



Your vulnerable baby

Parent's guide to their little baby with big needs

Congratulations on the birth of your baby

Your baby may be vulnerable due to:

- having a birth weight of **less than 2500 grams**
- being born at less than **38 weeks**
- being **larger or smaller** than expected for gestational age
- your **medical condition**, such as Diabetes.

Your baby may look like a full-term baby, but because of any of the factors mentioned above, has unique health needs that will require close monitoring.

Parents need to be aware and alert for five challenges that may affect their baby. These challenges, listed below, are predictable, can be prevented and can all be managed.

Breathing

A midwife and sometimes a paediatrician will be at the birth to make sure your baby is breathing well.

Some babies need oxygen and may be placed on a monitor to closely observe breathing, heart rate and oxygen levels.

Temperature and breathing may be checked with each feed. If your baby seems to be having trouble breathing, or if you are worried about your baby at any time, call your midwife for help.



Temperature

Vulnerable babies do not have good amounts of body fat and may have problems keeping warm. In trying to regulate their temperature, they may use a lot of extra energy / calories.

The best thing you can do is keep your baby skin to skin as often as possible, covered with blankets to help keep them warm. Skin to skin also helps your baby stabilise after birth, stay calm and breastfeed well.

If your baby is unable to keep warm, they may need to go under the warmer or into a perspex cot.

Normal temperature range is 36.5C to 37.4C.





Breastfeeding

Colostrum and breast milk are specifically designed to give your baby the best start, they are both full of nutrition and immune protection.

It may take a few days for your breast milk supply to increase, but every small drop is important to give to your baby.

Your baby may have an immature suck and swallow and may not breastfeed well at first. They are often very sleepy and do not wake for feeds or give clear cues when they are hungry. Your baby will need to breastfeed / feed eight times within 24 hours, or sooner if hungry.

They may appear eager to breast feed but do not always feed well and do not take enough milk for normal growth and development. Avoid lots of handling of your baby and leave the nappy change until after the breastfeed. They may take some time to establish full breastfeeding.

Your baby's suck may not be strong enough to stimulate your milk supply, expressing after the breastfeed will help. A milk supply above the baby's need will make it easier for your baby to breastfeed / transfer milk.

Do not worry if you only get a small amount in the first couple of days with pumping and hand expressing. At this stage you are encouraging your milk supply for the future.

Your midwife or your baby's doctor may want the baby to have extra milk after breastfeeding. There are medical reasons babies need to be supplemented / given extra milk. Your baby may need more calories before your milk comes in or may have a low blood sugar.

The aim is to give your baby the opportunity to learn to breastfeed while providing extra calories from your expressed breast milk. The sooner you begin expressing and the more frequently you express, the better.

The use of bottles and teats is best avoided with breastfed babies whilst they are learning to breastfeed, although in some situations they may be required. Finger feeding is the preferred method of giving extra milk but if your baby is taking too long to feed or not feeding well, a bottle and teat may be needed.

Sleeping

Your baby is often much sleepier than a full-term baby and may not wake for a feed. It is important that your baby is woken for a feed every three hours. Sleeping at the breast does not mean your baby is full, they are often too tired to breastfeed.

All babies should be placed on their back to sleep.

Jaundice and infections

Vulnerable babies are more likely to develop jaundice. It is important that your baby is screened for jaundice before discharge and at home visits and follow up appointments.

If at any stage you notice your baby has yellow skin or is not feeding well, they should be checked by a midwife / health professional.

These babies may also have immature immune systems and may be more likely to develop infections.

If you have concerns about any of the following, seek urgent help from your GP or nearest paediatric Emergency Department:

- baby is very sleepy
- baby is not feeding well
- baby looks unwell
- unable to keep temperature above 36.5C when baby is clothed
- temperature is above 37.4C
- change in the baby's breathing pattern.

BFC videos can be accessed on the Breastfeeding Centre of WA website.



Discharge

A written breastfeeding plan will be given to you. Vulnerable babies need feeding every three hours, or more often if they are hungry. They should have at least six wet nappies and four soiled nappies every 24 hours by the time they are five to six days old.

Regular weight checks are required until your baby is feeding and gaining weight well, about 150 to 200gm per week.

Follow up appointments are important for ongoing breastfeeding assistance, reassurance, support, education and to avoid readmission to hospital with the Visiting Midwife / Midwifery Group Practice Midwife / Community Midwife / Community Nurse home visit and Breastfeeding Centre of WA.

Follow up will need to continue until your baby:

- is breastfeeding well or breastfeeding with an appropriate supplement to increase weight
- has no jaundice, infections or other problems
- is maintaining temperature
- evidence that the mother's milk supply is well established.



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