



P.O. Box: 48577, **DUBAI**, U.A.E.

Tel: 04 267 8888, Fax: 04 267 8858

P.O. Box: 457, **SHARJAH**, U.A.E.

Tel: 06 565 8888, Fax: 06 565 8888

E-mail: [info@zulekhahospital.com](mailto:info@zulekhahospital.com) • Website: [www.zulekhahospital.com](http://www.zulekhahospital.com)

صندوق بريد: 48577، دبي، الإمارات العربية المتحدة

هاتف: 04 267 8888، فاكس: 04 267 8858

صندوق بريد: 457، الشارقة، الإمارات العربية المتحدة

هاتف: 06 565 8888، فاكس: 06 565 8888

## The late preterm (34-36 week)



- The late preterms are babies 34-36 week of gestation.
- These babies appear outwardly mature baby weight may excess 2500gm.
- The weight is however one third below that of term healthy babies and reflects major differences in body composition and brain weight.
- The late preterm may present with inadequate thermoregulation, immature and weak suck and swallow pattern, incomplete adaptation of certain enzyme system and poor immunological and respiratory defense system.

### Recommendations

- All late preterm should be kept in Neonatal Intensive Care unit (NICU) at least for 24 hours to observe for respiratory distress, thermoregulation and glucose monitoring.
- They can be discharged from NICU only when the feeding is properly established, no respiratory distress and mother is confident of feeding and thermoregulation. In ward they should be closely monitored for temperature, feeding and glucose.
- Any baby if develops apnea would require to be in NICU till 8 days free of apnea.
- All late preterm's should be tested for jaundice at 48 hours.
- After discharge late preterm should be assessed for feeding, weight gain and jaundice repeatedly for first 10 days of life until consistent weight gain without jaundice has been established.