



Health & Safety Notes

What to Expect from a Premie in the First Year

Typically, a baby grows in the womb for 40 weeks before being born. Babies born at 40 weeks are called *full-term*. If a baby is born earlier than 37 weeks, that baby is called *premature*, or *preterm* or a “*preemie*.” In the US 12–13% of infants are born premature.

What Causes Babies to Be Born Prematurely?

Sometimes babies are born prematurely because of health problems in the mother like high blood pressure, infection, diabetes, smoking, substance abuse, trauma, poor nutrition or chronic illness. Premature birth is more common among infants who are twins or triplets, and may also be caused by problems in the baby. Increased stress and depression during pregnancy are also associated with preterm birth. However, for many preterm deliveries there is no known cause.

Not All Premies Are Alike

The vast majority (> 75%) of preterm infants are born near term, at 34 or more weeks gestation. While these infants are smaller than full-term infants at birth, they tend to catch up with their full-term peers rapidly. These infants may stay in the hospital for one or two weeks after birth to ensure that they are feeding well and gaining weight at a healthy rate before they go home. During infancy, at home and at child care, these infants may need more frequent and smaller feedings than full term infants. They may need additional layers of clothing or blankets to keep warm during the first few months of life.

Very preterm infants, born at 33 weeks gestation or less, usually require prolonged intensive care immediately following birth. The earlier a baby is born, the greater the likelihood that the baby will have a long hospitalization. Most very preterm infants are not ready to go home until around the time of their mother’s due date. This means that a baby born nine weeks early will likely need to stay at the hospital for nine weeks before going home. Infants born the earli-

est, at 24 to 28 weeks gestation, are the most fragile and always need extensive support. These infants, in particular, will continue to have special needs well into infancy and sometimes beyond.

Learn All That You Can

If parents tell you that their child was born prematurely, ask questions. The more you know about their experience, the better you will be able to work effectively with the family. The majority of premies develop into healthy children, but some, especially those born extremely preterm, may have special needs. Additionally, the families of preterm infants are frequently stressed, both emotionally and financially, by their situation.

Ask How Early the Infant was Born

The earlier a “preemie” is born, the higher the risk for complications in infancy and later in life. Premature babies usually hit milestones like sleeping through the night, eating solid foods, crawling and talking, later than their full-term peers. For a baby born early, think of her progress in terms of “corrected age” until she is 2 years old. For example, if the baby was 8 weeks early, adjust your expectations by 2 months. For instance, a 4 month-old premature baby may act, and be the size of, a full-term 2 month-old. Most premies who are normal weight for their age at birth catch-up to their peers in growth by age 3. For very small premies, catch-up may take longer.

Observe Premies for Signs of Developmental Delay or Physical Problems

Many of these problems can be helped by early intervention. Most premies do well, but 20% to 30% of the tiniest of premature infants experience major disability; these may include:

- hearing loss
- vision problems
- speech, muscle or learning delay

Preemies should receive periodic hearing and eye examinations. Observe preemies' ability to fixate and follow bright objects or faces. Report any concerns to the child's parent. Some babies who have had a brain injury will develop cerebral palsy (CP), a condition that affects body movement and coordination. CP can be so mild that it is hardly noticeable and will have very little impact on a child's life. It can also be severe and the child will have problems with mobility and require lots of help with activities of daily living.

Refer Infants with Delays for Evaluation

In addition to physical problems, the brains of preemies may develop differently and this can affect behavior, emotion and their ability to learn. Very small preemies may show signs of fine motor-coordination difficulties, auditory processing problems or attention deficit disorder as they grow.

The risk of developmental disabilities in preemies increases when infants are born into families living in impoverished environments; it is essential that these infants participate in early intervention programs that stimulate the child's development and provide family support.

In California, infants who are born weighing less than 3.3 pounds qualify for the California Children's Services' High Risk Infant Follow-Up Program. If they develop any problems, they are referred to the local Regional Center's Early Start Program (California's system of early intervention services provided to infants and toddlers with disabilities and their families). These family-focused early intervention services include physical therapy, occupational therapy, speech and language therapy, and service coordination. For information on eligibility and services call the Early Start BabyLine at 800-515-BABY.

Encourage Parents to Find a Medical Home for Their Preemie

All preemies should have a regular health care provider and a "medical home." The American Academy of Pediatrics recommends that preemies should receive regular doses of immunizations at their chronological age regardless of how premature or small they were at birth. Preemies are more susceptible to infections than other newborns; respiratory syncytial virus (RSV) in particular. It is a common

cause of re-hospitalization among preemies. Preemies born at less than 34 weeks should receive an injection during their first winter to help protect them against RSV. Preemies should also receive flu vaccine starting at six months chronological age.

Ask About a Feeding Plan for Very Young Preemies

Very young preemies need a feeding plan, with input from their medical provider, and regular monitoring of weight gain. Preemies are at risk for gastroesophageal reflux, where the muscle that holds food in the stomach is weak, allowing food to travel back up the esophagus. Infants with this problem spit up frequently and it can cause problems with breathing and weight gain. It can also be painful and can make feeding difficult. Health care providers will often make recommendations for handling and positioning a preemie with reflux.

Provide Support and Talk with Parents If You Have Concerns

If you are caring for a preemie and observe anything that concerns you, talk with the baby's parents. Parenting a preemie can be stressful and parents often feel anxious and overwhelmed by the ongoing care of a preemie and have fears about what the future will bring. ECE professionals are an important source of support and guidance and have the ability to improve parents' responsiveness to, and care of, their premature infant. ECE professionals can also provide invaluable information to other professionals about how the baby is growing and developing.

Resources and References

California Department of Developmental Services, Early Start Program, available at <https://www.dds.ca.gov/services/early-start/> or 800-515-BABY

KidsHealth: When Your Baby's Born Premature, (2021) <https://www.kidshealth.org/en/parents/preemies.html>

Madden, Susan. *Providing Comfort and Developmentally Supportive Care for Your Premature Baby* www.prematurity.org/baby/supportive-care.html

Wechsler-Linden, Dana, Trenti-Paroli, Emma, & Mia Wechsler-Doron (2000). *Preemies: The Essential Guide for Parents of Premature Babies*

A list of infant car seats designed specifically for small babies can be found at www.saferidenews.com