# Late Pre-Term Infant Management: Clinical Practice Guideline (35 – 36 6/7 weeks gestational age)

## General Information

This clinical practice guideline addresses the care of the infants in the newborn nursery, who are 35 0/7 weeks to 36 6/7 weeks gestation (as determined by first trimester ultrasound or LMP if first trimester U/S not available). These infants are most commonly at increased risk for the following issues:

<table>
<thead>
<tr>
<th>Thermoregulation</th>
<th>Jaundice</th>
<th>Sepsis/Respiratory Risks</th>
<th>Feeding Difficulties</th>
<th>Hypoglycemia</th>
</tr>
</thead>
</table>

### Admission Criteria:

- a. Infants < 35 0/7 weeks will be managed initially in the NICU.
- b. Infants between 35 0/7 and 36 6/7 weeks will be managed initially in the transitional nursery by neonatology.
- c. Infants admitted to the transitional nursery or NICU will be transferred to the newborn nursery under the discretion of nurse staffing, flow coordinator, as well as attending physicians.
- d. Infants > 36 0/7 weeks will be admitted to the newborn nursery if clinically stable and without sepsis risk factors.

### Discharge Criteria:

- a. All late pre-term infants in the newborn nursery will demonstrate the following prior to discharge:
  - Temperature stability
  - Stable blood glucose
  - Adequate feeding
- b. Follow-up suggested within 2 days with Primary Care Physician and/or home Visiting Nurse (VNA) to assess weight gain, feeding, and jaundice
- c. Priority status for VNA referral to be completed by discharge planner.
- d. Car seat angle test if < 37 weeks gestational age, < 2.5 kg at birth, has sepsis/respiratory risk factors, or other parameters according to policy NPM 12D.

### Thermoregulation

- Initiate skin-to-skin contact with the mother to facilitate temperature regulation of the infant
- Maintain skin-to-skin as much as possible
- Place in an isolette when not skin-to-skin until infant able to thermoregulate
- Weaning from isolette: If newborns ≥35wks and > 2 kg, dress in an isolette (temp of 27-28) and maintain a temp > to 36.5. Wean by removing baby from isolette, bundle warmly, and repeat temp hourly x 4. If temperature drops below 36.5, add blanket. If unable to maintain at least 36.5, place baby back in isolette, rewarom slowly to 37 and re-attempt weaning out of isolette after maintaining above criteria for 6-12 hours.

### Sepsis/Respiratory Risks

- Screen for infection per “GBS and Suspected Sepsis Clinical Practice Guideline”
- If asymptomatic infant <37 weeks and has any additional risk factors for sepsis (rupture of membranes ≥18 hours, maternal fever, inadequate GBS prophylaxis) infant will be admitted to NICU/transitional nursery for blood culture, CBC, CRP, and initiation of antibiotics.
- If asymptomatic infant <37 weeks and without risk factors- observe for ≥48 hours, screening CBC, CRP at 12 hours.
- If ≤ 35 6/7 weeks gestation, monitor cardio-respiratory status until stable x 48 hours.

### Jaundice: Adhere to “Hyperbilirubinemia Clinical Practice Guideline” for screening of jaundice

- Utilize Bhutani nomograms’s more conservative estimates to begin phototherapy (bottom line on graph) or perform follow-up bilirubin given the significant risk factor of decreased gestational age
- Initiate early follow-up at discharge with PCP or VNA per Bhutani nomogram

### Feeding and glucose screening

Refer to Late Preterm Feeding Algorithm

- Initiate early feedings and skin-to-skin to stabilize blood glucose and to stimulate stooling
- Screen serum glucose levels per “Hypoglycemia Clinical Algorithm”

## REFERENCES:


Algorithms are not intended to replace providers’ clinical judgment or to establish a single protocol. Some clinical problems may not be adequately addressed in this guideline. As always, clinicians are urged to document management strategies. Last revised March 2010, updated May 2016.
**Cue Based Scoring**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Awakens at or before scheduled feeding time. Alert or fussy. Rooting and/or hands to mouth, takes pacifier</td>
</tr>
<tr>
<td>4</td>
<td>Drowsy or alert once handled. Able to elicit rooting or takes pacifier</td>
</tr>
<tr>
<td>3</td>
<td>Briefly alert with care. No hunger cues (crying, rooting, sucking)</td>
</tr>
<tr>
<td>2</td>
<td>Sleeps through care. No hunger cues</td>
</tr>
<tr>
<td>1</td>
<td>Needs increased oxygen (from infant’s baseline for care). Stops breathing, drops heart rate or decreased oxygen saturation with care. Increased respiratory rate or increased heart rate over baseline</td>
</tr>
</tbody>
</table>

**“Audible Swallowing” LATCH Score**

<table>
<thead>
<tr>
<th>A  Audible Swallowing</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>A few with stimulation</td>
<td>Spontaneous and intermittent (&lt; 24 hours old) Spontaneous and frequent (&gt; 24 hours old)</td>
</tr>
</tbody>
</table>

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