ANTENATAL CONSULT – 26 & 27 weeks

As you are at risk of having a preterm baby (a baby born early), you will have seen a Neonatologist (a specialist doctor who cares babies) who has spoken to you about the problems that your baby may have when born this early. This information sheet is provided in addition to this discussion and is a guide to some of the possible problems your baby might have.

Babies born this early are critically ill and need intensive care support. It is a very stressful time for their parents and families and understanding all of the information we provide difficult. If your baby is born early you will be provided with written information packages as well as meeting with the nurses and doctors on a regular basis to answer any questions you may have. We try to make you feel like a parent, even with an extremely premature baby by taking care of you and your baby with a family focused program. Support is provided by all members of the team which includes social workers and parent support programs such as Miracle Babies.

What are my baby’s chances of surviving?
In some circumstances the chances of survival may be different to what we have provided below and this will be discussed with you. Most babies who do not survive die in the first few days after birth. (NSW-ACT NICUS Data 1998-2004).

Will my baby have long-term problems in childhood?
The earlier a baby is born the greater the likelihood that they may not survive or have problems later in childhood. Some possible impairments in childhood include cerebral palsy, visual impairment, deafness and intellectual/learning difficulties. Those without a major disability may still face difficulties with schooling in 20% of cases. The outcome data provided below is from NSW-ACT NICUS Data 1998-2004.

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Survival</th>
<th>Chronic Lung Disease</th>
<th>Severe Intraventricular Haemorrhage</th>
<th>Moderate to Severe Functional Disability</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>None or incomplete steroids</td>
<td>Complete steroids</td>
<td>None or incomplete steroids</td>
<td>Complete steroids</td>
</tr>
<tr>
<td>26</td>
<td>75%</td>
<td>83%</td>
<td>36%</td>
<td>46%</td>
</tr>
<tr>
<td>27</td>
<td>87%</td>
<td>93%</td>
<td>24%</td>
<td>31%</td>
</tr>
</tbody>
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What problems and what care will my baby need initially?

**Lungs:** Most women who are at risk of having a preterm baby will be given steroid injections before the baby is born. This helps develop the baby’s lungs to prepare him/her for breathing once born. These steroids help the baby to produce a substance called surfactant which helps baby breathe. Even though babies at this age can breathe by themselves, many infants born at 26-28 weeks will not have enough surfactant and may need to be attached to a ventilator to help them breathe for a short period of time. We will give the baby some substitute surfactant soon after they are born if required. Some babies at this age may need the assistance of a ventilator for several weeks. When they no longer need the ventilator they may often need some support with oxygen and pressure via some prongs under the nose called CPAP (continuous positive airway pressure).

**Brain:** Inside the brain are small cave-like structures called ventricles which produce the fluid that surrounds the brain and the spinal cord. Small blood vessels in the brain are fragile and may break and bleed into the ventricles or into the brain in babies born early. These bleeds occur commonly and are called intraventricular haemorrhages and cerebral haemorrhages. The steroid injections you have been given also reduce the risk of severe bleeds. We look for these bleeds by using ultrasound over the fontanelle (the “soft spot” where the skull bones have not joined together). Small bleeds do not

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usually cause brain damage whereas severe bleeds, filling the ventricle or affecting the brain put babies at risk of cerebral palsy and intellectual impairment later in life. Bleeding usually occurs in the first few days of life but some injuries to the brain may not be evident for 4-6 weeks. Ultrasounds are done in the first few days and weeks of life, and later on around the time your baby was due if born at full term. The doctor, nurses and yourself should have a discussion about the results of the ultrasounds and what this may mean for your baby.

**UVC/UAC:** In the umbilical cord are two arteries and one vein. We will place a catheter (plastic tube) called an umbilical venous catheter (UVC) in the umbilical vein so that we can provide the baby with nutrition and fluids until they are able to tolerate milk feeds in the first weeks of life. As with all intravenous lines they have the potential to become blocked, tissue or migrate out of the vessel, but these possible complications are outweighed by the need for intravenous access for nutritional requirements. In the umbilical artery we will place a catheter called an umbilical arterial catheter (UAC). This allows doctors and nurses to sample the baby's blood to check their oxygen and glucose levels without pricking the baby. This also allows us to carefully monitor their blood pressure.

**Blood pressure:** Many babies born at this age will have a low blood pressure and some may be given a medication to increase their blood pressure via the umbilical venous catheter.

**Infection:** As premature babies are unable to fight infections well, many will be given antibiotics in the first few days of life to help prevent infections. Most preterm babies will have one or more infections during their stay in the nursery and will require further treatment with antibiotics.

**Blood transfusion:** The majority of babies born at 26-27 weeks will have a number of blood transfusions. Transfusions are required because of frequent blood sampling and because the baby is unable to make enough replacement blood cells. The blood used by the hospital is provided by the Red Cross and is thoroughly screened.

**Feeding:** Babies born at this age are not able to suck feed for many weeks. This is because the part of the brain that controls sucking and swallowing is not fully developed. If you intend to breastfeed your baby, you may be encouraged to start expressing milk if possible before delivery, or if not, soon after delivery. Breast milk is best for preterm infants and starting feeds early in the first 24 hours of life improves early tolerance of feeds and growth. Feeds will be given initially via a naso-gastric or oro-gastric tube (tube going from the nose or mouth to the stomach). When the baby is 30-32 weeks gestation i.e. 4-8 weeks old, he/she may be able to start trying suck feeds. Many things determine when your baby will go home and one of them is when your baby is able to take nearly all suck feeds. The majority of babies born at 26-27 weeks gestation will get home by their due date, twins or triplets may take longer.

**Eye and Hearing Checks:** Babies born at 26-27 weeks are at risk of an eye disease called “retinopathy of prematurity”. In severe cases this can cause problems with vision and occasionally blindness. Your baby’s eyes will be checked by an Ophthalmologist (specialist eye doctor) once your baby is about 6 weeks old. Your baby’s hearing will also be checked before discharge home, or if transferred to another hospital before they are 34 weeks corrected age, at the transfer hospital prior to final discharge home.

**Transfer to other hospitals:** If you live rurally, we will transfer your baby back to a hospital closer to your home when they are stable. Your baby’s condition as well as the level of care that your local hospital can provide determines when your baby is transferred. Once your baby no longer requires neonatal intensive care they will be transferred to a Special Care Unit/Nursery. These include the Special Care Unit at the Canberra Hospital, Calvary Bruce Hospital and Calvary John James Hospital. To ensure that all women in the ACT can stay in the ACT to have their baby transfer of babies may occur between these units. Babies are only transferred when they are stable and appropriate for the level of care in the Special Care Unit/Nursery.
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