

Expecting a very premature baby

The Trevor Mann Baby Unit, Royal Sussex County Hospital



Contents

What will happen to my baby after birth?	3
Will I be able to see my baby straight away?	3
What contact will I have with my baby on the baby unit?	4
Do all premature babies automatically receive life-supporting care after delivery?	4
What happens if the gestation of my baby is uncertain?	5
What is the best method of delivery?	5
What if I have further questions?	5
Will my baby survive and what is the risk of developmental problems in the future?	6
Who should I talk to if I have further questions?	6
Where can I find further information?	7

A very premature baby is defined as a baby born at less than 29 weeks gestation.

If you are a parent expecting a very premature baby this leaflet may provide you with information to help resolve some of your worries and questions. You will also be able to talk with a doctor about the plans for your baby's care at and after birth.

What will happen to my baby after birth?

A team of experienced doctors and nurses from the Trevor Mann Baby Unit is always available to attend the delivery of premature babies. Immediately after birth your baby will be taken to a special cot in the delivery room where we can safely carry out the first stages of care. We will keep your baby warm using an overhead heater, a warm gel mattress and plastic coverings. Breathing is initially helped by giving air and oxygen by a face mask. A soft plastic tube may be passed into the airway so we can use mechanical ventilation to give further support. We will place a simple monitor on a hand or foot to check your baby's heart rate and oxygen levels. Once your baby is stable, our doctor and nurse team will transfer him/her to the baby unit.

Will I be able to see my baby straight away?

We wish to give parents the chance to see and touch their baby as soon as possible. We will make time for you to do this before transferring him/her to the baby unit. Fathers or birthing partners can watch us whilst we make sure your baby is kept warm and breathing is stable. You may also like to take a photograph. As we will be busy looking after your baby we may not have sufficient time to explain all of your baby's care so far. We will talk with you in more detail as soon we can.

What contact will I have with my baby on the baby unit?

As soon as your baby is settled on the baby unit we welcome visits from parents. There is open visiting for parents to make it easy for you to see and touch your baby. Even mothers who have had Caesarean sections can usually come up to the baby unit on a bed very soon after delivery. Your midwife will advise you when this is safe. At first the baby unit may seem very busy and confusing but soon after admission nursing and medical staff will up-date you on the first stages of your baby's care. We would like to know about your plans for feeding as we give milk early on even to very premature babies. We will take photographs for you to keep.

Do all premature babies automatically receive life-supporting care after delivery?

Full life-supporting care is always given to babies over 25 weeks gestation. However, for those parents expecting the delivery of their baby earlier than this the following may be useful information.

At present the guidance from the Royal College of Paediatricians states that active resuscitation is not advised for babies born at 22 weeks gestation or below. This is because the survival rate is very poor. The neonatal team would not normally attend the delivery and your care will be with the midwifery team. The neonatal staff will provide extra advice and back-up if needed.

For all babies at or above 24 weeks' gestation, we would expect to give active life-supporting care. Most commonly this involves helping breathing but occasionally it includes a short spell of cardiac massage. If there is a poor response to our initial care we would not use excessive or prolonged attempts at supporting life. For instance we would not give drugs into a vein to start the heart beat in babies less than 26 weeks gestation as we know the likelihood of survival is very low.

Some parents expecting an extremely premature baby may be unsure whether life-supporting care should be started at birth. For some frail babies who show no initial signs of life we may give gentle, comfort care instead of life-supporting treatments. This decision is very difficult and we will need time to discuss this with you. If your delivery occurs rapidly leaving little time to talk or if there is any uncertainty the neonatal team will start life-supporting care. We can then discuss your baby's progress with you as soon as possible to decide on the next stages of treatment.

What happens if the gestation of my baby is uncertain?

If there is doubt about your baby's gestation the neonatal team will be there for your delivery. In this situation we will always tend towards giving active life-support at birth, unless there are no signs of life in an extremely premature baby.

What is the best method of delivery?

Caesarean section undertaken for babies less than 25 weeks gestation is not recommended. Survival is not improved by Caesarean section and a vaginal birth is safer for the mother. You may want to talk to your obstetric consultant if you are less than 25 weeks pregnant and strongly wish to go ahead with a Caesarean section.

What if I have further questions?

Please do not worry. We always like to talk to parents expecting preterm babies and we will take your concerns seriously and aim to understand your view points. Although this may be a stressful time for you, we would encourage you to talk to us about your concerns as soon as possible so we can avoid making difficult decisions in a rush.

Will my baby survive and what is the risk of developmental problems in the future?

Survival and long term health remains very poor for babies born at less than 25 weeks. A large study (EPICure 2) started in 2006 in the UK has shown that less than half of all the babies delivered below 25 weeks survive. One in four were found to have severe disabilities in the first 30 months of life.

If your baby is born after 25 weeks he/she will have a greater chance of surviving and developing normally. If it is helpful we can give you some information on survival and developmental progress for preterm babies cared for on the Trevor Mann Baby Unit in Brighton.

Who should I talk to if I have further questions?

Please ask your midwife to call one of the neonatal medical staff. We would be happy to see you to discuss the care plan for your baby. The midwives can also arrange for you to come and see the baby unit before your delivery.

Where can I find further information?

Nuffield Council on Bioethics

Critical care decisions in foetal and neonatal medicine: ethical issues. London: Nuffield Council on Bioethics, 2006.

www.nuffieldbioethics.org

Wilkinson AR et al. Management of babies born extremely preterm at less than 26 weeks of gestation: a framework for clinical practice at the time of birth. Archives of Disease of Childhood 2009; 94: F2-5.

EPICure 2

- survival and outcomes of very preterm infants in the UK

www.epicure.ac.uk

BLISS

– providing support for families and carers.

www.bliss.org.uk

Royal College of Paediatrics and Child Health

Withholding or Withdrawing Life Sustaining Treatment in Children: A Framework for Practice, 2nd edition, May 2004.

www.rcpch.ac.uk/publications

If you do not understand this leaflet, we can arrange for an interpreter.

إذا كنت لا تستطيع فهم محتويات هذه النشرة فيمكننا عمل الترتيبات لتوفير مترجم شفوي لك.

এই প্রচারপুস্তিকাকাটি যদি আপনি বুঝতে না পারেন, তবে আপনার জন্য আমরা একজন অনুবাদকের ব্যবস্থা করে দিতে পারি

如你不明白本單張的內容，我們可安排口譯員服務。

如你不明白本传单的内容，我们可安排口译员服务。

اگر مندرجات این جزوه را نمیفهمید، ما می‌توانیم مترجم در اختیارتان بگذاریم.

Jeśli masz trudności w zrozumieniu tej ulotki, możemy zorganizować tłumacza.