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ANTENATAL CONSULT–32 weeks & above

fact sheet

As you are at risk of having a preterm baby, you will have seen a Neonatologist (a Paediatrician who has specialised in caring for sick newborn infants) who will have spoken to you about the problems that your baby may encounter. This information sheet is provided in addition to this discussion.

What are my baby's chances of surviving?
Babies born at 32 weeks or more admitted to the Neonatal Intensive Care Unit (NICU) have the same excellent chances of survival as infants born at term. In some circumstances these odds may be different and this will be discussed with you.

Will my baby have long-term problems in childhood?
Infants born at 32 weeks or more gestation do not generally have any significant long-lasting effects of their prematurity. There may be some mild learning difficulties at school. As with babies born at full term, a small number of children will have unexpected difficulties or disabilities later in life.

What problems and what care will my baby need initially?
Lungs: Most women who are at risk of having a preterm baby will be given steroid injections before the baby is born, which will help develop the baby's lungs to prepare him/her for breathing outside of the uterus. These steroids help the baby to produce a substance called surfactant. Surfactant is the substance that lines our airways and prevents them from collapsing when we breathe out. Even though babies at this gestation can breathe by themselves 10-20% of infants born at 32-36 weeks will not have enough surfactant and may need some replacement surfactant. Some babies may need a ventilator to help them breathe, but many will need only minimal support. The majority of babies that require ventilator support will only require this for a few hours to a few days and will be given some replacement surfactant. For those babies that do not need ventilator support we will place plastic prongs under the nose and oxygen and air are provided with some pressure to help keep the airways from collapsing. This is called nasal CPAP (nasal continuous positive airway pressure).

UVC/UAC: In the umbilical cord are two arteries and one vein. We will place a catheter (plastic tube) called an umbilical venous catheter (UVC) in the umbilical vein so that we can provide the baby with nutrition and fluids until they are able to tolerate milk feeds in the first days of life. As with all intravenous lines they have the potential to become blocked, tissue or migrate out of the vessel, but these possible complications are outweighed by the need for intravenous access for nutritional requirements.
In the umbilical artery we will place a catheter called an umbilical arterial catheter (UAC). This allows us to sample the baby's blood to ensure that we can check their oxygen and glucose levels without pricking the baby. This also allows us to carefully monitor their blood pressure. Many babies will not need these lines and may have fluids and nutrition provided by an intravenous line until they are able to tolerate feeds.

Infection: As premature infants are unable to fight infections as readily as adults and older children, many will be given antibiotics in the first few days of life.

Feeding: Babies born at this gestation may not able to suck for some weeks. This is because the part of the brain that controls sucking and swallowing is still very immature. If you intend to breastfeed your baby, you will be encouraged to start expressing milk soon after the delivery. When your baby is stable, milk feeds (breast milk or formula) will be started and will initially be given via a naso-gastric or orogastric tube (tube going from the nose or mouth to the stomach). As the baby gets older and stronger they will be able to start trying suck feeds. Many things determine when your baby will go home and one of them is when your baby is able to take nearly all suck feeds. The majority of babies born at 32 weeks or more will get home by their due date or a week or two earlier, whereas twins or triplets may take a little longer.

Hearing Check: Your baby's hearing will be checked before discharge home, or if transferred to another hospital before 34 weeks corrected age at the transfer hospital prior to final discharge home.

Transfer to other hospitals: If you come from the country, we should be able to be transfer your baby back to a hospital closer to your home when they are stable. Your baby's condition as well as the level of care that your local hospital can provide determines when your baby is transferred. If you live in the ACT your baby may be transferred to Calvary Hospital when he/she is stable. This is usually done for parental convenience for travelling, but may be required if the NICU at Canberra Hospital becomes full. Babies are only transferred when they are considered stable and appropriate for the level of care at the receiving hospital.

This is a guide to some of the problems that your baby may encounter if your baby is delivered early. In the nursery you will be provided with information packages as well as meeting with the nurses and doctors on a regular basis to answer any questions you may have.

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