

## INTRODUCTION

## Multidisciplinary Guidelines for the Care of Late Preterm Infants

*Journal of Perinatology* (2013) **33**, S3–S4; doi:10.1038/jp.2013.52

Of the 500 000 premature babies born each year in the United States, nearly 75%—or 375 000—of them are born at 34 0/7 through 36 6/7 weeks of gestational age (GA). These infants are referred to as ‘late preterm infants’ (LPI) by many who publish research and commentaries about their care, including the consensus panel at the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).<sup>1</sup> Late preterm infants are physiologically and metabolically immature at the time of birth, often lacking the self-regulatory ability to respond appropriately to the extra-uterine environment. Despite their appearance as small but ‘normal’ babies, LPIs have higher rates of morbidity and mortality than their term counterparts, not only during birth hospitalization, but also throughout the first year after birth and beyond.<sup>2</sup>

In some hospitals, LPIs account for up to 20% of admissions to the NICU, and LPIs are more likely to be re-hospitalized within the first 2 weeks of discharge.<sup>3–5</sup> The morbidity rate approximately doubles for every week below 38 weeks gestational age that a baby is born (38 weeks: 3.3%; 37 weeks: 5.9%; 36 weeks: 12.4%; 35 weeks: 25%; 34 weeks: 51.2%).<sup>6</sup>

Because of these inherent risks, LPIs require increased surveillance and monitoring of the mother–infant dyad to direct their healthcare needs. The level and intensity of care provided should be based on ongoing assessment of the infant’s physiological status and availability of services and personnel within the birthing facility, so that any needed interventions can occur quickly to prevent permanent consequences.

With appropriate awareness of potential risks, the care of many LPIs can be managed in the postpartum setting, and the Multidisciplinary Guidelines for the Care of Late Preterm Infants are focused on these infants. However, some infants may require transfer to a higher level of care for suitable management and monitoring.

A multidisciplinary approach to caring for the LPI is recommended. Care should be implemented and coordinated by clinicians within their scope of practice and should be family-centered, developmentally supportive, and within the context of the family’s culture and preferences. Communication should occur and education should be provided in ways that are appropriate for individual family needs, including families with limited or no English proficiency or health literacy. Care standards should always be of the highest quality but may require different methods of implementation.

## DEVELOPMENT OF THE ‘MULTIDISCIPLINARY GUIDELINES FOR THE CARE OF LATE PRETERM INFANTS’

In response to increasing national awareness of the problems resulting from premature birth, discussions have been held across the nation among healthcare providers and premature infant advocates to explore the many issues surrounding prematurity and the care of preterm infants. During these discussions, one recurring topic has been the growing concern about a category of premature infants known as ‘late preterm infants.’ While several

organization- and hospital-based guidelines are available for the care of this special population of infants, there is no evidence-based uniformity among them. In addition, while evidence for both short- and long-term consequences of late preterm birth is mounting, most existing guidelines focus on the in-hospital experience with little or no guidance for short- or long-term follow-up.

In 2010, the National Perinatal Association hosted a Summit, entitled Multidisciplinary Guidelines for the Care of Late Preterm Infants, to explore ways to address this need. The Summit was attended by 29 multidisciplinary experts representing 20 different organizations involved in the care of late preterm infants. During this day-long working meeting, the participants divided into five topic-based groups to review current guidelines in order to determine where consensus already existed, recognize differences in practice, identify gaps with no guidelines available and establish a course of action to address the results. At the end of the day, there was unanimous agreement on the need for synthesizing the existing guidelines into a multidisciplinary, consensus and evidence-based set of guidelines to increase uniformity of care for late preterm infants.

A Steering Committee continued the work begun during the Summit. After a draft of the guidelines was completed, each participant of the original Summit had the opportunity to review the document. Because these valuable suggestions and contributions were incorporated, the guidelines are truly multidisciplinary. Use of the latest references relevant for each recommendation helped ensure that the guidelines are evidenced-based.

For ease of use, the guidelines are divided into four sections: (1) In-Hospital Assessment and Care; (2) Transition to Out-Patient Care; (3) Short-Term Follow-Up Care; and (4) Long-Term Follow-Up Care. Within each section, the guidelines are further divided into four subsections: (1) Stability; (2) Screening; (3) Safety; and (4) Support. Recommendations for the Healthcare Team and for Family Education are provided for each guideline included.

It is our hope, as members of the Steering Committee, that you and your organization will find the Multidisciplinary Guidelines for the Care of Late Preterm Infants to be useful, practical and relevant. It is also our hope that by increasing uniformity of care for late preterm infants, the guidelines will help to increase survival and decrease morbidity for this vulnerable population of infants. Finally, we hope the guidelines will assist staff in providing clear and consistent messages of both caution and guidance for parents and families of late preterm infants and, in doing so, will enhance and safeguard what should be a time of joyous celebration around the birth (even if sooner than planned) of their new baby.

## CONFLICT OF INTEREST

The Steering Committee members disclosed no relevant financial relationships that might create a conflict of interest in the development of the Multidisciplinary Guidelines for the Care of Late Preterm Infants. The development of the guidelines and funding for this supplement were supported through sponsorships from Phillips Mother & Child Care and GE Healthcare Maternal-Infant Care. These organizations had no input or editing rights to the content included in the guidelines.

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