



Information for Families and Caregivers Babies Born at 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 premature babies and their families for many years. We know that this is a stressful time.



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

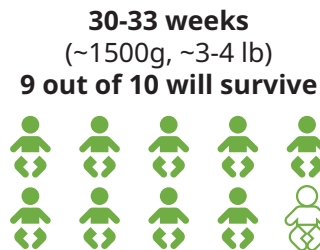
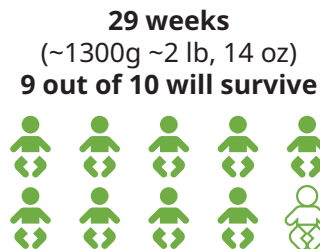
A team of doctors, nurses, and other health team members are available to discuss your baby's care and to support you.

During the consult, the doctor (specialist in the care of newborn babies) will go over the difficulties your baby may have. The NICU journey can be hard. 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.

This pamphlet will help you to understand the kind of difficulties your baby might face. We cannot be 100% certain of what will happen as every baby, family and situation is different.

Question #1 Will my baby survive?

With intensive care treatment most babies survive, but some do not. There are many factors that affect the chances of 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:



Question #2

What will happen with my baby after birth?

Doctors and nurses from the neonatal unit will be there when your baby is born. If possible, we will do 'delayed cord clamping'. 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, and neonatal team, and we will 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 open 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 newborn 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 or mouth. 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 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.

"Your life hangs on their breaths. And every day it's three steps forward, two backwards. A real emotional rollercoaster". Hans, parent of quadruplets born at 25 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:

- Can affect their movements, including walking (cerebral palsy).
- Challenges in solving problems of everyday life, and with learning.
- Problems at school or home.
- Hearing and seeing
- Lung disease and the need to go home on oxygen.

Knowing the chance that your baby will or will not have any of these problems is difficult. There are many different factors involved. Babies born very early 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.

29-33 weeks	1 out of 10 babies	
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Question #5

What can I do for my baby?

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

The best food for 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 blood. This helps them to grow and not feel hungry. Babies usually need a special thin tube in a blood vessel for this food.

Question #6

Where can I go for more information and support?

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. Please let us know if you have any questions or you would like more information.

CANADIAN PREMATURE BABIES FOUNDATION

Includes a lot of great information – can be found online by visiting: <http://cpcbf-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/>

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