Parenting your preterm baby

26-29 weeks gestation

Parent/Caregiver Information



Neonatal Intensive Care Unit (NICU) Service

This information is to help you understand more about your 26 - 29 week premature baby, helping you to become more involved in your baby's care and the continuing development of their brain.

At this young age, your baby's organs and senses are underdeveloped, so touch should be gentle, sounds must be soft, and lighting should be dim. Care for your baby is specialised because your baby is so small and young.

Watch your baby and learn about their body language, so that you can start to communicate with one another and you can respond to their cues, giving them the best possible start. Before initiating cares, spend time watching your baby to know when they're starting to wake and or show signs they are ready to be handled.

Touching and holding

Your baby's skin is fragile and sensitive to touch; they may not yet be ready to be held outside the incubator in your arms yet. Your baby has trouble maintaining their temperature and this is controlled by the incubator.

- Prepare your baby for touch by speaking in a soft voice.
- When touching, do so slowly, gently and deliberately, without making sudden movements.
- When touching your baby do not stroke or rub but rather provide continuous gentle pressure.
- Cradle your baby by placing your hands around your baby's head and bottom or feet, or supporting hands to midline whilst cradling head
- Place your finger in your baby's hand to invite them to hold onto you.
- When moving your hands away from your baby, do so gently and slowly without abrupt movements.
- Kangaroo care: holding your baby next to your chest is also known as

skin to skin. This is recommended for babies born greater than 27 weeks gestation or babies born less than 27 weeks but now two weeks of age and medically stable. Your baby's nurse will advise when this becomes possible.

Feeding

At this stage your baby gets their nutrition via a line inserted into a vein. Their stomach is still developing. With support of the nurse, small amounts of breast milk are given via a syringe or cotton tip into the mouth to help build healthy bacteria in the gastrointestinal tract. Actual feeds of milk are given via a feeding tube which passes through baby's mouth and into their stomach.

- Expressed breast milk is associated with reduced rates of infection, and Nectrotizing Enterocolitis (NEC) (an infection of a premature baby's gut) together with improved neurodevelopmental outcomes. Regular expressing using an appropriate breast pump important.
- Your baby may suck on a pacifier (if you consented). A pacifier provides the opportunity for non-nutritive sucking: that is, sucking that babies naturally do (in utero) when there is no milk to swallow. This will only be for very short periods of time and your baby will likely need help keeping the pacifier in their mouth. Non-nutritive sucking assists your baby in staying calm.

Sleeping

It can be difficult to tell when your baby is awake or asleep. Sleep patterns will become more apparent the older they get. Their eyes can open for short periods of time, but cannot yet focus.

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- Sleep is essential for brain development and must always be protected.
- When your baby is sleeping, try not to wake them with touching.
- Avoid bright light and sudden noise, and encourage periods of rest so that your baby can conserve energy.
- Before cares, wake your baby slowly by placing your hand gently on them.

Positioning

At this stage, your baby's movements are mostly jerks, twitches and startles. He or she will try to stretch their arms and legs but does not yet have control over their body movements. Your baby will need help maintaining a secure position at rest and during cares. Use your hands or linen to help contain your baby.

- Position your baby with hands close to their face and arms and legs tucked close to body.
- Repositioning should be done with slow gentle, gentle movements and without sudden changes.
- Provide boundaries around baby's body to facilitate development of flexion/extension of arms and legs.
- Ensure the head is safely positioned

Skin cares and nappy changing

- Provide boundaries around your baby to keep care time from being stressful. You can use containment with hands or linen to help.
- Move slowly and gently while changing nappies. With hips and knees flexed, slowly rotate trunk from side to side to clean skin. Avoid lifting legs high in the air.
- If your baby is showing signs of stress, allow time for your baby to reorganise themselves.

Looking, listening and smelling

Your baby will be able to open their eyes briefly but cannot focus yet. Your baby's hearing is very sensitive, at this stage they know their mother's voice and can taste and smell.

- Always Shield your baby's eyes from bright or direct light.
- Use a soft voice when talking to your baby.
- Protect your baby from strong odours such as; perfume, cigarette smoke, aftershave or scented lotions.

Bathing

- May be performed by nurses and parents together.
- Your baby should receive full body baths and/or spot cleaning of soiled areas, only as needed.
- Swaddle bathing allows your baby to feel safe and secure.
- Provide containment to your baby's arms and legs during bathing to keep them calm i.e. place a wash cloth over baby's tummy.

How to know that your baby is unhappy and a little stressed:

- Arms and legs may be stiffly spread out
- Baby may hiccup more frequently
- Fingers may be spread open (splayed)
- May turn away from you (usually this means that baby needs to rest and save energy)

How to know that your baby is happy and stable:

- Colour is healthy and pink
- Comfortably positioned and flexed
- Baby may wake slowly and can focus his/her attention on your voice
- Baby may suck on a pacifier

If you have any further questions or concerns about the care of your baby, please talk to the nurse and medical team caring for your baby.

NICU Direct Dial Number: 04 806 0800