

Care of the Late Preterm Infant (LPI; 34-36 6/7 weeks gestation) – Provider Guidelines

- I. Glucose regulation.
 1. Order glucose protocol upon admission. See current policy for management.
 2. Goal blood glucose (BG) \geq 45 mg/dL.
 3. Consider additional glucose checks beyond 24 hours if the protocol values were marginally acceptable, or the infant is not feeding well.
- II. Monitor for thermoregulation dysfunction.
- III. Monitor for sepsis.
 1. See current policy for assessment and management.
- IV. Hyperbilirubinemia.
 1. Monitor transcutaneous measurements daily and as clinically indicated per provider's discretion.
 2. Provide interventions based on standard protocol.
- V. Monitor for impaired feeding and/or weight loss.
 1. Breastfeeding LPI and supplementation.
 - i. Supplementation indicated for **(1)** Any weight \leq 2200 g, **(2)** Weight loss \geq 3% per day, **(3)** Total weight loss $>$ 7%, **(4)** hypoglycemia (BG \leq 45 mg/dL), or **(5)** poor feeding / insufficient latch.
 - ii. Supplement after each breastfeeding attempt.
 - iii. Type of supplement
 1. Birth weight $>$ 2500 g.
 - a. Donor or expressed breast milk.
 - b. Standard term infant formula (20 kcal/oz).
 2. Birth weight \leq 2500 g.
 - a. Donor or expressed breast milk fortified with transitional formula (22 kcal/oz).
 - b. Transitional formula (22 kcal/oz).
 3. For birthweight $<$ 2200 g and/or ongoing weight loss, consider fortification to 24 kcal/oz. This will require Enficare powder.
 2. Formula feeding LPI.
 - i. Birth weight $>$ 2500 g use standard term infant formula (20 kcal/oz).
 - ii. Birth weight \leq 2500 g use transitional formula (22 kcal/oz).
 1. Higher nutrient density formulas (24 kcal/oz) are available. Consult the NICU dietician for assistance.
 3. Consider contacting NICU dietitian if questions/concerns.
- VI. Discharge Criteria.

1. Recommended hospital stay is 48-72 hours. Occasionally, a LPI may be ready for discharge earlier. This will be considered on a case by case basis but only for LPIs who are at least 36 hours old and meeting all other discharge criteria.
2. Vitals signs within normal range and stable for 24 hours prior to discharge. Normal range defined as the following.
 - i. Axillary temperature 36.5-37.5°C measured in an open crib with appropriate clothing.
 - ii. Respiratory rate 20-60 breaths per minute.
 - iii. Heart rate of 100-160 beats per minute.
 - iv. Single normal blood pressure measurement.
3. Blood glucoses above target (>45 mg/dl) and stable for 12 hours prior to discharge (if checked beyond the first 24 hours).
4. Has passed 1 stool spontaneously.
5. Has voided at least once within the 24 hours prior to discharge.
6. Feedings
 - i. Demonstrate 24 hours of successful feeding and ability to coordinate suck, swallow, and breathing.
 - ii. Total weight loss is less than 10% of body weight.
7. Bilirubin assessment within normal limits based on gestational age and hours of age.
8. Assess need for home health visits after discharge.
9. All required screenings completed and passed.
10. Car seat evaluation completed and passed.
 - i. If LPI fails car seat evaluation, requiring discharge in a car bed place a consult in the electronic medical record for the High Risk Infant Follow Up Program for repeat car seat evaluation at 42-46 weeks corrected gestational age.
 - ii. If the LPI is discharged in a car bed, instruct family to avoid all upright positioning devices (e.g. swings, bouncy seats, and carrying devices) until the newborn passes a car seat evaluation.
11. Continued medical care has been identified, with follow up visit scheduled for 24-48 hours after hospital discharge.
12. Consider consulting NICU dietitian prior to discharge for LPIs who will require fortified breast milk supplementation or transitional formula at home.
 - i. Dietitian will teach caregivers how to properly fortify breastmilk or prepare transitional formula.

13. LPIs should continue to receive a transitional formula (alone or as a fortifier) until the infant is:

i. Corrected gestational age of 38-40 weeks and

ii. A minimum of 3500 g and

iii. Gaining 20 – 30 g per day

Parents should work with their primary care provider to decide when to transition to standard term infant formula, stop fortification of breastmilk, and/or discontinue supplementation.