

WHEN YOUR BABY FIRST COMES HOME

Adaptation

Your baby may take some time to adapt to being at home. In the hospital babies become accustomed to noise and bright lights, consequently your baby may not settle in a dark and quiet room. The use of a night-light or dimmer turned down at regular intervals may help your baby adjust to the darkness. A radio playing soft music may also help your baby to sleep, as your baby may have become used to a noisy background.

Behaviour

Premature babies tend to have slightly different behaviour patterns from full term babies. They tend to be more irritable and less easily consoled. They are easily over stimulated and may not cope with lots of handling and activity. It is normal for premature babies to grunt, groan and grimace in their sleep.

How old is your baby?

Premature babies have two ages. First is their actual age from when they were born. The other is your baby's corrected age. This age is calculated from when your baby was meant to be born. It is your baby's corrected age that is used for guidelines for your baby's feeding, growth and development. Your baby's age is corrected until he/she is 2-3 years of age. Your baby's actual age is used for determining immunisations.

Feeding

Small premature babies need to be fed frequently. Breast fed infants may need a minimum of 7-8 feeds in 24 hours. Some babies need to be woken for their feeds and should not be left longer than 4 hours between feeds.

If you are bottle feeding your baby it is a good idea to hold and cuddle your baby when you are feeding him/her.

Infection control

Your baby cannot be protected from infection entirely. But in the early months at home, it is wise to be cautious with regard to visitors and suggest those with a cold, flu, gastro or other illness to not hold your baby. This does not mean that you are confined to your home. If the weather is nice and your baby is dressed appropriately it is a good idea to take your baby out for walks in the pram or carry pouch.

Environmental hazards

It is important to protect your baby from environmental substances such as cigarette smoke, which may affect your baby's health. Allowing your baby to be a passive smoker may interfere with his/her breathing and oxygenation and can cause him/her to become susceptible to chest infections. It is also a known risk

factor for SIDS. Smoking cigarettes has been shown to inhibit a mother's let down reflex and reduce her milk supply.

Temperature control

20° Celsius is warm enough as long as your baby is dressed appropriately. It is important for your baby not to be too hot or cold.

One rule of thumb is to dress your baby like you dressed for that kind of day and a similar amount of activity (usually sleeping or quiet). The best way to tell if your baby is dressed warm enough is to look and touch his/her skin.

- ❑ If your baby's hands are cold, blue or blotchy add socks, hat, sweater or another blanket
- ❑ If your baby seems restless or fussy and his/her skin is flushed or reddened, remove a piece of clothing or blanket.
- ❑ When your baby is sleeping, add one blanket.

If these things do not make a difference and your baby continues to be uncomfortable, take your baby's temperature, your baby could be sick.

Sleeping and Settling

Premature babies may seem to sleep a great deal initially. They should be waking on a regular basis for feeding. By the time of discharge your baby has developed a routine of sleeping.

Tired signs: look for signs that your baby is getting tired or over stimulated – jerky movements, grimacing and crying. At first premature infants may often have day and night mixed up. Premature babies spend more time in dream sleep than full term infants. They often have eye and facial movements and may even cry out briefly while asleep. If your baby startles in one of these periods, it may be difficult for him/her to go back to sleep. Being swaddled decreases the impact of being startled.

When you swaddle your baby make sure he/she can get his/her hands to their face and mouth. This helps them to become calm and able to sleep.

If your baby has days and nights mixed up, it is best to minimise the stimulation during the night feeding time. Some ways you can do this are:

- ❑ Use only a night light when getting up to feed your baby
- ❑ Change the baby before feeding
- ❑ Talk very minimally and softly during the time you are up with him/her
- ❑ If you normally rock the baby after feeding, do so for only a very short time. The baby will begin to settle him/her self.

Crying

Few things get parents down more quickly than a baby who cries a lot. Preterm babies cry more often than a full term baby and this cry is at a higher pitch. Much cuddling and patience is often needed.

Check these things:

- ❑ Is your baby hungry?
- ❑ Is your baby's nappy wet?
- ❑ Is your baby too warm or too cold?
- ❑ Is your baby overstimulated or tired?

- ❑ Is your baby being undressed?
- ❑ Is your baby bored or lonely?
- ❑ Is your baby uncomfortable?

Bathing

You do not have to bathe your baby every day if you are keeping the nappy area clean with each nappy change. Baby's skin can dry out very quickly if bathed too often.

Your baby's face should be washed every day with a wash cloth and warm water, Pay attention to the folds under his/her chin where milk may collect. Most babies do not like to have their face washed and will wiggle and squirm. It helps to do one side of his/her face at a time, trying not to completely cover the face all at once.

Check under arms well as this area may become excoriated/dry.

Wiping your baby's nose with a soft tissue will usually help remove extra secretions.

Stuffy nose and hiccoughs

Hiccoughs and sneezes are normal. Normally the hiccoughs will just go away by letting them run their course. Hiccoughs may also be a sign that your baby is feeling a little stressed and needs to have some quiet time.

Sneezes will help clear the passages of your baby's nose. It is nature's way of helping the infant get rid of dust or other irritants. Sneezing also occurs when your baby has a cold.

Vomiting

Possiting (small amounts of milk that come up with wind) after a feed is a common occurrence in premature babies. It can also occur with a burp or soon after a feed and may be called a "wet burp". It is usually only a small amount. Vomiting is a continuous throwing up of large quantities of food or liquid, and occurs other than at feed times.

Nappy rash

At one time or another all babies will have a rash in their nappy area. Some things to remember when this happens to your baby are:

- ❑ Keep the nappy area clean, making sure to rinse off the soap. Allow the area to air dry before replacing the nappy. Baby wipes may irritate the baby's skin. If using baby wipes make sure they are alcohol free. If bottom becomes excoriated it is suggested to stop use of baby wipes as this may aggravate the sore bottom. Use warm water on soft cloth or soft wipe without alcohol, then apply a barrier cream e.g. Sudocrem or zinc and castor oil.
- ❑ Leave the nappy off and let the rash be open to the air as much as possible. This can be done when the baby is sleeping.
- ❑ Change the nappy often.

Use nappy ointment containing zinc oxide, which can be found at pharmacies and supermarkets. After washing off your baby's nappy area rub a thin layer of this ointment on your baby's reddened skin. If there is no improvement after 3 days, call your nurse or GP.

Growth and Development

Try to discuss any concerns you may have with your doctor. Your doctor can tell you if there is a reason to suspect that there is concern about your baby's health in the future.

It is impossible to tell how your child will grow in the future. Your baby's doctor will be following your baby's height, weight, and head circumference at each visit. Most children who were born prematurely attain their "genetic potential" for growth: that is, their adult height and weight are similar to their brothers and sisters. However, some very premature babies continue to grow slowly and are small adults. Premature babies are likely to remain small are:

- ❑ Those with a birth weight less than 1500 grams
- ❑ Those with a birth weight small for their gestational age
- ❑ Those who were very sick for a long period of time
- ❑ Those with consistently poor weight gain in the nursery

The NICU Growth and Development clinic assesses the development of babies who were born at less than 32 weeks gestation or had a complicated course requiring ventilation at term.

SIDS Safe Sleeping Guidelines

To help reduce the risk of Sudden Infant Death Syndrome (SIDS) the National Health and Medical Research Council of Australia have made the following recommendations:

- ❑ Place your baby on his/her back to sleep (if your baby has certain medical conditions, side or tummy sleeping may have been recommended by your doctor or nurse). It is important for your baby to have tummy time when they are awake.
- ❑ Make sure your baby's head remains uncovered during sleep.
- ❑ Tuck your baby in securely so that he/she can't slip under the bedclothes and ensure baby's feet are at the bottom of the bassinet or cot.
- ❑ Put your baby on a firm, clean, well fitting mattress to sleep.
- ❑ Keep your baby in a smoke free environment. Babies who are exposed to tobacco smoke after birth are at an increased risk of SIDS. It is a good idea not to let anyone smoke near your baby – not in the house, car or anywhere else your baby spends time.
- ❑ Breast feed if you can.