's womb. These babies, and early term babies, have very high energy needs so that their brains and other body systems can grow at a similar rate to how a term baby would grow.

These babies also find it very hard to keep their temperature within a normal range once they are born. Because of this they can use a lot of energy (calories) to stay warm, which can then limit the energy available to do other things like feeding. Putting these babies in extra clothes or blankets will not necessarily help to keep their temperature normal. Their temperature control is related to their immaturity, not their environment.

The late preterm baby needs to have their feeding and growth carefully monitored to ensure that they grow and develop well.

What issues are late preterm babies more likely to experience?

Because of their immaturity, late preterm and early term babies are more likely to experience:

- Limited energy and "staying power", so feeds can be short
- Weaker feeding efforts, including difficulty getting onto the breast or taking the bottle and then trouble coordinating sucking, swallowing and breathing
- Difficulty keeping warm, which can impact on their energy stores
- Low blood sugar levels (hypoglycaemia)
- Large initial weight loss
- Slower weight gain
- Jaundice and dehydration, often related to weaker feeding efforts
- Potential breathing difficulties
- Increased risk of having to be readmitted to hospital *after* they first go home, especially if feeding and growth are not closely monitored after the baby is born.

What feeding issues can a late preterm baby have?

Because late preterm babies often have limited energy, their sucking efforts may be short and weak. Some late preterm babies, and even some early term babies, may appear to be quite energetic at first but when feeding efforts are watched closely, they can be found to be taking only small amounts of milk in at each feed. This puts them at risk of not taking in enough calories to continue with vigorous feeding.

This may lead to these babies losing too much weight or growing very slowly, which can impact on their brain growth and development.

What things can I do to help my late preterm baby with feeding?

Most importantly, allow baby time to adjust to coming into the world a little early and time to grow a little more. This might mean that baby may remain in hospital until they are closer to their due date.



Other things you can do include:

- Long periods of uninterrupted skin-to-skin contact, as this can help babies to maintain their body temperature and stimulate them to start feeding
- Room-in with baby, or stay with baby for prolonged periods if admitted to the nursery
- Get to know your baby's early feeding cues (see "Feeding Cues" poster) and respond to them promptly
- If baby is not showing cues to feed around 3 ½ - 4 hours after the previous feed, try some gentle waking techniques to encourage some feeding. Most babies will need at least 8 or more breastfeeds per 24 hours.
- Some babies may require small extra feeds *after* breastfeeds to take in enough calories in the early weeks
- Talk to your nurse or midwife about how to work out if your baby has fed well and if baby needs some extra feeds

For the breastfeeding mother...

As well as trying lots of skin-to-skin time, rooming-in and responding to early feeding cues as mentioned:

- Encourage your baby to breastfeed within the first hour of birth.
- If you cannot be together or baby doesn't breastfeed, you can hand express your colostrum. This will help to establish your milk supply early and make your colostrum available to baby if extra feeds are needed.
- Continue to express for short periods at least 8 times per day (including after breast feeds). This will help to establish your milk supply which will mean there is more breast milk available when baby is actively sucking
- Try breast compressions when baby is sucking at the breast (refer to "Making More Breast Milk" fact sheet), as well as when you are expressing with a pump

Baby may need some extra ("top up") feeds of your breast milk in the early weeks (between 10-30ml per feed after the first day), in order to help maintain blood sugar levels and to gain weight. By frequently expressing you will maintain your milk supply while baby is learning to breastfeed and starting to grow.

What follow up will my late preterm need?

It is advisable to:

- Keep a note of how often baby is feeding and how strong the sucking efforts are
- Watch for signs of frequent swallowing when feeding at the breast (swallowing is usually more obvious after Day 4-5)
- Make note of baby's wet and dirty nappies; at least 5 or more heavy wet nappies and 3 soft, yellow coloured dirty nappies after day 5
- Arrange to have baby weighed at least once each week until over baby's due date (40 weeks or more) and back to or over their birth weight; expected weight gain should average between 20-30gm per day (at least 150 gm per week)
- See your GP for follow up within 3-5 days of discharge. Seek help earlier if you have concerns.
- Contact your local Child Health service to arrange ongoing monitoring of baby's growth and development

For more information:

- 13 HEALTH (13 43 25 84) and ask for the Child Health Nurse
- The Australian Breastfeeding Association's 24-hour Helpline 1800 mum 2 mum (1800 686 268) or <https://www.breastfeeding.asn.au/>
- Queensland Health booklet "Child Health Information Your guide to the first 12 months"
- Queensland Health Breastfeeding website: <http://www.health.qld.gov.au/breastfeeding/>

Any Further Questions? This fact sheet provides general information. If you have any questions about your baby's care, we encourage you speak to the nursing and medical staff.