HEALTH NEWS FROM THE DCF MEDICAL TEAM

PREMATURITY

What is Prematurity?

A premature infant is a baby born before the 37th week of the mother’s pregnancy. Prematurity can result in many serious medical conditions. Infants may require extensive medical attention and spend weeks or months hospitalized in neonatal intensive care or special care units.

What conditions are associated with prematurity?

Premature infants often have medical conditions that affect many body systems, such as:

- **Neurological**: Developmental delay, cerebral palsy, weak cry, bleeding into the brain, vision and hearing loss.
- **Gastrointestinal**: Feeding and digestive problems, low birth weight, problems gaining weight ("failure to thrive"), severe intestinal inflammation leading to removal of part of the intestines ("necrotizing enterocolitis"), reflux, and jaundice (high bilirubin levels leading to yellow skin and eyes).
- **Respiratory**: Episodes of stopping breathing ("apnea"), trouble breathing ("neonatal respiratory distress syndrome" or "chronic lung disease" as the infant ages), and higher risk for Sudden Infant Death Syndrome (SIDS).
- **Other**: Anemia, difficulty fighting off infections, low blood sugar and heart problems.

What are the risk factors for prematurity?

Risk factors include a history of the mother having multiple births, previous preterm birth, chronic health problems (diabetes, high blood pressure, and bleeding disorders), infections during pregnancy, and issues such as cigarette smoking, alcohol or illicit drug use during pregnancy, and lack of prenatal care.

What is important for hospital discharge planning?

The services an infant may need after being hospitalized depend upon the infant’s specific medical needs. They may include frequent appointments with the primary care provider, Early Intervention services, special formula requirements, greater frequency of feedings or special types of feedings, and use of an apnea/cardiac monitor if an infant has breathing problems. The discharge plan must match the infant’s needs with the appropriate resources and detail what professionals are involved in the infant’s care. The hospital needs to assess the infant for breathing difficulties while in the car seat that the caretaker will use for all transportation needs. Caretakers must understand the infant’s care needs and demonstrate the care. They must understand what to do if the infant has a life-threatening event and they often need to be trained in CPR.

What follow up care do premature infants need?

- **Monitoring growth**: Weight, length and head circumference must be measured.
- **Nutritional support**: Premature infants often require high calorie feedings and breast fed infants may need to be supplemented with high calorie formula. Infants who lost part of their intestines may need to be fed through a tube in their abdomen ("gastrostomy tube" or "g tube").
- **Immunizations**: In general, immunizations for premature infants don’t differ from those required by full term infants, with the exception of the increased need for immunization with Synagis to prevent RSV, a serious respiratory infection. The primary care provider determines the need for Synagis.
- **Medical Assessments**: Health problems that occur in premature infants are usually due to their immature organs, weak immune systems or problems that developed in intensive care related to the necessary treatment.
- **Developmental Assessments**: The primary care provider will assess the infant for subtle impairments of motor development, cognition and behavior that can appear beyond infancy.

How does prematurity affect a child’s development?

Premature infants are often delayed in reaching their developmental milestones. They may be slow to sit up, walk, and talk. It’s important to ask the primary care provider about where the child should be developmentally based on their degree of prematurity. As premature infants grow, some will have conditions such as difficulty paying attention and lack of motor control. Development delays can increase or decrease as the child grows depending upon the child’s ongoing health status. The Massachusetts Department of Public Health has an Early Intervention system for children ages 0-3 years of age who are thought to be either “at risk” for developmental problems or delayed.