

## Babies Born 29-33 Weeks of Pregnancy

You have been given this information because your medical team thinks you may have your baby very soon.

A full-term pregnancy usually lasts 40 weeks. Premature babies are babies born more than 4 weeks before their due date. Babies born between 29 to 33 weeks are small and fragile and they need special support to live outside the womb.

We have been looking after extremely premature babies and their families for many years. We know that this is a stressful, frightening time.



© 2019 Moore & Ding, The Ottawa Hospital (modified with permission © 2011 Guillen & Kirpalani)

Extremely premature babies are only a little longer than an adult's hand.

A team of doctors, nurses, and other health professionals are available to discuss your baby's care and to support you as you make decisions.

During your prenatal consult, a neonatal doctor (specialist in the care of newborn babies) will go over the challenges your baby may have. The NICU journey can be hard, and it is challenging. Please ask as many questions as you have and if you have questions after the consult, make notes and we can arrange a follow-up visit to talk about them.

**The information in this pamphlet is to help you understand the kind of challenges your baby might face. Unfortunately, we cannot be 100% certain of what will happen as every baby, family and situation is different.**

### Questions families may ask

#### Question #1 Will my baby survive?

With intensive care treatment most babies survive, but some do not. There are many factors that influence the chance of a baby's survival, including how early they are born, their birth weight, and the reason why they are born early. For babies born at 29 to 33 weeks the chances of survival, in Canada, including Manitoba are:

**29 weeks**  
(~1300g ~2 lb, 14 oz)  
**9 out of 10 will survive**



**30-33 weeks**  
(~1500g ~3-4 lb)  
**More than 9 out of 10 will survive**



#### Question #2

#### What will happen to your baby after birth?

Doctors and nurses from the neonatal unit will be there when your baby is born. We aim to allow 'delayed cord clamping' to happen for all stable babies (who do not need immediate support).

This means we allow blood to flow from the placenta to your baby for up to a minute. The umbilical cord is then clamped and cut before the baby is brought to the neonatal team, and we will quickly take your baby to an area in the delivery room where your baby can be cared for.

Your baby will be specially wrapped to keep them warm. Babies born early usually need some gentle help with their breathing using a mask over their mouth and/or nose and, sometimes, putting a breathing tube down into their lungs through their mouth.

Through this tube, we can give a medicine, called surfactant, to help their lungs stay expanded and work better. If your baby is breathing well on their own, they may not need a breathing tube. They may have a constant flow of oxygen through small prongs in their nose (called NCPAP).

Once your baby is stable, we will bring your baby over to you so you can see, touch your baby, take pictures, and be updated. Your baby will then be taken to the neonatal intensive care unit (NICU). Partners are encouraged to go with the baby.

### Question #3

#### What are the health issues my baby can have in NICU?

In the NICU your baby would be connected to life support with a breathing machine. They would be connected to wires measuring their oxygen, heartbeat and blood pressure. They would have a feeding tube in their nose. They may need two tubes in their blood vessels to give medicines and take blood samples. To start with these tubes are often placed in the baby's belly button, but they might be in their hands or feet. The baby would be given medicine if they appear to be uncomfortable or in pain.

Babies will need help with their breathing while in NICU. They can be quite sick for a few days and may need help with their breathing for quite a while. This lung condition is called chronic lung disease (CLD). Babies with CLD can still need oxygen when they are discharged home.

Babies born this early may develop damage to their brain because of problems with the supply of oxygen and blood. The team will check for this using ultrasound when your baby is 1 week old and as needed while in the hospital.

Most babies born this early respond well to intensive treatment. But, if your baby is not responding, or develops a serious problem, the health team will talk to you about whether intensive treatment is still the right thing to do.

It is likely that your baby will need to stay in hospital until close to when they are due. This is usually around 37 weeks but is sometimes earlier or later.

*"When you have a premature baby, you think you are the only person on this planet that is facing it, until you start going to the neonatal unit and meet other families with similar stories and sometimes with complications".*

*Shina, parent of a baby born premature at 29 weeks.*

### Question #4

#### What are the health issues my baby can have later in life?

Babies born this early can have problems while they are very small and problems later in life if they survive. Your baby might have none or several of these problems.

It is important to talk to your doctor. They will give you more information about your own situation.

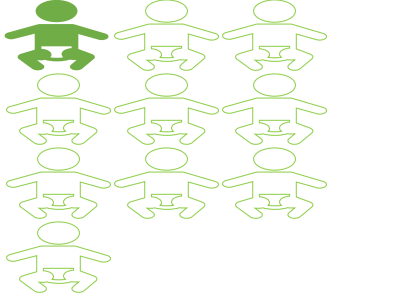
The earlier your baby is born the higher the risk of having these types of problems:

- Challenges with movements causing activity limitations (cerebral palsy).
- Challenges in solving problems of everyday life, and with learning.
- Behaviour issues.
- Ability to hear and see.
- Lung disease and the need to go home on oxygen.

Predicting the chance that an individual baby will or will not have a disability is difficult. There are many different factors involved. Babies born extremely prematurely are much more likely to have major, long-term problems or neurodevelopmental impairment (NDI).

Regardless of whether they do or do not have impairments, they may bring love and joy to a family. These impairments can be mild, moderate or severe and can affect movements, problem solving, vision or hearing problems. Significant impairment is less at advance gestational age.

This information is based on babies born in Manitoba:  
(CNFUN report 2009-2018)

29-33 weeks	1 out of 10 babies	
-------------	--------------------	---

Question #5

What can I do for my baby?

**You are the most important member of your baby’s team!**

The best food for very premature babies is breast milk. Babies born this early cannot suck milk from the breast yet. The health team can show you how to express your milk. Expressed milk can be given through a tube into the baby’s stomach, or it can be frozen until the baby is ready for it. It may take a few days for the milk to come. This is normal. If this happens, we will talk to you and ask your permission to use donor milk (donated by other expressing mothers).

Until your baby can take enough milk, doctors will give them special food directly into their bloodstream. This helps them to grow and not feel hungry. Babies usually need a special thin tube in a blood vessel for this food.

Question #5

Where can I go for more information and support?

We offer a variety of resources and supports to help your family with any difficulties you may encounter and answer any questions you may have. If you require support, please speak with your healthcare team for more information.

Your healthcare team cares for you and your baby and includes physicians (residents, fellows, obstetricians and neonatologists), nurses, social workers, spiritual care specialists or other healthcare team members.

**CANADIAN PREMATURE BABIES FOUNDATION**

Includes a lot of great information – can be found online by visiting: <http://cpbf-fbpc.org/>

**NICU**

(we can arrange a tour if you are interested)

Phone #: \_\_\_\_\_

**NICU PARENT SUPPORT**

NICU has a team of volunteer veteran parents to support you in your NICU journey. They understand your journey because they have been through it too. They are available on the unit to talk to you and help you through your NICU experience.

**SOCIAL WORK**

The Social Work Department recognizes that being at risk for a preterm delivery can be very difficult and add emotional distress in your life. Social workers are here for you, to listen and provide support. They can help with financial issues, transportation needs, living arrangements, counselling, stress management and difficult personal or family situations.

**SPIRITUAL CARE**

They support and guide families as they process their thoughts and feelings regarding moral, spiritual and/or religious beliefs assisting them to find comfort, hope and healing.

**WOMEN’S HEALTH PSYCHOLOGY**

This service is available to women who would like to speak with a psychologist about adapting to new life circumstances or who are grieving. A referral from a health care team member is required to access the service – more information can be found online:

<https://wrha.mb.ca/psychology/services/womens-health/>

*Acknowledgements: S. Baruzzo, K. Dryden-Kiser, K. Grant, Divisions of Neonatology from: The Ottawa Hospital – General Campus (with permission)*

*Safer Care Victoria – The Royal Women's Hospital in Melbourne (with permission)*

Next Review: January 2026

© 2022, 2023  
Index # 110.39.04  
Reproduction with permission only

This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.