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Tips and Facts about Caring for Your Preemie in the Hospital

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What will Happen to my Preemie After He/She is Born?

Below is a brief summary of the types of activities you should expect after your baby is born. If you do not hear about one of these, make sure to ask your neonatologist so you have the most accurate information and can make educated decisions about your baby's care.

- Your son or daughter will be in an incubator at 98.6 degrees (F) in the Neonatal Intensive Care Unit (NICU) for up to several months, depending on her week of birth, size and health. Her temperature will be taken regularly.
- She will be monitored on machines testing her heart rate and blood oxygen level (wires connected to her foot; patches on her chest to detect breathing and heart rate)
- May be intubated (a tube in her trachea) to put air into her lungs to help her breathe; then later receive oxygen assistance with a C-PAP (Continuous Positive Airway Pressure) - tubes in her nostrils as well as doses of caffeine to help stimulate breathing (nose will be skewed by the oxygen mask)
- May receive antibiotics to prevent infection, caffeine to stimulate air moving into the lungs, and surfactant, a substance that ordinarily occurs in lungs and helps prevent them from collapsing, if she is deficient
- May receive blood transfusions (e.g., if she has anemia and needs iron)
- Will receive echocardiogram, ultrasound picture of the heart, and listening for heart murmur, to make sure she doesn't have patent ductus arteriosus, where a short blood vessel that connects the main blood vessel supplying the lungs to the aorta does not close properly.

This document is in no way meant to serve as medical fact. It is rather based on experience and opinion from this mother who gave birth to a premature baby.

This may resolve on its own, could be treated with ibuprofen, or may require surgery.

- Will receive brain scans to confirm there is no brain bleeding or swelling.
- Bradycardia ("Brady") - a low heart rate when she will stop breathing at least 15 seconds. This could be caused by apnea, when the baby doesn't take breaths to get air into the lungs. You should alert her by tapping or moving her when this happens.
- Possible jaundice, yellowing of the skin and eyes due to high levels of bilirubin, a compound resulting from the natural breakdown of blood. (will be put under a special light and eyes will be covered)
- Eye tests to make sure she doesn't have Retinopathy of Prematurity (scars and abnormal growth blood vessels in the retina that can be caused by too much oxygen)
- There will be a line that goes through her belly button to feed essential nutrients (before it closes up). After it closes, a tube will remain in her throat, leading to her stomach, for long periods of time, through which a nurse slowly adds breast milk. Your baby will be on her way to going home when she makes the transition to feeding from a preemie bottle (about 32-34 weeks).
- You will be asked to pump breast milk in the NICU and store it in their freezer, or you can bring chilled or frozen milk from home. This is best for preemies, but it is certainly understood if you cannot breastfeed for whatever reason. Otherwise, formula with additional nutrients and calories will be used. If you can get a breastfeeding specialist to help with the flow of milk, you should do this immediately. You may need a different breast pump, different size funnels, or a drug to increase flow.
- Intravenous lines in her arm to deliver nutrients and medicines, including one "central venus line" from her arm to a major vein that leads to the heart (most stable and easily kept open). This will require mild sedation to insert.
- Skin will be loose, wrinkly and peeling, still have fine hair (lanugo)
- You will learn how to diaper your baby in the incubator, take temperature, dress baby and give sponge baths

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The best day will be when she will be able to come out of the incubator for a few minutes for you to hold her in a blanket (wires still attached). Later on, she will be able to come out without wires, and she will be able to handle room temperature. Then, you want to apply Kangaroo Care, skin-to-skin contact between you (she lies on your chest) so she can hear your heart, sense your smell, and practice breastfeeding.

For more information on key terms, see this link from the [University of Pennsylvania Medical Center](#).

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