

Bonus Materials

Preemies

After the NICU

Premature infants often require special care after leaving the NICU, sometimes in a high-risk newborn clinic or early intervention program. In addition to the regular well-child visits and [immunizations](#) that all infants receive, premature infants receive periodic hearing and eye examinations.

Careful attention is paid to the development of the [nervous system](#), including the achievement of motor skills like smiling, sitting, and walking, as well as the positioning and tone of the muscles.

Speech and behavioral development are also important areas during follow-up. Some premature infants may require [speech therapy](#) or [physical therapy](#) as they grow up. Infants who have experienced [complications in the NICU](#) may need additional care by medical specialists.

Also important is support of the family. Caring for a premature infant is even more demanding than caring for a full-term infant, and the high-risk clinics pay special attention to the needs of the family as a whole.

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If your babies were born prematurely, you may greet the day of discharge from the hospital with a mixture of joy and worry. You may have waited days, weeks, or even months to take your babies home, but when the day finally arrives it can be



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for families expecting twins, triplets, or more

frightening to walk away from the security of the hospital nursery.

If you're anxious about caring for your preemies at home, remember that health care professionals do not send preemies home until the babies are ready. With some preparation and planning, you'll be ready, too.

Health Challenges of Premature Infants

Babies born at less than 37 weeks' gestation are considered premature, and they often begin life with serious medical challenges. They may need support for a number of medical issues, including breathing problems that require supplemental oxygen or a ventilator, temperature regulation, feeding problems, apnea (irregular breathing), or jaundice (when a baby's immature liver initially can't dispose of excess bilirubin, a yellow pigment produced by the normal breakdown of red blood cells).

Because of these needs, premature infants may have to spend weeks or even months in a [neonatal intensive care unit \(NICU\)](#). Fortunately, with support and growth, the immature organs recover and eventually function independently in most cases.

By the time of hospital discharge, most preterm infants do not require specialized medical care,

but all continue to need good supportive care. For some, special medical needs persist even after discharge.

The hospital medical team will send your baby home with a follow-up plan of medical care that will coordinate care with your pediatrician and other medical specialists as needed.

Requirements for Discharge

Before being discharged from the hospital, a preemie must meet several basic requirements to ensure good health and fewer medical problems. Some nurseries require a minimum weight for discharge, but more often the NICU staff will evaluate the baby on these three criteria:

Can the baby maintain body temperature in an open crib for at least 24-48 hours, depending on how premature the baby was at birth?

Can the baby take all feedings by bottle or breast without supplemental tube feedings?

Can the baby gain weight steadily?

Most preemies meet these criteria 2 to 4 weeks before reaching their original due date. Infants who have had surgery, were born with malformations, or who spent weeks on breathing machines and oxygen are the most likely to stay beyond their original due date.

Medical Needs After Discharge

Many preemies do not need specialized medical support after leaving the hospital, but all will need regular medical care and evaluation. This includes routine immunizations, usually on the same schedule as that for full-term babies.

Common medical problems premature babies may face in the long term include: Apnea or other breathing problems and a higher risk of infections.

Appropriate developmental follow-up is important for very premature babies. Many ex-preemies continue to see specialists, including early-intervention specialists, neurologists, ophthalmologists, and physical therapists, for several years to measure their vision, hearing, speech, and motor skills.

Preparing for Discharge

The discharge of a preemie from the hospital isn't a single event, but a process. That process is designed to assure the medical staff that the infant can survive and thrive outside the hospital, and it prepares parents to take care of the babies on their own.

Some hospitals offer parents of preemies a rooming-in period that allows them a brief stay in a hospital room with the baby so they can gain some experience in taking care of the infants' needs. Although they're apart from the nursery and functioning as solo caregivers, the parents have the security of knowing that help is just down the hall.

As your preemie progresses, you can get ready for the big day and the weeks that follow by making these preparations:

Check Medical Records and Insurance Coverage

As soon as possible after the birth of your babies, call your insurance company and ask to have your babies added to your policy; many insurers require that you do this within a few days of the birth. Some insurers will provide home nursing visits for premature infants or even more extensive nursing care for infants with complex medical problems. Nursing providers and social service workers can help you determine what your insurance coverage will provide.

Also, set up a file for each baby's medical records, financial statements, and correspondence

you're likely to have with the hospital and your insurance company.

Choose a Pediatrician and Make Medical Appointments

Don't wait until the last minute to choose a pediatrician. In addition to the usual questions, ask whether the doctor cares for many premature infants and/or multiples. Ask when you should schedule the first visit with the pediatrician — usually with a week of discharge from the hospital (unless the pediatrician has assumed care of the infant prior to discharge from the NICU).

Discuss with the NICU staff whether your babies will require home nursing or visits with medical specialists other than a pediatrician. If so, ask for referrals and for the telephone numbers of those health care providers.

In addition, your babies might need to undergo routine tests, including blood, hearing, and vision tests. Make sure you understand the tests needed after discharge.

Learn CPR and Receive Specialized Training

To be prepared for emergencies, consider taking a course in infant CPR before your babies come home from the hospital. (CPR training is required for all parents whose children are on apnea monitors.) Make sure your partner takes the course, as well as grandparents or other caregivers who will be alone with the babies. The NICU staff may be able to recommend a program; in some hospitals, the nursery staff actually trains parents of preemies in CPR. Eva So, one of the post partem support people I recommend (she has experience with twins), also offers CPR training. She can be reached via <http://twinkeys.ca/Home.html>

If one or more baby is to be sent home with

special equipment — such as an apnea monitor or oxygen tank — you'll be trained to use it. Make sure you understand what to do if something goes wrong.

Check to see if your county or state grants preferential parking stickers to parents with children on home oxygen. Call the local rescue squad to make sure they have equipment to handle a premature infant emergency and, if you live in a rural area, make sure they know how to get to your home.

Outfit Your Vehicles With Car Seats

Before heading home, your preemies will need to be in an infant-only car safety seat with a three-point harness system or a convertible car safety seat with a five-point harness system. Most car seats need to be modified with padding or head supports so that a preemie's head stays in a position that keeps the airway open. A preemie often does not have the muscle control required to keep the head upright or to move it if he or she is having trouble breathing.

As a precaution, many hospitals require that parents bring in their car seat for a test. The babies are placed in the seats and attached to a cardiopulmonary monitor that evaluates the heart and breathing.

Some babies have respiratory problems that prevent them from traveling in a traditional infant car seat. If that's the case with your baby, discuss using a special restraint system with your neonatologist or doctor.

If your baby will be on oxygen or an apnea monitor at home, you'll also need to use these devices while traveling in the car. Once in the car, secure them carefully so in the event of a crash they won't be dangerous to passengers. If you have any questions about whether your vehicle is properly outfitted for the ride home,

talk to the hospital staff before you leave.

Because of potential breathing problems, it's generally recommended that parents limit the time a preemie is in a car seat to an hour or so. If you'll be traveling longer than that, ask your doctor if it is OK for your babies.

Attend a Discharge Debriefing

Although it varies from hospital to hospital, expect a meeting to review medical care after discharge, confirm follow-up appointments, and allow you time for questions about your babies. All debriefings should include a thorough discussion about caring for your preemies once you're home. Make sure you understand all the instructions and advice, and ask questions.

When you leave with your babies, make sure you have the telephone number for the NICU. These professionals can be a valuable resource, especially in the gap between discharge day and the babies' first doctor's appointment. Bear in mind also that sometimes one or more multiples may be sent home while the other baby/ies are still in the NICU. Not all parents of multiples are able to take home both/all babies at the same time. Think about how you will manage the logistics of caring for babies in multiple locations, and discuss ideas and plans with your partner and support network (family, friends, volunteers, hired help, etc.)

At Home With Your Babies

Expect to live quietly with your preemies at first. Because their immune systems are still developing, preemies are susceptible to [infections](#). Therefore, you need to take some precautions. Visits outside the home should be limited to the doctor's office for the first several weeks, especially if your babies are discharged during the winter months.

Because doctors' offices commonly have several kids with viral infections, try scheduling your appointment as the first of the day or request to wait in an examining room instead of the main

waiting area. Ask the doctor how limited your babies' contact with other kids and adults should be during these first weeks.

Most doctors recommend not visiting public places with preemies. And limit visitors to your home: anyone who is ill should not visit, nobody should smoke in your home, and all visitors should wash their hands before touching the babies. Talk to your doctor about specific recommendations — some family visits may need to be postponed to allow your little one's immune system to grow stronger.

Babies' success at feeding and sleeping is important to their health. Expect your preemies to sleep more than a full-term baby, but for shorter periods. All babies, including preemies, should be put to sleep on their backs to reduce the risk of sudden infant death syndrome (SIDS).

Most preemies need 8 to 10 feedings a day with no more than 4 hours between each — any longer and the baby may become dehydrated. Six to eight wet diapers per day show that the baby is getting enough breast milk or formula.

Take advantage of these quiet weeks together to enjoy skin-to-skin contact, also known as kangaroo care. Most intensive care nurseries encourage parents to begin kangaroo care prior to discharge; the nursing staff can show you how: In a warm room at home, dress your infant in only a diaper, then place the baby on your chest and turn your baby's head to one side so that his or her ear is against your heart. Research indicates that kangaroo care can enhance parent-child bonding, promote breastfeeding, and improve a preemie's health.

Taking Care of Yourself

Parents spend a tremendous amount of time caring for preemies during the first few months at home. But it's also important to be good to yourself and not underestimate the stress of delivering earlier than expected. Women are

supposed to have 6 to 8 weeks to rest and recuperate after giving birth, but premature birth may reduce that recovery time. In addition, those long days in the NICU take a physical and emotional toll. Having more than one baby at home poses an additional challenge!

You might have a wide range of emotions during these first months. If your preemies have serious medical problems you may feel angry that the babies are sick, or grief for the loss of that healthy, perfect baby you dreamed of bringing home. And as with all women recovering from pregnancy, mothers of preemies may experience the hormonal shifts of baby blues or more serious postpartum depression. Research indicates this is seven times more likely to occur in parents of multiples!

To make the adjustment of living with your new babies easier, accept offers of help from family and friends — they can babysit your other children, run errands, walk the dog or clean the house so you have time to care for the babies or rest.

Treat yourself well by getting enough rest, eating well, and exercising moderately. Seek support and encouragement from doctors, nurses, veteran parents, support groups, or online communities. And if you're overwhelmed or depressed, do not hesitate to get professional help for yourself so you can fully enjoy your new baby.

Reviewed by: Michael L. Spear, MD, June 2008

Websites:

<http://www.babyzone.com/baby/newborns/premature>

<http://www.baby-place.com/preemie.html>

<http://www.growingstrong.org/rop/preemie.html>

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