

Late pre-term babies

Information for patients, parents and guardians

We have written this factsheet to give you more information about the care given to late pre-term babies - babies born four to six weeks early. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to a member of our team.

What does 'late pre-term' mean?

The phrase 'late pre-term' is used to describe babies born four to six weeks early (between 34+0 and 36+6 weeks gestation).

Late pre-term babies often look very similar to babies born at full term (after 37 weeks gestation). Most late pre-term babies do very well when they are born and will usually stay with you on the ward. However, it's important to understand that your baby is still classed as premature – and as such may require additional care and support, for example with keeping warm and feeding. Some late pre-term babies may need to be looked after in our neonatal intensive care unit.

What are the risks to my baby of being born early?

Babies born before full term (before 37 weeks) are vulnerable to health and development problems associated with being born premature. The earlier in the pregnancy a baby is born, the more vulnerable they are. We have included some of the ways in which your baby may need extra care and attention below.

Temperature

Your baby may be small and have a low birthweight. This means they will be less able to regulate their own body temperature. They may also burn too many calories trying to stay warm.

To help keep your baby warm, we may need to move them into an incubator or we may need to place a heat pad in their cot. Skin-to-skin contact will also help to regulate your baby's temperature. You will need to make sure your baby is well-covered (including wearing a hat) and that only the skin which is in contact with you is left bare.

Feeding

To maintain blood sugar levels and encourage growth, it is very important that you feed your baby within the first hour after giving birth and then every two to three hours afterwards. We will carry out some blood tests to check that your baby's sugar levels are stable.

Sometimes late pre-term babies have difficulty feeding at first. Your baby may not wake for feeds or give cues when they are hungry. Skin-to-skin contact will help to initiate feeding.

We will discuss the different feeding options (breast, bottle or cup feeding) with you and make a written feeding plan for your baby. Expressing your breast milk may be part of this plan. Some babies may need to be fed by a nasogastric tube (a tube passed through the nose and into the stomach). If baby is well enough, we will try to do this on the transitional care unit. We will review this feeding plan daily while your baby is in hospital.

We will weigh your baby regularly (when they are first born, three days after birth and then five days after birth) to monitor their growth. It is normal for a baby to lose weight in the first few days after they are born.

Jaundice

Premature babies are more likely to have newborn jaundice. Jaundice is a common and usually harmless condition in newborn babies that causes yellowing of the skin and the whites of the eyes. Jaundice is caused by the build-up of bilirubin in the blood. Bilirubin is a yellow substance produced when red blood cells, which carry oxygen around the body, are broken down.

We will monitor your baby's jaundice level with a heel prick blood sample. We will only usually recommend treatment if your baby's blood test results show very high levels of bilirubin. If needed, the treatment we will use is called phototherapy (a special type of light shines on the skin, which alters the bilirubin into a form that can be more easily broken down by the liver).

Infection

Late pre-term babies' immune systems are not fully developed and therefore there may be a greater risk of infections. We may carry out a blood test to check your baby for infection.

If your baby becomes unwell, we will give them antibiotics via a cannula (a very small, flexible tube which is placed into one of your baby's veins). The length of treatment will depend on your baby's blood test results and how well they respond. Treatment usually lasts two to seven days. If your baby remains well, they can stay on the ward with you to have treatment.

Vitamins and iron

Premature babies born before 36 weeks gestation miss out on a vital transfer of nutrients from the placenta. If your baby is born **under 36 weeks**, we will prescribe them multivitamin and iron medications to make up for this loss. The multivitamin medications can be started as soon as your baby is on full milk feeds and the iron medications can be started once your baby is one month old. We recommend continuing with the iron medications until your child is one year old and the multivitamin medications until your child is five years old.

The Department of Health recommends that all children from six months to five years take a daily multivitamin supplement. This is because even if babies and toddlers eat a varied diet, they can still be deficient in vitamins A, C and D that are important for their growth and immune system.

When will my baby be able to come home?

Late pre-term babies are much more likely to be readmitted to hospital with feeding difficulties, poor weight gain and jaundice. Because of this, the discharge process takes a bit longer as we want to

make sure that your baby is feeding well, has a stable temperature and blood sugar level, and does not need treatment for jaundice before you go home. This process may take even longer for:

- twins and triplets
- babies on antibiotics
- babies born earlier

If your baby was born at less than 36 weeks, we will need to complete a 'car seat challenge' to check they are positioned safely to travel before you drive home. Please bring in your car seat soon so that we can complete this without delaying the discharge process.

Follow-up care

Most late pre-term babies will not require a follow-up appointment with a hospital consultant. If your baby was unwell when they were born or if they have a congenital (present at birth) condition, we may send you an appointment letter to come back for a check-up. If not, your follow-up care will be with your GP and health visitor. We recommend having regular appointments with your health visitor in order to monitor your baby's growth and developmental progress.

We may refer some late pre-term babies to the neonatal community outreach team (NCOT). If this is the case, they will meet you before you go home and will arrange any follow-up care with you directly.

Contact us

If you have any questions or concerns, please speak to a member of the ward team or your community midwife.

Useful links

Bliss

Website: www.bliss.org.uk

University Hospital Southampton NHS Foundation Trust

Website: www.uhs.nhs.uk

Multiple births society

Website: www.multiplebirths.org.uk

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email patientsupporthub@uhs.nhs.uk

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit www.uhs.nhs.uk/additionalsupport

www.uhs.nhs.uk/childrenshospital

Version 3. Updated September 2025. Due for review April 2026. 2723