

Risk of having a premature baby delivering between 26 and 30 weeks of pregnancy

Information Leaflet

Purpose

This leaflet is written for parents who are at risk of having a premature baby delivering between 26 and 30 weeks of pregnancy. This leaflet contains important information about the possible outcomes for you and your baby and what to expect when a baby is born prematurely.

What happens next?

The obstetrician (a doctor who looks after pregnant women) and neonatologist (a doctor who looks after sick new born babies) will discuss with you what it may mean for your baby if he or she delivers early. If possible you will also be invited to have a look around the neonatal unit where your baby will receive specialist care if delivered early.

With the kind of care that we are able to provide today, the majority of babies born prematurely will survive and do well. However, there are risks associated with babies being born between 26 to 30 weeks and, unfortunately, some babies do not survive or can have long-term health problems. The chance of complications depends on many factors including how many weeks into the pregnancy you are, any abnormalities found on antenatal scans, if it is a single or multiple pregnancy, if there is any infection present and how strong your baby is when they are born.

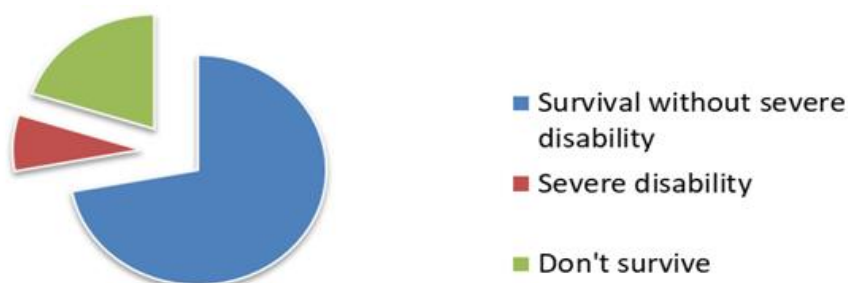
For all women at risk of a premature delivery we consider the following

- **Ultrasound scan:** to look at the length of your cervix and to look at your baby's growth and well-being
- **Antenatal steroids:** we will give you steroid injections to help the development of your baby's immature lungs
- **Magnesium sulphate:** we will give you an intravenous medicine to help protect your baby's immature brain from injury

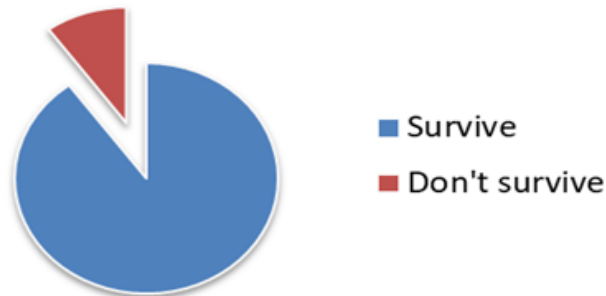
Outcomes

Most babies born after 26 weeks survive but a small number do not. For some of those who do survive, being born prematurely will mean that they have significant lifelong challenges or disabilities. The chance of survival increases with each additional week of pregnancy and the risk of disabilities reduces.

26 weeks: 8 out of 10 babies survive. Out of those that survive, 1 in 10 will have severe disability such as cerebral palsy, learning difficulties and problems with hearing and vision.



27 to 30 weeks: Approximately 9 in 10 babies survive and the risk of severe disability reduces with increasing gestation. However, babies who survive are still at slightly increased risk of long term mild to moderate disability.



What will happen when your baby is born:

- A neonatal team made up of doctors, nurse practitioners and nurses will be present at your delivery. We know that it is better to leave the umbilical cord intact for the first two minutes after a baby is born. The team, when possible, will help your baby during this period on a small resuscitation trolley at the bedside called the Lifestart trolley. This means that you will have the opportunity to see your baby and what is happening during those first few important moments of life. A member of the team will explain what is happening so that you are not upset by what you see.
- They will assess your baby when they are born and support their breathing and circulation if necessary. The earlier your baby is born, the more likely it is that they will need some help with their breathing.
- The neonatal team will keep you informed of your baby's progress. Once your baby is stabilised, if possible the team will offer you cuddles with your baby before transferring them to the neonatal unit.
- On the neonatal unit they will be weighed, and monitors will be attached so that we can measure their heart rate and oxygen levels. They will need to have some intravenous lines put in to give them fluid and medicines. Some bloods tests and x-rays will be done. Premature babies are vulnerable to infection and therefore usually receive antibiotics shortly after birth. You will be able to see your baby on the neonatal unit as soon as these things are done.
- Partners can sometimes feel excluded from the birth of their baby and are often also worried about their partner. The neonatal team will try and include you as much as possible - we want both mothers and fathers to feel free to ask questions and be involved as much as possible in the care of their baby.

Problems premature babies may have:

Babies born prematurely have immature organs and are, therefore, at risk of problems at birth and later in childhood. Some of the potential problems include:

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| Damage to the lungs: | Breathing problems which are the result of being born prematurely and needing treatment with oxygen and/or a ventilator |
| Damage to the brain: | From bleeding (haemorrhage) or cyst formation (small "holes" in the brain). We will do ultrasound scans of the brain to look for these. |
| Damage to the bowel: | Premature babies might have problems feeding and sometimes develop problems where tissue in the bowel becomes inflamed. |
| Damage to the eyes: | Premature babies sometimes develop problems with their vision. All premature babies 26 - 30 weeks' gestation have their eyes examined by an ophthalmologist (an eye specialist) a few weeks after birth. |

Feeding

- **Babies born prematurely have immature guts and require intravenous nutrition for a time while we slowly increase their milk feeds.**
- **We actively support a mother's choice to breastfeed her baby whenever possible. Breast milk is the best option for your premature baby as it is much easier to digest and helps protect your baby from inflammation of the bowel and infections.**
- **Very small babies only need tiny amounts of milk to start with. We will support you to express and provide facilities to do so. It is perfectly safe for your milk to be frozen and stored until the time when the baby needs it.**
- **We do, however, also understand that the neonatal unit can be a stressful environment and establishing a good milk supply can be difficult. This is where the donor breast milk bank proves invaluable. Donor mothers (who have more milk than their babies need) can give milk to the milk bank, where it is stored and given to babies whose mothers may not have enough breast milk.**
- **The medical team will discuss with you whether your baby would benefit from donor breast milk and will always ask for your permission before giving donor milk to your baby.**

As your baby's care continues

Most babies born between 26-30 weeks gestation and cared for in our neonatal unit usually go home between 36-40 weeks corrected gestational age.

Try to take each day as it comes. Each baby has their own individual journey. We will support you as much as we can

If your baby remains well on the neonatal unit, they may be transferred back to the hospital where you were initially booked so that another baby that needs intensive care with us can have it

Research

Much of the care provided on the unit is based on research about medicines and other treatments. The unit works to improve the care received by the babies and so we always have a number of research studies open on the unit.

You may be approached about one or more research studies while your baby is on the unit. We hope you will consider allowing your baby to join these studies. We will respect your decision and it will not affect the care that your baby receives if you decide not to take part.

This leaflet can be made available in difference formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk