



## **Parent information: for babies born at 24 to 27 weeks**

An introduction to your baby's care in hospital

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## Introduction

You have been provided with this information leaflet as your doctors think that you may have your baby soon. It is important that you and your family know what to expect once your baby is born.

## What is a premature baby?

A normal pregnancy lasts for about 40 weeks. A baby born before 37 weeks of pregnancy will be called a premature baby. Any baby born before 28 weeks is called 'extremely preterm'.

## Why are babies born early?

It is not always possible to find out why your baby is born early.

Common reasons include waters breaking early, infection, concerns regarding yours or baby's health such as high blood pressure and growth.

Sometimes, labour starts early with no obvious cause and results in premature birth.

## What is likely to happen?

For babies born from 24+0 to 27+6 weeks, doctors usually provide intensive treatment and see how the baby responds. The chances of survival with intensive treatment is good, and varies with the gestation. However, several factors can affect the outcome for your baby and this is explained further in this leaflet.

Your baby will require to spend some time in the Neonatal Intensive Care Unit (NICU) for close monitoring and support.

Babies born this early can have problems while they are very small and some problems may occur later in life. Your baby might have none or several of these problems but these are often difficult to predict. Most children do not have serious disabilities later in life, but a small number do and it is important to know what this means.

# Outcome for babies born from 24+0 and 27+6 weeks - survival & disability rates

Please note that the survival of babies may vary with the gestational age.



The above numbers are based on the data from neonatal units across England & Wales, United, 2019



7 in 10 babies **survive** with  
intensive care



2 in 10 babies may develop  
**moderate disability**



1 in 7 babies may develop  
**severe disability**



6 in 10 babies **survive** in intensive  
care



2 in 10 babies develop  
**moderate disability**



1 in 7 babies may develop **severe  
disability**

The above numbers are based on the data from neonatal units  
across England & Wales, United, 2019

## What can I expect at birth?



The doctors and nurses from the neonatal team will be present along with your midwives and doctors when your baby is born. As soon as your baby is born, they will be taken to an area within the delivery room or operating theatre to be assessed and cared for.

If appropriate, we will keep the umbilical cord attached to your baby for at least 1 minute. This is beneficial in keeping baby's blood pressure stable and reduces the need for blood transfusions.

During this minute, you may get the opportunity to look at and have skin-to-skin time with your baby.

Your baby will be wrapped in a special plastic bag immediately and placed under a heat source to keep them warm. An oxygen mask may be placed on your baby's face to help open up the lungs and help him/ her breathe.

Sometimes, your baby may not be able to breathe well on their own. A breathing tube may then be inserted through their mouth to help with their breathing. Doctors may also give them some medication through this tube to improve the breathing. Once the initial assessment and treatment is given, your baby will be transported to the Neonatal Intensive Care Unit (NICU).

## How might my baby look?







Premature babies look different from full-term babies. They might look different from each other, depending on how early they are born.

You may notice that the skin is fragile, wrinkled and almost translucent. The skin will be covered with fine, downy hair.

Their eyelids are thin and fused together. Your baby might open their eyes occasionally but cannot focus. Light or other visual stimuli might stress the baby's system. Because of this, they will be kept under dim lights.



This is a simple visual guide of the expected (average) size of your preterm baby.

Gestation	Average size	
24 weeks	<ul style="list-style-type: none"><li>• 650 grams</li><li>• 30 cm long</li></ul> <p>E.g. the size of an ear of corn</p>	
25 weeks	<ul style="list-style-type: none"><li>• 730 grams</li><li>• 32 cm long</li></ul> <p>E.g. the size of a large turnip</p>	
26 weeks	<ul style="list-style-type: none"><li>• 820 grams</li><li>• 32 cm long</li></ul> <p>E.g. the size of a lettuce</p>	
27 weeks	<ul style="list-style-type: none"><li>• 930 grams</li><li>• 35 cm long</li></ul> <p>Eg. the size of a large broccoli</p>	

The above figures are based on the data from New Intrauterine Growth Curve Based on United States Data, 2010



## What is NICU?



NICU is the Neonatal Intensive Care Unit, where babies are continuously monitored and cared for by nurses and doctors.

## What can I expect in NICU?

During the stay in NICU, your baby will be seen by the doctors daily and monitored very closely by the nurses.

Premature babies born from 24 to 27+6 weeks will require support with breathing, feeding, temperature control and close monitoring.

You may notice several tubes and attachments on your baby and this section will give you a brief explanation on what these are and why they are needed.

## Keeping your baby warm



Your baby will have thin skin and minimal fat which increases risk of heat loss and dehydration.

Hence, your baby will be kept in an incubator in a warm and humid environment to prevent this.



When your baby is stable enough, they can be brought out the incubator for fixed period of time to allow for skin-to-skin time with yourself or your partner.

## Helping your baby breathe



At this point, your baby does not have fully developed lungs and will require support.

You may notice a tube across baby's face going into the nostrils in the form of high flow oxygen, low flow oxygen or 'CPAP'. This helps to provide good amount of oxygen to your baby.

Sometimes, your baby may require extra support with breathing.

A tube is placed in the mouth and attached to a ventilator which will help support the breathing. Specific medicines may also be given through this tube.

## Feeding



Your baby might not be able to feed directly from the breast or bottle at this point.

This is because they may be requiring breathing support, making it difficult to feed. Your baby has also not developed the ability to suck at this point.

They will be fed through a tube placed in the stomach via the mouth or nose.

The best food for your baby is breast milk. You will be encouraged by your midwives to express milk, which will then be given through the tube. The expressed milk can be frozen until baby is ready for it.

If you are not able to express milk, we will discuss the use of formula milk or donor expressed breast milk.



Until your baby is able to take enough milk through the tube, baby will be given special food through their veins. This will ensure baby is getting enough nutrients for growth.

## Medication and drips



You may notice that your baby is connected to lines with medications or drips going through.

The lines may be in their hands, feet or through the cord in the belly button.

These are used to give baby medications and special food drips to provide enough nutrients.

## Blood tests



Your baby will require frequent monitoring of oxygen levels, salt levels and blood count while they are in NICU.

The blood tests are done through a 'heel-prick' test. This is equivalent to getting a finger prick blood sugar test in adults, but on your baby's heel.

## How long will my baby be in hospital?

The length of time your baby will stay in the neonatal unit depends on a number of things, including the gestation at birth and how unwell he or she has been during the admission.

Most babies will stay in the hospital until they reach the age of their due date. This may be around 100 days or more. Some babies are well enough to be discharged as early as 34 weeks.



## What can happen to my baby next?

Babies born this early can have problems while they are very small and some problems may occur later in life. Your baby might have none or several of these problems but these are often difficult to predict.

### Here are some of the common problems that may occur.



1 in 3 premature babies of this age may require extra oxygen to help with their breathing for the first few weeks to months of life, but this can improve with time.

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Some babies have an 'open duct' in the heart requiring medications. Occasionally, further interventions during the first few months of life may be required.

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As the back of your baby's eye is still developing, it is prone to damage. Hence, we will organise for an early screening to identify any problems at the early stage. Some babies may require laser surgery to reduce the effect of this.

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Premature babies have an immature immune system and are prone to infections, requiring antibiotics.

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1 in 10 premature babies, can develop an infection of the bowel, called 'NEC'. Your baby will be treated with antibiotics. Occasionally, if the infection is felt to be severe, intervention may be required.

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Premature babies can develop bleeds in the brain. Small bleeds are common and these often do not cause big problems. However, bigger bleeds can have an immediate or later effect, with more severe consequences.

## Disability and development

Disability refers to a physical or mental impairment that affects a person's ability to do normal daily activities. There is a wide range of disabilities.

Most children born this early do not have serious disabilities later in life.

Disability varies from mild to severe. Those with mild problems usually walk unaided and are able to sit without support. They may be able to do most things other children do, with some extra help. Those with severe impairment may require help with all day-to-day activities.

Similarly, some children may require extra support with their learning. They may also develop attention and behavioural problems. These vary from mild to severe.

Extremely Preterm babies will require regular follow-up for vision and hearing checks.

## Support for me and my family

There are always nurses and doctors on the neonatal unit to help answer any questions that you might have. We also have a dedicated family integrated care team and psychologist to help support your neonatal journey.

You can also contact any of the following organisations for further advice or support:

Bliss	<b><a href="http://www.bliss.org.uk">www.bliss.org.uk</a></b>
Tommy's	<b><a href="http://www.tommys.org">www.tommys.org</a></b>
EPICURE	<b><a href="http://www.epicure.ac.uk">www.epicure.ac.uk</a></b>
BAPM	<b><a href="http://www.bapm.org">www.bapm.org</a></b>

Please use the space below to write down any questions you may have.

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If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email **[patientexperience@uhb.nhs.uk](mailto:patientexperience@uhb.nhs.uk)**.

**Image courtesy:** Dr Nikitha Rajaraman, Elizabeth Checketts (ANNP Trainee)

Special thanks to Jaden and his parents for sharing their journey & photos