## Parenting your preterm baby 23

## - 26 weeks gestation



**NICU Parent/Caregiver Information** 

**Children's Health Service** 

This information is to help you understand more about your 23 – 26 week premature baby, helping you to become more involved in your baby's care and the continuing development of their brain.

At this young age, your baby's organs and senses are underdeveloped, so touch should be gentle, sounds must be soft, and lighting should be dim. Care for your baby is specialised because your baby is so small and young.

Watch your baby and learn about their body language, so that you can start to communicate with one another and you can respond to their cues, giving them the best possible start. Before initiating cares, spend time watching your baby to know when they're starting to wake and or show signs they are ready to be handled.

#### Touching and holding

Your baby's skin is fragile and sensitive to touch, they are not yet be ready to be held outside the incubator in your arms. Babies born before 27 weeks will need to wait until they are a couple of weeks old: this is due to the fragility of their circulation of blood to/from the brain and also their ability to keep warm.

- Your baby's skin is fragile, thin and sensitive.
- Prepare your baby for touch by speaking in a soft voice.
- Make sure your hands are warm before touching baby so that their heat isn't taken away by your cold touch.
- When touching, do so slowly, gently and deliberately, without making sudden movements.
- When touching your baby do not stroke or rub but rather provide continuous gentle pressure.
- Cradle your baby by placing your hands around your baby's head and bottom or feet, or

- supporting hands to midline whilst cradling head
- Place your finger in your baby's hand to invite them to hold onto you.
- When moving your hands away from your baby, do so gently and slowly without abrupt movements.

#### **Feeding**

At this stage your baby gets their nutrition via a line inserted into a vein. Their stomach is not fully developed. With support of the nurse, small amounts of breast milk are given via a syringe or cotton tip into the mouth to help build healthy bacteria in the gastrointestinal tract. Actual feeds of milk are given via a soft plastic feeding tube which passes through baby's mouth and into their stomach.

- Expressed breast milk is associated with reduced rates of infection, and nectrotizing enterocolitis, together with improved neurodevelopmental outcomes. Regular expressing using an appropriate breast pump is important. Expressed breast milk can be frozen and given once baby is able to tolerate more milk.
- Your baby may suck on a pacifier (if you consented). A pacifier provides the opportunity for non-nutritive sucking: that is, sucking that babies naturally do (in utero) when there is no milk to swallow. This will only be for very short periods of time and your baby will need help keeping the pacifier in their mouth. Nonnutritive sucking assists your baby in staying calm

### Sleeping

It can be difficult to tell when your baby is awake or asleep. Sleep patterns will become more apparent the older they get. Sleep is essential for brain development and must always be protected.

#### [continued]

- When your baby is sleeping, try not to wake them with touching.
- Avoid bright light and sudden noise, and encourage periods of rest so that your baby can conserve energy.
- Before cares, wake your baby slowly by placing your hand gently on them.

### **Positioning**

Your baby's movements are jerks, twitches or startles. They do not yet have good muscle tone, he or she will try to stretch their arms and legs but don't have control over their body movements. Your baby will need help maintaining a secure position at rest and during cares. Use your hands or linen to help contain your baby.

- Position your baby with hands close to their face and arms and legs tucked close to body.
- Repositioning should be done with slow gentle, gentle movements and without sudden changes.
- Provide boundaries around baby's body to facilitate development of flexion/extension of arms and legs.
- Ensure the head is safely positioned

## Skin cares and nappy changing

- Provide boundaries around your baby to keep care time from being stressful. You can use containment with hands or linen to help.
- Move slowly and gently while changing nappies. With hips and knees flexed, slowly rotate trunk from side to side to clean skin. Avoid lifting legs high in the air.
- If your baby is showing signs of stress, allow time for your baby to reorganise themselves.

### Looking, listening and smelling

Although their eyelids may still be fused closed they are very thin and light can still shine through. Their pupils are not yet able to constrict to control light intake. It is important lights are dimmed when possible your baby might open their eyes occasionally, but cannot focus. Your baby's nurse will cover their incubator.

- Shield your baby's eyes from bright or direct light with your hands or incubator covers.
- Talk quietly to your baby as your familiar soothing voice can be very comforting to me.
- Give me just one stimuli (e.g. touching or talking) at a time. Both at the same time can make me feel stressed and overwhelmed.
- Protect your baby from strong odours such as; perfume, cigarette smoke, aftershave or scented lotions.

# How to know that your baby is unhappy and a little stressed:

- Arms and legs may be stiffly spread out
- May hiccup more frequently
- Fingers may be spread open (splayed)
- May turn away from you (usually this means they need to rest and save energy)

# How to know that your baby is happy and stable:

- Colour is healthy and pink
- They look comfortably positioned and flexed
- Wake slowly and can focus my attention on your voice
- They may suck on my fingers or touch my face with my fingers.

#### Contact us

#### **NICU**

**Direct dial phone: (04) 8060 800** 

If you have any questions or concern regarding this information please ask the nurse in charge (ACNM)