



The Yorkshire and Humber
Neonatal
Operational Delivery Network

Extremely Early Babies

23-26⁺⁶ weeks gestation



Why have I been given this leaflet?

The health professionals caring for you believe that you might be having your baby prematurely (before your due date). If possible, a member of the neonatal intensive care team (usually a doctor) will come and talk to you before delivery. They will give you as much information as they can so that you know as far as possible what to expect.

The doctors looking after you will offer you a **steroid injection** (two doses if possible) to help your baby's lungs to mature.

The doctors and midwives may also give you a medicine called **magnesium sulphate** to reduce the chance of your baby having movement problems when they are older. It may cause side effects in about 1 in 20 women and these will be discussed with you before the drug is given.

Where possible, extremely early babies are born in hospitals with a specialised neonatal intensive care unit. If you are not currently in one of these hospitals, you may be transferred to another hospital before your baby is born. If this isn't feasible before birth, your baby will be transferred after they have been stabilised. Where possible, you will also be transferred to be in the same hospital as your baby.

Will my baby survive?

In general, the further on in your pregnancy you are, the better the chance that your baby will survive. Most babies born at and above 25 weeks who are admitted to the neonatal unit survive, and even babies born at 23 weeks can do well. At these very early stages of pregnancy sadly not all babies can survive.

Depending on how far through your pregnancy you are, and other aspects of your case, the neonatal doctors will agree with you a plan about what they will do at the birth of your baby. Often, but not always, this will involve supporting breathing, and hoping that baby responds well to this support.

If your baby does not respond to treatment, the doctors and nurses will concentrate on your baby's comfort. You may wish to hold your baby in this situation – such babies are often not admitted to the neonatal intensive care unit.

What happens at the birth of my baby?

When you are about to have your baby the delivery room is likely to be full of people. They are all there to help you and your baby. A team of experienced neonatal doctors and nurses will be there to care specifically for your baby. When your baby is born the staff will be busy but will update you as soon as they can.

Babies born this early usually need help with their breathing and will often have a tube inserted via their mouth or nose into their lungs to help with this. Often a life saving drug called surfactant will be given – this is made from a purified extract from animals.

Small babies can get cold quickly and we know that cold babies do not do as well as warm babies. The delivery room will feel warm but this is important to help keep your baby warm. At birth babies are placed under a heater. Your baby may be placed into a plastic bag or wrapped in bubble-wrap too, as this helps them to keep warm.

When your baby is ready to transfer to the neonatal intensive care unit (NICU), the team will use specialist equipment that can monitor and care for your baby all the way. The team will help you to see and touch your baby before they move them to the baby unit.



What should I expect on NICU?

As soon as you are well enough you will be able to visit your baby on the neonatal unit. You will be shown around the nursery and the equipment will be explained to you.

Your baby may be connected to many wires to monitor their heart rate and breathing. They will have tubes (sometimes called lines) inserted into their umbilical cord to give fluids and medicines. Neonatal units can be very noisy with lots of machines beeping. This can be overwhelming at first. Staff try to make neonatal units as quiet as possible as it is shown to benefit babies' development. Some units may have particular 'quiet times' when noise and disturbance to the babies is reduced as much as possible.

Sometimes you may be asked to leave the room for a short while. This will usually be because staff have to make sure that other babies' care is kept confidential. It might also be because a procedure is being carried out. Staff will always tell you if there is something happening with your baby.

Parents are encouraged to touch their baby as soon as they are stable enough. This may seem scary but it is good for parents and babies alike. The nurses on the neonatal unit will teach you how to give 'positive touch' to your baby. The first time you hold your baby can be daunting but the staff on the neonatal unit will show you what to do and support you throughout.

Many premature babies will be discharged home by the time they reach 37 weeks' corrected gestation. Each baby is different and their time to go home will depend on lots of things, including their gestation at birth and how well or unwell they have been during their journey on the neonatal unit.

What can I do to help my baby?

When stable enough, babies can have skin to skin contact with their mums and dads, also known as Kangaroo Care, where baby is placed against your bare skin. This has lots of benefits such as helping you bond with your baby, helping mummy's milk supply and improving your baby's oxygen levels.

The other important thing that mums can do is to express breast milk. Breast milk is ideal for premature and poorly babies because it is gentle for babies' tummies and because of the protection it offers from infections. Your midwife and the nurses on the neonatal unit will show you how to express. It is perfectly normal to get just a few drops the first few times you express and every drop is really important for your baby.

The nurses will show you how to perform your baby's 'cares' - changing their nappy and washing them. You will be able to do this yourself once they have shown you a few times.

Your baby has listened to your voice when he or she was inside the womb. It is really important to continue to talk to your baby whilst they are in the neonatal unit. It will help them to feel secure. Many nurseries will have story books you can read to your baby or feel free to bring some in from home.



Will there be any long-term effects for my baby?

Some babies may develop chronic lung disease (long term breathing problems) which makes them susceptible to chest problems such as infections. Some babies may need oxygen at home at first. This almost always improves over time.

Sometimes, extremely early babies develop cerebral palsy (movement problems), visual problems or hearing problems. Some of these may not be clear in the first months or even years of life but the more severe problems tend to be picked up early.

Most premature babies do follow normal developmental patterns and will attend mainstream school. They may take a little longer than babies born at term to reach their milestones and gain weight, even when we take account of when they were due to be born.

Those born very early are at an increased risk of learning difficulties, short attention span and other behavioural problems. This may not be evident until they reach school age. When your baby starts school you might find it helpful to talk to the teachers about this so they can support your child if needed.



Premature babies will be followed up in the baby clinic until they are 2 years old to monitor their development and to recognise any potential problems. These appointments are an opportunity for you to discuss any concerns you have.

If I have further questions, who can I talk to?

If you have any questions or would like to speak to a neonatal doctor again, ask your midwife to contact them. Many parents find it useful to visit the neonatal unit before the birth of their early baby. This can help to prepare you for what to expect. Ask your midwife to contact the neonatal unit to arrange a visit.

The following resources may be useful:

 <p>Bliss for babies born premature or sick www.bliss.org.uk</p>	<p>Bliss' vision is that every baby born premature or sick in the UK has the best chance of survival and quality of life. Bliss champions the right for every baby born premature or sick to receive the best care by empowering families, influencing policy and practice, and enabling life-changing research.</p>
 <p>small wonders helping parents to be at the heart of their baby's care</p>	<p>The Small Wonders DVD and National Change Programme aims to support families of sick and premature babies to be at the centre of their baby's care in ways that are known to improve health outcomes. Some units will may have a copy of the DVD or you can watch it on their website at: www.bestbeginnings.org.uk/small-wonders</p>
 <p>Tommy's www.tommys.org.uk</p>	<p>Tommy's is a charity providing information for parents-to-be. It also funds research into premature births, stillbirths and miscarriages.</p>
 <p>EPIcure www.epicure.ac.uk</p>	<p>EPIcure is a series of studies of survival and later health among babies and young people who were born at extremely low gestations – from 22 to 26 weeks. This site describes the studies and gives access to some of the published results. It is designed for public and professional use.</p>



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