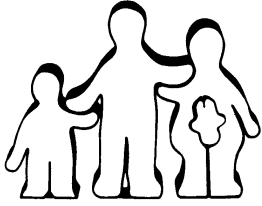


THE PERINATAL PRESS



The mission of the Greater Adirondack Perinatal Health Network is to promote comprehensive perinatal health care by providing education, information and referral services to individuals, families and professionals

Fall 2009

Supporting Families for Over Twenty Years

Issue #61

New Guidelines from the CDC Regarding H1N1 Flu and Pregnant and Lactating Women

The Centers for Disease Control and Prevention (CDC) released new information (June 30, 2009) that advises pregnant women who are sick with novel influenza A (H1N1), or who are experiencing a flu-like illness to seek immediate medical treatment. The infection would be expected to present with typical acute respiratory influenza-like symptoms (cough, sore throat, and fever). Other symptoms can include body aches, headache, fatigue, vomiting and diarrhea.

Severe illness among pregnant women and infants has been reported in this outbreak as well as historical evidence that influenza can be more severe in pregnant women. "We see a fourfold increase in hospitalization rates among ill pregnant women compared to the general population," said Dr. Denise Jamieson of the CDC. We're also seeing a relatively large proportion of deaths among pregnant women. "We report 13 percent in the paper, but that is a very unstable number based on a small number of deaths reported," said Jamieson, whose study appears in the journal *The Lancet*.

The study was based on the deaths of six pregnant women out of 45 deaths

related to H1N1 reported to the CDC between April 15 and June 16. All of the women were healthy prior to infection, and all developed pneumonia and needed to be put on a ventilator.

Jamieson said 302 deaths have been officially reported to the CDC from the new H1N1 virus. "Among those, we have relatively complete information on 266 deaths. And of those, 15 have been among pregnant women, which is about 6 percent," Jamieson said. Pregnant women make up about 1 percent of the U.S. population, she said, so pregnant women "are definitely over-represented in terms of the proportion of deaths."

Early treatment, within the first 48 hours, with influenza antiviral medications is recommended for pregnant women with suspected influenza illness. The CDC advises that clinicians should not wait for test results to begin treatment

since these medications work best if started as early as possible after the onset of the illness.

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New Guidelines from the CDC

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Dr. Jamieson said physicians need to provide a separate waiting area for pregnant women who suspect they are ill, to protect healthy pregnant women from infection.

Ways to reduce risk for pregnant women

There is no vaccine available yet to prevent novel influenza A (H1N1) virus infection, however the risk of infection can be reduced by taking the following steps:

- Frequent hand washing
- Minimize contact with sick individuals
- Have ill persons stay home (except when seeking medical attention)
- Have ill person cover coughs
- Avoid when possible crowded settings in communities with outbreaks of novel influenza A (H1N1) virus
- Use facemasks and respirators correctly if they are used

Infant feeding considerations:

Infants who are not breastfed are more

vulnerable to infection and hospitalization for severe respiratory illness than infants who are breastfeeding. Women who are not ill should be encouraged to initiate breastfeeding early and feed frequently. Ideally, babies should receive most of their nutrition from breast milk; eliminate unnecessary formula supplementation, so the infant can receive as much maternal antibodies as possible.

Infants are thought to be at higher risk for severe illness from novel influenza A (H1N1) infection and very little is known about prevention in infants. If possible only adults who are not sick should care for infants. Sick women who are able to express their milk for bottle feedings by a healthy family member should be encouraged to do so. [Antiviral medication treatment or prophylaxis is not a contraindication for breastfeeding.](#) Careful adherence to hand hygiene and cough etiquette is critical. Women with influenza like illness are recommended to use facemasks when providing infant care and feedings.

The complete article and recommendations from the CDC can be found at www.cdc.gov/h1n1flu/clinician_pregnant.htm

We're on the web!
www.gap-net.org



Signature Chefs Auction of Saratoga at Vapor Nightclub at Saratoga Gaming and Raceway

On November 10, 2009 the Chefs Auction pays tribute to the culinary excellence of leading local chefs, restaurants, caterers and bakeries. Our area's culinary geniuses create their signature dish in a sample size and beautifully present them to our guests. All this, accompanied by an array of unique silent and live auction items, makes for a fun-filled and successful night for babies!

Tickets: \$75 per person. Sponsorship Opportunities Available! Contact kpatterson@marchofdimes.com or call toll free at 800-698-9255.

March of Dimes Nurses' Training on Prevention of Preterm Labor

As America grapples with increasing health care costs and what to do about them the perinatal world has a staggering figure of its own: The cost of preterm birth to our society exceeds 23 billion dollars a year.

While there are a number of current theories on the etiology of preterm labor and birth, a surprising new theory may prove to be a significant contributor to all the others-illiteracy. The failure of previous prevention strategies may be related to risk assessment. The take home message is that *all* pregnant women need education about the signs and symptoms of preterm labor.

An October 7th March of Dimes Nurses' Training titled "Preterm Labor: Prevention and Nursing Management" will focus on this important topic providing nurses with knowledge on causes, signs and symptoms, pharmacological therapies and strategies for managing this condition at home and in the hospital. Karen Doering, BSN, RNC, IBCLC, a staff educator, nurse and Lactation Consultant for Glens Falls Hospital will be the presenter.

Late preterm infants, those born at 34 to 37 completed weeks of gestation are the largest growing group of preterm infants. Their issues are many and include: Hypothermia, Respiratory Distress, Apnea and Bradycardia, Hypoglycemia, poor feeding, Jaundice and Hyperbilirubinemia. Also of concern is that at 36 weeks, the infant brain is only two-thirds developed compared to that of a 40 week baby; infants delivered early need developmentally appropriate care to allow for continued healthy growth, not just survival growth.

GAP-Net received a Community Award from the March of Dimes NYS Chapter, Northeastern NY Division to provide the October training which will be held at the Queensbury Hotel in Glens Falls. Nurses who work in hospital or obstetrical office settings, midwives, doulas, childbirth educators and other health and human service providers who work with women during the perinatal period comprise the target audience. Registration includes dinner, training module and related materials. This training provides 5.1 contact hours for RN's. For a brochure or more information please contact Amy Zanghi at Azanghi@medserv.net or (518) 761-0300, Ext. 219, or print the brochure from our website at www.gap-net.org

"Promoting Evidence Based Practice to Optimize Care and Outcomes for Late Preterm Birth in the NENY Region"

This important conference will be held October 22nd at Champlain Valley Physician's Hospital in Plattsburgh. Funded by the March of Dimes, the course will provide a review of the national and regional incidence, trends and etiology of the late preterm infant. It will offer care strategies and considerations specific to these vulnerable infants. Presenters include Sue Furdon, MS, RNC, NNP-BC a Neonatal Nurse Practitioner at Albany Medical Center and Ruth Simmons, RN, CNM, Quality Specialist, Perinatal Outreach at Albany Medical Center. For information contact Nancy Strazzeri at e-mail address StrazzN@mail.amc.edu or 518-262-0885.

Presenter Ruth Simmons created a information sheet on the risks of preterm labor and factors affecting late preterm babies; which can be found at the end of this newsletter.

Franklin County MOMS Program Celebrates Fathers

by Aimee Baker, External Affairs Coordinator, NAPP

The men arrived throughout the day, a steady stream of them pulling into the fire station. Some came alone, some with their families in tow. Some waited nervously, quietly chewing donuts and drinking coffee, while others were eager to talk to the State Troopers in the fire engine bay. With support from GAP-Net, the MOMS Program of Northern Adirondack Planned Parenthood was able to host two "Fathers' Day" events this spring, the first in Bloomingdale in May and the second in Malone in June.

The MOMS Program provides information and resources to low-income women in Franklin County. It serves as a vital link for women to support services and instruction on healthy pregnancies. In an effort to recognize the important role fathers play in parenting, the MOMS Program designed "Fathers' Day" to help fathers and fathers-to-be feel more comfortable in their new roles.

Combined, over one hundred fathers, fathers-to-be, and their family members participated in these two full day events designed to provide information on parenting.

Sixty participants were able to receive free car seats and half of those seats were purchased through the support of GAP-Net. The State Police were on hand to help install the seats. "For many families, particularly the ones we see in our offices, financing the purchase of necessary items for a new

child can seem like an insurmountable task," says Robin Foster, MOMS Program Coordinator. "GAP-Net helped us bridge this divide for these families. Without their support, we would not have been able to provide these seats to the communities we serve."

In addition to receiving their free car seats, fathers were able to view demonstrations and get information on topics such as diaper changing, crib safety, parenting styles, and how to help their partners through post-partum depression. They were then free to visit different tables and collect information from various agencies including Eat Smart NY, Men Involved in Children's Education, and WIC. NY State Police were also on hand to provide instruction

on how to safely install the car seats. "GAP-Net allowed us to create a truly festive occasion for all of our participants," says Robin Foster. "We are thrilled by how supportive and helpful they were through the entire planning process and how touched our participants were by their involvement in our program."



Lessons Learned from Father's Day Events

Sometimes the most successful mini grants are those that involve collaboration, as was the case with Northern Adirondack Planned Parenthood's Father's Day Events.

(Continued on page 5)

Lessons Learned

(Continued from page 4)

Staff considered where men in their community would feel comfortable going and seized on the idea of a local fire station. Considering the types of education that would appeal to men they turned to local partners such as WIC, Eat Smart NY, Tobacco Cessation Programs and the hospitals where families would deliver. Together they provided information geared to fathers-to-be such as: how to dress a baby (with life-size dolls available for practice); how to be supportive of your partner at feeding times; infant safety in the house and in the car; how to access community support agencies and what helps they offer; prenatal classes and much more. Fathers learned of the events through women involved in the area's MOM'S Program, through advertisements in local newspapers and from interaction with community partners.

A Healthy Baby Starts with a Healthy Pregnancy

The Prenatal Care Assistance Program (PCAP) can help get the care needed for a healthy baby. PCAP offers complete pregnancy care and other health care services to women and teens who live in New York State. The Medicaid Obstetrical and Maternal Services (MOMS) Program provides complete pregnancy services in areas of the state where PCAP health centers are not located. There's no cost to eligible women who participate in MOMS or PCAP!

PCAP/MOMS offer:

- Routine pregnancy medical check-ups, lab work, & access to specialists
- Hospital care during pregnancy and delivery
- Information about pregnancy, labor and delivery
- HIV counseling and testing
- Help in applying for other programs such as WIC and low or no cost health insurance for your children and family
- Full health care for you until at least two months after delivery
- Health care for your baby for at least one year after birth
- Family planning services and more

Who can get PCAP/MOMS Services?

Women and teens who live in New York State who are pregnant and meet income guidelines can receive complete medical care during pregnancy, delivery and for at least two months after delivery. You may be eligible even if you have health insurance, and all of your pregnancy care is confidential.

More Information

To get more information please call the New York State Growing Up Healthy Hotline at: **1 (800) 522-5006**.

Your call is completely confidential and operators available 24/7.

Clinton Co. MOMS: 518-565-4848

Essex Co. MOMS: 518-873-3500

Franklin Co. MOMS: 518-483-7150x107

Warren Co. MOMS: 518-761-6580

Washington Co. MOMS: 518-746-2400

PCAP services at Planned Parenthood :

Ticonderoga Office: 518-585-7622

Glens Falls Office: 518-792-0994

Granville Office: 518-642-1590

Saratoga Office: 518-584-0041

Perinatal Data System

Statistical Summary Report as of 6/30/2009

Indicator	<i>Region</i>	<i>Cohort I 1500+ Deliveries</i>	<i>Cohort II 750-1499 Deliveries</i>	<i>Cohort III 500-749 Deliveries</i>	<i>Cohort IV 0-499 Deliveries</i>
Total Deliveries*	8134	3528	1915	1617	1074
Total Live Births*	8287	3626	1945	1636	1080
1st Trimester Prenatal Care	70.8%	73.8%	73.1%	63.9%	67.2%
Late/No Parental Care	0.9%	1.3%	0.3%	0.6%	0.8%
Medicaid / No Insurance	42.4%	37.5%	46.0%	49.4%	41.2%
Mother < 17 years Old (at delivery)	0.9%	0.8%	0.8%	0.9%	1.2%
Mother > or = 35 Years Old (at delivery)	14.8%	18.1%	12.4%	13.9%	9.9%
Induction of Labor (medicinal)	15.8%	13.8%	20.4%	13.0%	18.4%
Augmentation of Labor	32.5%	34.5%	32.4%	31.4%	27.9%
Cesarean Births (Total)	32.5%	34.6%	31.1%	27.7%	35.3%
Primary Cesarean	19.0%	21.0%	18.1%	14.7%	20.0%
Births Repeat	13.5%	13.5%	13.0%	13.0%	15.3%
# of attempted VBACS	162	80	26	41	15
VBAC - Successful based on attempts**	62.3%	70.0%	46.2%	63.4%	46.7%
Breastfeeding @ Discharge	69.5%	72.4%	72.4%	65.9%	60.8%
General Anesthesia for C/S	4.6%	3.9%	5.3%	3.3%	7.6%
Multiple Births (Sets)	148	92	31	19	6
Very Low Birth Weight (500 - 1499)	1.2%	2.5%	0.2%	0.4%	0.4%
Low Birth Weight (1500 - 2499)	6.2%	8.5%	4.8%	4.1%	4.0%
Premature (<37 weeks gestation)	8.7%	12.7%	5.8%	5.4%	5.3%
Infant Received NICU Care in House****	5.2%	11.5%	0.2%	0.0%	1.1%
In-Hospital Deaths	0.2%	0.4%	0.0%	0.1%	0.1%

* Infants weighing >=500 grams

** VBAC percentage successful = Number successful / Number Attempted

*** Numbers are based on how infant is being fed rather than mother's intent

**** Numbers are based on NICU admission rather than NICU care

Cohort Information

Cohort I consists of Albany Medical Center Hospital, Ellis/Bellevue Woman's Center and St. Peter's Hospital

Cohort II consists of Bassett Healthcare, Champlain Valley Physician's Hospital, Glens Falls Hospital and Saratoga Hospital

Cohort III consists of Benedictine Hospital/Kingston Hospital, Catskill Regional Medical Center, Northern Dutchess Hospital, St. Mary's Hospital (Amsterdam) and Seton Health System (St. Mary's-Troy)

Cohort IV consists of A.O. Fox, Adirondack Medical Center, Columbia Memorial Hospital, Nathan Littauer Hospital and Samaritan Hospital



Find expanded event listings and program descriptions at our website:
www.gap-net.org

Monthly pre and post natal classes available through:

Adirondack Medical Center - call 518 897-2361, Glens Falls Hospital - go to www.glensfallshospital.org/snuggery or call 518 926-1000, Saratoga Hospital call (518) 580-2450 and at Warren County Health Services call 518 761-6580.

Parenting classes available through:

Saratoga Springs Public Library Parenting Programs call 518 584-1198.
Cornell Cooperative Extension- Saratoga Co. call 518-885-8995,
Warren Co. call 518-623-3291, Washington Co. call 518-746-2560, Also available-"Just in Time Parenting" A free on-line newsletter, to sign up go to www.extension.org and choose parenting
Child Care Coordinating Council, Plattsburgh call 518-561-4999

Local Events

September 17

Basic Fetal Monitoring: Clinical Applications: 8 am to 4:30 pm Albany Medical Center Conference Room D-603. \$65. 7.1 Nursing Contact Hrs. For registration and information contact Nancy Strazzeri at 518-262-0885 or e-mail StrazzN@mail.amc.edu

September 21

"Above and Beyond: Applying Advanced Obstetrical Skills Into Practice": A One Day Course for Experienced Perinatal Nurses at Albany Medical Center's Center for Learning. 8 am to 4 pm \$65. 6.5 Nursing Contact Hours. For registration and information contact Nancy Strazzeri at 518-262-0885 or e-mail StrazzN@mail.amc.edu

September 22

"Lessons Learned from the Use of Postpartum Depression Screening Tools" 9:30 to 11 am at Clinton County Health, Plattsburgh. GAP-Net Networking Session. For more information contact Amy Zanghi at azanghi@medserv.net or 518-761-0300 ext 219

September 29

The Second Annual Healthy Aging Conference: Queensbury Hotel, Glens Falls. Keynote speaker; Robert Butler, MD President and CEO International Longevity Center-USA. for more information contact Gail Danforth at gdanforth@medserv.net

October 7

"Preterm Labor: Prevention and Nursing Management" with presenter Karen Doering, RNC, IBCLC . Queensbury Hotel, Glens Falls at 5 to 7 pm. Dinner meeting with continuing education credits for RNs sponsored by GAP-Net. for information call Amy Zanghi at 761-0300 ext 219 or azanghi@medserv.net

October 7

"Sex, Gender and HIV", 8:30 am to 4:30 pm, PDP Training Center, University of Albany. For registration and information go website at www.pdp.albany.edu

October 7 & 8

Intermediate Fetal Monitoring Course, 7:30 am to 4 pm, Albany Medical Center's Center for Learning Development, 18 Nursing Contact Hrs., 15.25 CME Credits, \$250 Registration Fee due by Sept. 16th for information and registration contact Nancy Strazzeri at 518-262-0885 or e-mail StrazzeriN@mail.amc.edu

October 22

"Promoting Evidence Based Practice to Optimize Care and Outcomes for Lake Preterm Birth in the NENY Region", 5 to 7 pm, Champlain Valley Physician's Hospital, Plattsburgh. 1.5 Nursing Education & CME Hours for information and registration contact Nancy Strazzeri at 518-262-0885 or strazzN@mail.amc.edu

October 21 and 22

"Sex, Gender and HIV", 8:30 am to 4:30 pm, Washington County Public Health, Ft. Edward. For registration and information go to the website at www.pdp.albany.edu

Upcoming Program Opportunities

Continued from page 7

October 21

"Maternal Depression: Care Options, Treatment Strategies and Neonatal Impact" 10 am to 2 pm, Italian American Community Center, Albany. Register by 10/14 with Bonnie Gagnon at GagnonB@mail.amc.edu

October 22

"Keeping the Holidays Healthy: A Hands on Workshop", 11:30 to 1:30, 255 Orange St. Albany. For more information contact Amanda at 518-426-1153 or e-mail Amanda@communitycradle.org

November 13 & 14

Early Childhood Conference: Six Flags Great Escape Lodge, Lake George. For more information call Pam Conine at 798-7972 ext 206 or email coninep@saccn.org

Save the Date

January 2010, GAP-Net Networking on "Gastric Disorders in Infants"

March 2010, Gap-Net Networking on "The Effects of Vitamin D Deficiencies for Mother & Child"

May 18, 2010, Explore Ob Conference, SUNY Plattsburgh. For further information. contact Kate Chilton at kate.chilton@plattsburgh.edu , (518)-564-3954 or Christina Ransom at cvphlib@cvph.org , (518)-562-7325

Free Local Community Health and Education Resource Guide

The guide contains local contacts for educational resources on healthy lifestyles, health and community resources available to aid with health and family concerns, emergency hotline numbers, and local hospital and health department information. Recourses are organized by subject area within each county. **Just go to www.gap-net.org and go to the resources tab to see what is available in your area!**

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Do You or Someone You Know Need Health Insurance? We're Here to Help.

It is Upper Hudson Enrollment Service's goal to help you find insurance or other assistance so that you can get the healthcare you need. There are programs like Child Health Plus, Family Health Plus and Medicaid that are health insurance we can help you obtain. We will help you find the right program, assist in enrollment and help with the required forms.

We want you to get the healthcare you and your family need. Child Health Plus, Family Health Plus and Medicaid cover a wide variety of healthcare services including regular check-ups, hospital care, prescription drugs, eyeglasses, vaccinations, mental health services, emergency room care and much more.

To find out if you or your family member is eligible please contact *Upper Hudson Enrollment Services*. If you live in Clinton, Essex or Franklin Counties please call 1-866-872-3740, in Warren, Washington or Hamilton Counties call 1-866-708-2912 and in Saratoga County call 518-580-2021 for *Saratoga Care*.

For more information about the Children's Health Insurance call toll free:
1-877-KIDS-NOW

The Greater Adirondack Perinatal Network is funded through a grant from the NYS Department of Health, Division of Family Health.

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What should you know about Preterm Birth?

Preterm Labor What are the Risks?

Factors Contributing to Preterm Birth

- **Obesity**—associated with GHTN, diabetes, cardiovascular disorders, asthma, large fetal growth.
- **Advanced Maternal Age**—associated with GHTN, IUGR, multiple pregnancy, chromosomal abnormalities, chronic health problems, cesarean section.
- **PROM**—associated with smoking, infections, multiple pregnancy, abnormal placenta, cervical surgery, low socioeconomic status.

Knowing your risks for preterm delivery is important to assure that you receive treatments that are beneficial to prolonging the pregnancy and improving baby outcomes.

An exact reason for preterm birth is not yet known. The risk factors associated with preterm birth are numerous, not quantifiably predictable by risk scoring and often overlooked or their impact underestimated. It has been suggested that neonatal complications in the late preterm period (between 34–36 weeks of pregnancy) is mostly related to pregnancy complications that lead to spontaneous delivery or indicated premature delivery.

Risk factors for preterm birth can be identified from a mother's demographic characteristics, social-behavioral factors, pregnancy related conditions, past and present medical history, and environmental surroundings.

Common pregnancy related risk factors include (but are not limited to) premature rupture of membranes (PROM); infection (kidney infection, sexually transmitted infections, viral infections etc.); gestational hypertension (GHTN); pre-eclampsia; placental abruption; multiple pregnancy; use of assistive reproductive technologies; fetal intrauterine growth restriction (IUGR) or chromosome abnormalities; polyhydramnios (excessive amniotic fluid); and elective deliveries prior to 39 weeks. Of particular note a recent March of Dimes study reported



“When the apple is ripe it will fall from the tree.” This wise old saying is frequently used by obstetrical providers as pregnancy nears 40 weeks. Nationally, more than 12 percent of the time a woman bears her precious fruit prematurely, before reaching peak development. More than three quarters of preterm births occur late preterm.

that 92% of late preterm births were delivered by cesarean section which alone has been associated with neonatal respiratory morbidities.

Demographic, social and behavioral contributing factors include maternal age (<17 or >35); non-white race; low socioeconomic status; substance use (tobacco, alcohol, illicit drugs).

Medical problems contributing to risk for preterm birth include obesity and other nutritional disorders; hypertension, diabetes; immune disorders; previous preterm birth; heart disease; psychological issues including stress, anxiety and depression.

Environmental risk factors associated with preterm birth

include exposure to heavy metals (i.e. lead, mercury), toxic chemicals and smoke.

Available Therapies:

1. Progesterone treatment 20–34 weeks in singleton pregnancies with a short cervix or prior history of preterm birth.
2. Steroids to aid in fetal lung maturity.
3. Antibiotic therapy for the prevention of infection.

What can you do?

- * Know your risks!
- * Don't ignore the symptoms.
 - ⇒ Pain (abdominal or back)
 - ⇒ Leakage of fluid
 - ⇒ Vaginal bleeding
 - ⇒ Short cervix (<1.5cm)
- * Don't smoke.
- * Eat a healthy diet .
- * Maintain a healthy weight.
- * Limit stress.
- * Maintain good glucose control.
- * Talk to your provider about progesterone therapy if you have had a prior preterm birth or have been diagnosed with short cervix.
- * Be sure to receive steroid treatment if preterm labor is suspected prior to 34 weeks.
- * When choosing to deliver electively (induction or cesarean) wait until 39 weeks.



What should you know about Preterm Birth?

Things to know when a baby is born late preterm.

Critical Factors Affecting Late Preterm Babies

- **Breathing—respiratory distress, TTN.**
- **Eating—poor suck/swallow, difficulties feeding, poor weight gain.**
- **Temperature—difficulty maintaining warmth, worsens breathing difficulties.**
- **Hypoglycemia—decreased glucose stores**
- **Jaundice—liver immaturity prevents adequate elimination of bilirubin from the bloodstream.**
- **Brain Development is immature, smaller in size and weight.**

The rate of late preterm births (34-36 weeks) has increased 10% over the last decade while babies born less than 34 weeks remained about the same. Babies born late preterm are often assumed to be small but “normal.” Brain development in the late preterm is only 65-80% that of a baby born after 39 weeks. Human cranial growth is steady during pregnancy reaching about 50% at 30 weeks. Growth is more rapid in the last 10 weeks, approximately 5-10 % per week.

Complications during hospitalization after birth is 7 times higher 22% vs. 3%, for infants born at 34-36 weeks. These infants are more likely to have temperature instability, nutritional deficits, hypoglycemia (low blood sugar), respiratory distress, jaundice, receive IV therapy and require Neonatal Intensive Care.

Nutritional concerns include poor feeding, leading to dehydration, delayed stools, electrolyte imbalances, and failure to thrive. Breastfeeding difficulties include poor latch, poor sucking effort and coordination, and decreased milk production. Breastfeeding difficulties can alter mother/baby bonding as well.

Respiratory difficulties are commonly experienced by late preterm infants. Decreased surfac-



Late preterm babies appear fully developed but presuming they are is inappropriate. Late preterm birth is associated with significant neonatal complications immediately following birth and after discharge home.

tant production delays fluid clearance from the lungs can result in Respiratory Distress Syndrome (RDS) or Transient Tachypnea of the Newborn (TTN). Each disorder can require supplemental oxygen therapy. Some infants require ventilator and surfactant replacement therapy.

Hypoglycemia occurs 4-5 times more often than in babies born at term, because of the limited amount of fat stores required to maintain glucose balance. Intravenous fluids may be needed to increase blood glucose to normal levels.

Temperature instability, an impaired ability to prevent heat loss, is due to immature skin, high body surface area and environmental conditions.

Care Strategies for Late Preterm Infants

1. **Minimize Heat Loss**
 - ⇒ Maintain room temperature at 72-78° F
 - ⇒ Dry newborn completely
 - ⇒ Initiate skin-to-skin contact with mom
 - ⇒ Place infant under warmer when skin-to-skin contact is not available, until temperature stabilizes
2. **Prevent Hypoglycemia**
 - ⇒ Assess/monitor blood sugar every 1-3 hrs for 3-6 hrs (longer if insulin dependent diabetes)
 - ⇒ Initiate early feedings
 - ⇒ Breastfeeding on demand
 - ⇒ Supplemental feedings if necessary for weight loss
3. **Early Identification of Jaundice**
 - ⇒ Assess infant regularly
 - ⇒ Screen prior to discharge
 - ⇒ Close pediatric follow-up within 2-3 days of discharge
4. **Establish Appropriate Discharge Criteria**
 - ⇒ Vital signs stable for > 12 hours preceding discharge
 - ⇒ Successful breastfeeding for 24 hours (may require supplementing)
 - ⇒ Passage of stool spontaneously
 - ⇒ Dehydration assessment (weight loss < 8%)
 - ⇒ Jaundice screening for at least 12 hours
 - ⇒ Follow-up visit scheduled for 24-48 hours following discharge

