



## **Parent information: for babies born at 22 to 23 weeks**

An introduction to your baby's care in hospital

### **Building healthier lives**

**UHB is a no smoking Trust**

# Contents

Introduction	3
What are our options?	3
What will happen when my baby is born?	4
Making decisions	5
Comfort care	6
Intensive care	7
How might my baby look?	8
What is NICU?	9
What can I expect in NICU?	9
What can happen to my baby next?	15
Support for me and my family	16

## 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 are our options?

For a baby born from 22+0 to 23+6 weeks, doctors will talk to you to discuss the options you have.

This will depend on each individual baby and may differ for babies born at the same gestation.

Some babies may respond to active intervention and intensive care, while others may not be suitable for active care. In these cases, comfort care and support will be offered to you and your baby.

When making these difficult decisions, your doctors will talk to you and your family about the different options, allowing you to make an informed decision.

# What will happen when my baby is born?

## **22+0 to 22+6 weeks**

Unfortunately, most babies born at this gestation do not survive.

The obstetric and neonatal teams will discuss the options available based on your circumstance. This may include a senior neonatal team attending delivery and offering intensive care.

If this is not appropriate, we will wrap your baby and you can cuddle them if you wish.

## **23+0 to 23+6 weeks**

At this stage of pregnancy, there is greatest uncertainty about the outcome for a baby.

Intensive care support will be offered if the senior neonatologist present feels it to be appropriate based on your specific circumstances.

Otherwise, we will wrap your baby up and you can hold them if you wish.

## **Intensive treatment**

If it is decided that intensive treatment is the right thing for your baby, the team attending the delivery will assess your baby's breathing. Most babies at this age will need intubating- this is where a breathing tube is placed through the mouth to help with breathing.

They will then be taken to the Neonatal Intensive Care Unit for further support.

The chance of survival for babies who are suitable for intensive treatment is 30% at 22 weeks and 40% at 23 weeks.

## Comfort care

In those babies where intensive care is not appropriate to offer, we will offer to give the baby to parents immediately after birth for skin-to-skin. You can choose if you feel ready for this or not.

We will ensure that your baby's time with you is made as comfortable as possible.

Doctors will avoid unnecessary treatments or interventions that might cause pain or discomfort.

## Making decisions

In making these decisions, it can be helpful to look at the big picture.



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



**1 in 3 babies may develop severe disability**



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



**1 in 4 babies develop severe disability  
6 in 10 develop moderate disability**

The above numbers are based on the data from neonatal units across the United Kingdom in 2019, BAPM Framework for practice.

Decisions regarding the care of your baby will be made by the medical team with your support. **You may want to think about some of the following questions:**

### **1. What is most likely to happen to my baby?**

- If it is felt that treatment will not work or your baby will survive with serious disabilities, you may feel that comfort care will be the best for you and baby
- If it is most likely that baby will survive with less severe disability, you may feel that intensive treatment is the right choice
- What you feel is the best, will depend on your and your family's views/values

### **2. What is the worst that can happen to my baby?**

- For some families, the worst thing that could happen is the death of baby. In this case, intensive treatment may seem the best in increasing chances of survival
- For some, the worst thing could be committing their baby to intensive care with a high risk of developing severe disability. In this case, comfort care may be felt to be the right choice

There are no right or wrong answers.

## **Comfort care**

Comfort care is special care provided for babies whose time is precious but short. If intensive care is not the right treatment for your baby, doctors and midwives who specialise in the care of women and babies will help support you and your baby. Your baby can be given to you or your partner to hold.

Your baby may breathe and have heartbeat. Breathing may be fast or slow. There may be pauses or breaks in the breathing which can be called gasping. This can sometimes seem quite distressing but does not mean that the baby is in discomfort. Some babies live for a very short time while others may live for several hours.

## Intensive care



If your baby is suitable for intensive care, the doctors and nurses from the neonatal team will be present at delivery, along with your midwives and doctors.

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 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 immediately taken to an area in the delivery room to be assessed by the doctors. They will be wrapped in a special plastic bag 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 will then be inserted through their mouth to help with their breathing. Doctors may also give 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?



Your baby will be about 400 to 600g (1 to 1.3 pounds) and 30 cm long- this is roughly the weight of a packet of butter!

You may notice that the skin is shiny, thin and almost translucent. The skin will be covered with fine, downy hair. Their eyelids are thin and fused together.



# 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 at 22 and 23 weeks will require support with breathing, feeding, temperature control and close monitoring.

The survival rate of babies this age, receiving intensive care is 40%.

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 periods 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 a fully developed lung and will require support.

You may notice a plastic tube across your baby's face and going into the nostrils. This helps to provide good amount of oxygen.

Sometimes, your baby may require extra support with breathing.

A tube is placed in the mouth and attached to a machine 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.

Feeds will hence be given to them 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 your baby is ready for it. If you are not able to express milk, we can discuss the use of formula milk or donor expressed breast milk.

Until your baby is able to take enough milk through the tube, they



will be given special food through their veins. This will ensure they get enough nutrients for growth.

## Medications 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 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 their heel.

## 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.

---



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

---



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.

---



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

---



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.

---



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. This can also vary from mild to severe.

Babies born at this gestation 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	<a href="http://www.bliss.org.uk">www.bliss.org.uk</a>
Tommy's	<a href="http://www.tommys.org">www.tommys.org</a>
EPICURE	<a href="http://www.epicure.ac.uk">www.epicure.ac.uk</a>
BAPM	<a href="http://www.bapm.org">www.bapm.org</a>

**Image courtesy:** Dr Nikitha Rajaraman, Elizabeth Checketts (ANNP Trainee)  
Special thanks to Jaden and his parents for sharing their journey & photos